

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on TUESDAY 14TH JANUARY 2014 1pm
Boardroom, Arthouse Square

PRESENT:

VOTING MEMBERS:

Dr Nadim Fazlani	Chair
Prof Maureen Williams	Lay Member – Governance/Deputy Chair
Dr Simon Bowers	GP/Clinical Vice Chair
Dr Fiona Lemmens	GP
Dr Shamim Rose	GP
Dr Janet Bliss	GP
Moira Cain	Practice Nurse
Dr James Cuthbert	GP/Matchworks Locality Chair
Katherine Sheerin	Chief Officer
Tom Jackson	Chief Finance Officer
Dr Maurice Smith	GP
Dr Donal O'Donoghue	Secondary Care Doctor
Dave Antrobus	Lay Member – Patient Engagement
Jane Lunt	Head of Quality/Chief Nurse

CO-OPTED:

Dr Tristan Elkin	GP – Liverpool Central Locality
Dr Paula Finnerty	GP – North Locality Chair
Dr David Webster	GP – Matchworks Locality
Dr Paula Grey	Joint Director of Public Health
Ray Guy	Practice Manager

IN ATTENDANCE:

Cheryl Mould	Head of Primary Care Quality & Improvement
Tony Woods	Head of Strategy & Outcomes
Ian Davies	Head of Operations & Corporate Performance

Dr Rob Barnett
Samih Kalakeche

Clare Duggan

Paula Jones

LMC Secretary
Director of Adult Services &
Health, Liverpool City Council
Director - NHS England
Merseyside Area Team
Minutes

APOLOGIES:

Dr Edward Gaynor
Dr Jude Mahadanaarachchi

Councillor Roz Gladden

Kathy Hull

GP
GP/Liverpool Central Locality
Chair
Liverpool City Council

Executive Officer – Healthwatch
Liverpool Scrutiny

Public: 6

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 10th December 2013 were agreed as an accurate record of the discussions that had taken place subject to the following amendments:

- Page 8 item 2.4 Chief Officer's Update – attendance was from over 300 Primary Care Team members not Primary Care Teams.
- Page 9 item 2.4 Chief Officer's Update – the feedback received from the Royal Liverpool Hospital visit was informal not formal.

1.3 MATTERS ARISING Not already on the agenda:

- 1.3.1 Action Point One – it was noted that the minutes of the 12th November 2013 had been amended as requested.
- 1.3.2 Action Point Two – the Chief Officer updated the Governing Body that she had written to NHS England seeking clarity re the re-current baseline adjustments process and was due to meet with the Director of Finance for NHS England North to work through this matter.
- 1.3.3 Action Point Three – it was noted that the Healthy Liverpool Programme Board had been established.

1.4 Question from the Public

The following requested had been received, there was no response given at the meeting but a written response would sent prior to the February 2014 meeting:

“NHS England Merseyside in a meeting on 4th June 2013 with representatives from KONP stated that “Dr Shamim Rose had been appointed as lead GP for quality in SSP’s Liverpool surgeries.

Declarations of Interests in the minutes of the meeting of Liverpool CCG Governing Body held on Friday 18th October 2013 state that “Dr Shamim Rose declared an interest in any discussions around SSP as she was a salaried GP transferred by TUPE to SSP”.

The Register of Interests circulated as part of papers for meeting of the Governing Body meeting of Tuesday, 10th December 2013 and dated 5th December 2013 lists four items for Dr. Rose, none of which include any link with SSP.

Thus can you tell me why the above Register does not mention Dr. Rose’s connection with SSP? “

PART 2: UPDATES

2.1 Feedback from committees – Report No GB 01-14:

- Service Improvement Committee 5th December 2013 – as the committee chair had sent his apologies the committee vice chair fed back to the Governing Body:
 - ✓ There had been a presentation from the Children's and Maternity Services Programme – this gave a greater understanding of the challenges and would continue to be monitored via regular reporting.
 - ✓ The meeting had not been quorate therefore the decisions on investment proposals discussed and approved in principle needed to be ratified at the next quorate meeting. The committee had considered and approved in principle 5 proposals:
 - i. Improved inhaler technique – 93% of patients were not using inhalers correctly to maximum benefit.
 - ii. Delivery of Care Aims
 - iii. Options for continuation of Macmillan GPs model – referred to the Finance Procurement & Contracting Committee as over the Service Improvement Committee delegated authority with recommendation in principle to extend existing model for a further 12 months.
 - iv. Insight into Smoking Behaviours – needed to ensure that there was no duplication.
 - v. Transforming Choices – Alcohol – referred to the Finance Procurement & Contracting Committee as above the Service Improvement Committee delegated authority. The committee had noted that there was no long term outcomes analysis available but the short term evidence was promising so the recommendation was to support another 10 week pilot programme.

- Approvals Panel 17th December 2013 - the Lay Member for Governance/Deputy Chair fed back to the Governing Body:
 - ✓ This had been a virtual meeting as there had been only one bid to consider and had been carried out via email. The bid had been approved.
 - ✓ A further meeting had taken place on 10th January 2014 when one more bid had been approved.
 - ✓ Bulk of winter investment had been made and it would be good to carry out a review of investment made and evidence of effective outcomes, perhaps towards end of February 2014.
 - ✓ In response to a question from the Chief Officer it was confirmed that just over £1m had been invested in Primary Care via winter planning bids to 57 practices, with a regular situation report being sent to the Unplanned Care Team.

- Primary Care Committee 31st December 2013 - the Matchworks Locality Chair fed back to the Governing Body on the main issues discussed:
 - ✓ Innovation Fund: a large bid of almost half the fund monies for community nursing had been rejected. It had been agreed that there was a lack of clarity on what was “innovation” i.e. trialling new ways of working with a small amount of investment at local level with a view to rollout citywide if effective. For this reason the decision had been taken to suspend the Fund and review the definition and process.
 - ✓ Role of Neighbourhoods: a discussion took place around how Primary Care might work better together and there would be more feedback on this in a few months’ time.

- Finance Procurement & Contracting Committee 7th January 2014 – the Chief Finance Officer fed back to the Governing Body:
 - ✓ Following the migration of Liverpool PCT to successor bodies the Primary Care element of contracting was assigned to NHS England with the Local Enhanced Services remaining with the CCGs. For Liverpool CCG the Local Enhanced Services were to be transferred to the Liverpool Local Quality Improvement Scheme. The issue of conflict of interests had been addressed and the Quality Improvement Scheme was to go to the Approvals Panel. It was possible for the minor surgery element to change as the Healthy Liverpool Programme developed.
 - ✓ Transforming Choices – as mentioned in the Service Improvement Committee update, the Transforming Choices pilot had been approved for a 12 week extension under the delegated authority of the committee.

The NHS Liverpool CCG Governing Body:

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

2.2 Joint Commissioning Group of the Health & Wellbeing Board/Liverpool CCG – Report No GB 02-14

The Head of Strategy & Outcomes fed back to the Governing Body on the meeting of the Joint Commissioning Group of the Health & Wellbeing Board/Liverpool CCG which had taken place on 16th December 2013:

- The Integrated Transformation Fund was renamed as the Better Care Fund. There would be a session for Governing Body members to understand the ramifications

and he highlighted that this was not separate to the current strategic development.

- Development of the legal framework between Liverpool CCG/Liverpool City Council was being developed for completion and finalisation March 2014 and would come back to the Governing Body for discussion. The Chief Officer noted that this would help to meet the requirements of the Better Care Fund which had three priorities:
 - To protect Adult Social Services
 - To meet the pressure from the Care Bill
 - To transform patient care.

In order to reduce hospital activity there was a need to work differently. The transformation schemes would come from the Programmes. The Awayday in January would help the Governing Body's understanding.

The NHS Liverpool CCG Governing Body:

- **Noted the activity undertaken by the Joint Commissioning Group.**

2.3 Chief Officer's Update

The Chief Officer updated the Governing Body:

- ✓ Planning Guidance had been received in December 2013. A 5 year approach was to be taken with alignment required between provider and commissioner plans. This helped to drive forward the Healthy Liverpool Programme and would be discussed in more depth later on the agenda.
- ✓ Collaboration for Leadership in Applied Health Research and Care ('CLAHRC') – £9m of national funding was secured, available for draw down from 1st January 2014, with a launch to be held in March 2014. Liverpool CCG was hosting across the North West for

high quality applied research to transfer into general practice, not theoretical, to encompass public and stakeholder engagement, improving public health and reducing health inequalities. The Liverpool CCG Commissioning Plan dovetailed with the aims of the CLAHRC. A paper would be brought to the next Governing Body meeting on the CCG's overall approach.

- ✓ A Dinner had been held by the King's Fund, attended by the Chief Officer – the King's Fund had used the Liverpool CCG GP Specification as example in their paper on Primary Care Contracting Models. A report would be published by the King's Fund in the second half of February.

- ✓ A Group from Liverpool CCG Governing Body had attended a meeting at 10 Downing Street along with colleagues from other CCGs. The Chair noted that all the CCGs appeared to be working on similar areas but in different ways.

The NHS Liverpool CCG Governing Body:

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

2.4 NHS England Area Team

The Director from NHS England Merseyside Area Team updated the Governing Body on recent activity and what was working well and not so well:

- Not all Area Teams attended their CCGs' Governing Body meetings – after discussion with the Chair and Chief Officer the Merseyside Area Team to continue to attend the Liverpool CCG Governing Body as a co-commissioner.

- A Planning Guidance Seminar had been held – NHS England had a dual role as co-commissioner to work alongside CCGs and to assure plans.
- The Quality Surveillance Groups were working well but now were evolving and consideration was being given on how to work differently – one proposal was for a meeting every other month for Primary Care.
- Assurance – the intention was to make the planning process as straightforward as possible. The 2 Year Operational Plan would be assured by NHS England Area Team, the 5 Year Strategic Plan would be assured by NHS England Regional Team. Everything would be set out in advance with nothing left to the last minute.

The NHS Liverpool CCG Governing Body:

- **Noted the update from NHS England Merseyside Area Team**

2.5 Public Health Update - Verbal

The Director of Public Health updated the Governing Body:

- Health & Wellbeing Board was due to meet later in the week and would consider the Better Care Fund, Public Health Annual Report and developing the Health & Wellbeing Strategy. She offered to present the Public Health Annual Report and the Health & Wellbeing Strategy at the February Governing Body meeting.
- Pharmacy Needs Assessment to be started for 2015.
- Sunbeds/Skin Cancer – presentation to be made by group of dermatologists/Cancer UK/Sunbed Association representatives from Liverpool in London which hopefully would lead to legislation changes in England.
- The Director of NHS Merseyside Area Team highlighted Merseyside improvements in 'Flu' Vaccinations.

The Practice Nurse member requested an update on plain packaging for cigarettes, the Director of Public Health responded that this was part of a national review and feedback would be available in April on the evidence of how effective this would be.

The Practice Nurse representative asked for an update on minimum unit pricing for alcohol. The Director of Public Health noted that there was hard evidence that this was effective and targeted those most in need of protection. The Mayor of Liverpool was championing the initiative.

The Lay Member for Patient Engagement referred to the joint Public Health/Liverpool CCG Healthy Liverpool Strategy public engagement events to take place end of January/early February 2014 and the fact that the Health & Wellbeing Board would prior to those dates have approved the Health & Wellbeing Strategy. The Director of Public Health responded that the Strategy was very high level and had been discussed at length before Christmas. The public consultation planned was the way forward to action and deliver the Strategy. The Chair requested that this should be made clear at the Health & Wellbeing Board meeting that week.

The NHS Liverpool CCG Governing Body:

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

PART 3: STRATEGY & COMMISSIONING

3.1 Everyone Counts – Planning for Patients 2014/15 – 2018/19 – Report No GB 03-14

The Head of Strategy & Outcomes presented a paper to the Governing Body on the requirements set out in the planning guidance 'Everyone Counts' – Planning for Patients 2014/15 – 2018/19 for the CCG to deliver a 5 year Strategic Plan with associated 2 year operational plan, and the proposed local approach for the production of the plan. The final Planning

guidance had been received a few days before Christmas and the key change was the shift to longer term 5 year planning.

The requirements were to deliver a 2 year Operational Plan, a Financial Plan and a Better Care Fund Plan as well as the 5 year Strategic Plan and NHS England was required to produce its own Direct Commissioning Plan to fit with these. NHS Trust providers also had to produce their own plans.

Strategic Plan

- 5 year strategic high level vision
- Plans to be set out at Unit of Planning level.
- Structure: Plan on a Page describing what the health economy should look like in 5 years' time, key outcomes and transformational initiatives to achieve this and a narrative taking the form of a key lines of enquiry submission.

Operational Plan

- More detailed 2 year plan tied in to allocations and setting of provider budgets
- Structure: Outcomes, NHS Constitution, Activity and Better Care Fund.
- Progress to be made against 7 key indicators mapped to the 5 outcomes domains for quality (7 key indicators contained no surprises for Liverpool CCG).
- Need to consider the impact of our plans on others.
- Good level of intelligence was being received from the Social Care Information Centre.
- Informal Governing Body Planning Session to be held on 29th January 2014.

Financial Plan

- Metrics based submission – had to be aligned to transformation initiatives.

Better Care Fund

This has already been discussed earlier in the meeting.

NHS England Direct Commissioning Plans

This would detail their commissioning areas of:

- Primary, medical, dental, pharmacy and optical services and secondary care dental services;
- Specialist services;
- Public health section 7A services;
- Services for members of the Armed Forces and their families;
- Services for people in the justice system.

The CCG Strategic Plan and NHS England's Direct Commissioning Plans needed to fit together, and provider plans needed to align to this.

Stakeholder Engagement

- 3 public engagement events had been set up for the end of January 2014, the process of engagement had actually started over 12 months ago.
- Engagement to be carried out with member practices, NHS providers, Mersey CCGs, NHS England Area Team and the Health & Wellbeing Board/Local Authority.

Assurance of Plans

- NHS England Regional Team to assure the 5 year Strategic Plan.
- NHS England Area Team to assure the 2 year Operational Plan.
- Other providers to submit plans to Liverpool CCG/Monitor/NHS Trust Development Authority.
- Health & Wellbeing Board to carry out assurance for the Better Care Fund.

Timescales

- Draft Operational Plan (including Better Care Fund) to be submitted to NHS England Area Team by 14th February 2014.
- Draft Strategic Plan and final 2 year Operational Plan to be approved by the Governing Body by 31st March 2014 and submitted by 4th April 2014.
- Final 5 year Strategic Plan to be submitted by 20th June 2014.

The Lay Member for Patient Engagement raised the issue of units of planning and the effect of Liverpool CCG's neighbouring CCGs on its plans. The Chief Finance Officer noted that across Merseyside, most areas had one CCG per unit of planning (however Sefton had two CCGs in one unit of planning) and we would be working across CCGs. The Head of Strategy & Outcomes added that Liverpool had an extremely complex unit of planning and all these issues had to be tied up in one plan. The Chair noted that the unit of planning approach was a way of tying everything together and demonstrated the need to be transformational; it would be impossible to do what was required in the current planning process without the work of the Healthy Liverpool Programme over the last 12 months with NHS England and the Local Authority. The required alignment of provider and commissioner plans was welcomed by Liverpool CCG.

The Chief Finance Officer referred to the high level of Specialist Commissioning in the Liverpool Health Economy and the possible effect on the Liverpool single unit of planning. The Chair stated that the CCG had a statutory requirement to improve health outcomes for Liverpool, no other body had this statutory responsibility. Specialist Commissioning was a huge challenge.

The Practice Nurse member highlighted that the 'Call to Action' was focussed on District Nurses, Community Nurses and Health Visitors and did not mention Practice Nurses. The workforce analysis carried out had shown that there were a

large number of Practice Nurses who were due to retire and therefore work was being done with Education England around recruiting more which should not be delayed. The Director of NHS England Area Team responded that workforce was a challenge for all workstreams and would take the matter up with the Practice Nurse member outside of the meeting. The Chair and the Head of Quality/Chief Nurse agreed that workforce was key element in the delivery of ambitions and the Healthy Liverpool Programme.

The Secondary Care Consultant wanted to know if the NHS England planning would align to the Liverpool CCG planning. The Director of NHS England Area Team responded that the unit of planning of Direct Commissioning did differ as the area of Specialised Commissioning was extremely complex and Liverpool had more specialist providers than other CCGs – for this reason Specialist Commissioning was looking a unit of planning for the North West and close working would be required to align the plans. The Chief Officer noted that the Liverpool CCG 5 Year Strategic Plan needed to cover Specialist Commissioning and it would be vital to work with NHS England to ensure that the Liverpool Plan made sense in terms of the whole patient pathway. The downside of the new NHS architecture was the dividing up of commissioning responsibilities between NHS England, Local Authority and CCGs, the planning process was aiming to return to a holistic approach.

The Head of Strategy & Outcomes clarified that there was only one unit of planning per area and Direct Commissioning Plans had to align with other units of planning as stated in the Guidance.

The Chief Finance Officer referred to the decision taken on allocations which had been reported at the start of the year and discussed at informal sessions. Liverpool CCG had received an uplift for the next 2 years (2.14% next year, 1.7% the following year) but as Liverpool CCG was 7% over target it would remain slightly over target. The uplift for Liverpool had been one of the lowest in the country but this was the same for

many other CCGs and was an improvement on what had been first anticipated.

The NHS Liverpool CCG Governing Body:

- **Noted the requirements for planning for the CCG**
- **Noted the proposed approach to production of the plan.**

PART 4: GOVERNANCE

4.1 Care Quality Commission Inspections and the Changing Methodology – Report no GB 04-14

The Head of Quality/Chief Nurse presented a paper to the Governing Body to give an update regarding the changing Care Quality Commission ('CQC') methodology and activity regarding Liverpool providers since April 2013. She noted that how quality was managed was changing and the role of the CCG, NHS England, Care Quality Commission and Monitor was evolving. The Governing Body received updates on quality and performance of NHS commissioned services, now it needed to look at how the information was utilised and how it could contribute to the Quality Surveillance Group.

Care Quality Commission – role and process:

- Unannounced inspections carried out at Liverpool Women's Hospital and Aintree Hospital.
- Planned inspection at the Royal Liverpool Hospital – report awaited.
- Care Homes – Liverpool CCG was working closely with Local Authority colleagues looking at areas highlighted by CQC and picking up trends.
- Intelligent Monitoring – Alder Hey had challenged the process and reliability of the indicators used for a children's hospital (as had other children's hospitals across the country).

Future working:

- CQC was working with CCGs and NHS England – CQC was to triangulate information before a decision was made.
- Working relationship was much improved.
- Quality Surveillance Groups – CQC was an active member along with CCGs, Local Authority, Monitor etc.
- Action Plans were in place with all providers who had not met the required standards during inspections with Liverpool CCG monitoring through the Clinical Performance and Quality Groups.
- The Liverpool CCG quality Safety & Outcomes Committee to scrutinise quality reports including CQC Inspection Reports and ensure providers were supported to take effective action where needed.

The NHS Liverpool CCG Governing Body:

- **Noted the contents of the report**
- **Noted the engagement of the CCG in the work to pool intelligence and data to form comprehensive understanding of provider performance.**
- **Noted how Liverpool CCG assured the quality of services commissioned for its patients.**

PART 5: PERFORMANCE

5.1 Performance Report – Report no GB 05-14

The Head of Operations & Corporate Performance presented a report on the key aspects of the CCG's performance in the delivery of quality, performance and financial targets for 2013/14.

He highlighted:

- Health Care Acquired Infection targets – deterioration in performance, further 18 cases of C Difficile in November (hospital and community) but no further MRSA cases.

Merseyside Antibiotic Guidance had been published which would be helpful to Primary Care prescribers. The Royal Liverpool and Broadgreen Hospital had asked the Trust Development Authority for an external review of Health Care Acquired Infection processes and systems.

- Cancer – the improvement in waiting times had been maintained with the exception of Specialist Commissioning which involved low numbers of patients but which was very susceptible to change.
- Referral to Treatment – Alder Hey was still presenting a challenge for Specialist Commissioning re complex spinal surgery. There had been an improvement in the 18 week target for ENT at Alder Hey due to the recruitment of an additional consultant.
- Stroke Performance at Aintree – had improved last month but now had fallen to just under 74% - the problem was due to the number of medical outliers occupying stroke beds and presented a challenge.
- 4 Hour Accident & Emergency Department Performance – the cumulative position at the end of November exceeded 95%. However the Royal and Aintree continued to be under pressure for Quarter 3 but for Quarter 4 the impact of the winter pressure investment would be felt. The Urgent Care Leads were looking at this impact.
- Diagnostic Waiting Times – there had been pressure at the Royal in November due to the long term sickness of a sonographer but now additional sessions had been provided. Liverpool Community Health were in breach of target but this only related to 27 patients.
- Care Quality Commission and Monitor Warning – Aintree, Liverpool Women's Hospital and latterly Liverpool Heart & Chest Hospital and been visited. The Liverpool Heart & Chest Hospital latest Care Quality Commission report had been published on 4th December 2013 highlighting

medicines management issues – an action plan was in place and was being monitored with colleagues.

- Patient Safety – a never event had occurred at the Royal Liverpool Hospital when the wrong tooth had been removed at the Dental Hospital.
- Financial Position – as at November 2013 there was a £1.1m overspend against plan but the year-end forecast was on track to deliver £14m plus surplus.

A GP Governing Body member for the North of the city raised the issue of Aintree consultants not being able to access intermediate care beds at Venmore. The Director of Adult Services and Health said that this should no longer be the case and would clarify this.

The Chief Officer referred to the situation with Diagnostic Waits and asked for a report to be brought back to the Governing Body looking at this in more detail. The Secondary Care Clinician agreed that the figures were unacceptable.

The Chief Officer noted that a follow up Quality Review meeting with Liverpool Women's Hospital had been convened for 14th February 2014 to check on progress.

In response to a query from the Director of NHS England Area Team the Head of Quality/Chief Nurse informed the Governing Body that a report on Alder Hey would be submitted to the next Quality Safety & Outcomes Committee. The Director of NHS England Area Team updated the Governing body that before Christmas the Care Quality Commission had received a "whistleblowing report" and had asked NHS England to call a Risk Summit which took place on 20th December 2013. 17 actions were agreed. She added that the NHS England Area Team Director of Nursing was attending a meeting on 22nd January 2014 looking at Specialist Commissioning to ensure that the actions were followed; the Cheshire Warrington and Wirral Area Team were leading this due to the Specialist Commissioning element and Liverpool CCG were invited to be part of the process.

With regard to Health Care Acquired Infections, the Lay Member for Governance/Deputy Chair felt that a more detailed report was required for the next meeting. Also how this reflected on the Quality Premium needed to be set out.

The NHS Liverpool CCG Governing Body:

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

6. ANY OTHER BUSINESS

The Director of Adult Services & Health noted that the Mayoral Commission on Health report would be made public on 28th January 2014 at 3pm at the Town Hall. The final consultation on proposed efficiencies would be on 6th February 2014 from 2pm. The Chief Officer agreed to consider how best this should be communicated to the Governing Body/CCG.

7. DATE AND TIME OF NEXT MEETING

Tuesday 11th February 2014 at 1pm, to be held in the Boardroom at Arthouse Square.