NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on WEDNESDAY 26TH MARCH 2014 1pm Boardroom, Arthouse Square

PRESENT:

VOTING MEMBERS:

Dr Nadim Fazlani	Chair/GP
Prof Maureen Williams	Lay Member – Governance/Deputy Chair
Dr Simon Bowers	GP/Clinical Vice Chair
Dr Edward Gaynor	GP
Dr Jude Mahadanaarachchi	GP/Liverpool Central Locality Chair
Dr Shamim Rose	GP
Dr Janet Bliss	GP
Katherine Sheerin	Chief Officer
Tom Jackson	Chief Finance Officer
Dave Antrobus	Lay Member – Patient Engagement
Jane Lunt	Head of Quality/Chief Nurse

CO-OPTED:

Dr Tristan Elkin	GP – Liverpool Central Locality
Dr David Webster	GP – Matchworks Locality
Dr Paula Grey	Joint Director of Public Health

IN ATTENDANCE:

Cheryl Mould	Head of Primary Care Quality & Improvement
Tony Woods	Head of Strategy & Outcomes
Ian Davies	Head of Operations & Corporate Performance
Samih Kalakeche	Director of Adult Services & Health, Liverpool City Council

Phil Wadeson	Director of Finance NHS England Merseyside Area Team
Kim McNaught	Deputy Finance Director
Derek Rothwell	Head of Contracts & Procurement
Paula Jones	Minutes

APOLOGIES:

Dr Fiona Lemmens	GP
Moira Cain	Practice Nurse
Dr James Cuthbert	GP/Matchworks Locality Chair
Dr Maurice Smith	GP
Dr Donal O'Donoghue	Secondary Care Doctor
Dr Rob Barnett	LMC Secretary
Dr Paula Finnerty	GP – North Locality Chair
Ray Guy	Practice Manager
Councillor Roz Gladden	Liverpool City Council
Clare Duggan	Director - NHS England Merseyside Area Team

Public: 1

PART 1: INTRODUCTIONS & APOLOGIES

1.1 DECLARATIONS OF INTEREST

There were no declarations made specific to the agenda.

PART 2: STRATEGY & COMMMISSIONING

2.1 Everyone Counts: Planning for Patients 2014/15 to 2018/19 – Submission of Final Two Year Operational Plan and Draft Five Year Strategy – Report No GB 21-14:

The Head of Strategy & Outcomes presented the Final Two Year Operational Plan, Better Care Fund submission and Draft Five Year Strategy to the Governing Body. He noted that the Five Year Strategy was at unit of planning level and was therefore not solely for the Clinical Commissioning Group but was a strategy for health services of the city of Liverpool. It was

divided into the Plan On A Page and the Key Lines of Enquiry and the draft needed to be submitted by 4th April 2014. The final plan was to be submitted 20th June 2014 and would be the narrative to support the Healthy Liverpool Programme.

The Strategy was a high level overview of what the Healthy Liverpool Programme was trying to achieve. The Final Plan would be brought to the June 2014 Governing Body meeting with an earlier version to the May 2014 Governing Body and would inform the Blueprint for the Healthy Liverpool Programme to be published in September 2014.

Operational Plan:

This was a metrics based submission with the final version to be submitted by 4th April 2014. It contained seven Outcome Ambitions linked to the 5 Domains of the NHS Outcomes Framework and the Governing Body members responsible for the Outcomes Ambitions were asked to give a brief description of the plans in place to achieve the ambitions:

1. Securing additional years of life for people with treatable mental and physical health conditions (Dr Ed Gaynor): 5.2% increase by 2018/19 above the national trend.

    - Increased level of physical exercise was a key part involving Public Health and Liverpool City Council.
    - Smoking cessation – had stalled and needed to be highlighted as an area to focus on.
    - Bowel screening was an important issue – figures were low and therefore an increase to 68% would make a difference.

2. Improving health related quality of life for people with one or more long term conditions, including mental health (Dr Janet Bliss): increase to 71.0 by 2018/19.

    - Liverpool was second worst performer nationally – work had been carried out in areas such as diabetes with EQD5 and this could be used to assess quality of life.

3. Reducing the amount of time spent avoidably in hospital through better and more integrated care in the community (Dr Janet Bliss):
   Reduce emergency admissions by 15.3%

   - Great deal of work had been carried out around reducing emergency admissions and there was evidence of the positive effect on this re improved community services i.e. community anticoagulation reducing Atrial Fibrilation/Stroke admissions. Primary Care management of heart failure was improving with improved access to cardiac and pulmonary rehabilitation.
   - The Head of Strategy & Outcomes added that admissions were reduced overall by 15% as measured by the composite score, 9% of which referred to the totality of emergency admissions.

4. Increasing the proportion of older people living independently at home following discharge from hospital (Head of Strategy & Outcomes):

   - There was no requirement to set a 5 year level of outcome ambition as this was social care and would be dealt with under the Better Care Fund but there was a need to set a performance target. This had been set at 82% based on the Healthy Ageing work which Dr Jim Cuthbert was leading.

5. Increasing the number of people having a positive experience of hospital care (Head of Quality/Chief Nurse):

   - Liverpool was already in the top quintile nationally but was still wanting to improve.
   - Key number of interventions to deliver this ambition, most of which were national, but there were some local such as the suggested carer representation in the governance structure of providers as suggested in the Berwick Report.

- Need to understand better the experience of children and young people.

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6. Increasing the number of people with mental and physical health conditions having a positive experience of care outside of hospital in general practice and community (Dr Jude Mahadanaarachchi):

    - Already above the England and Core cities average.
    - Variation between GP practices being addressed via the Liverpool Quality Improvement Scheme/GP Specification.

7. Making significant progress towards eliminating avoidable deaths in hospitals caused by problems in care (Head of Quality/Chief Nurse):

    - Lack of baseline data so no requirement to set a quantifiable level of improvement.
    - National challenge around the meaningfulness of monitoring data – a number of trusts were involved in the national work.
    - Early warning system development re changes and causes needed to be enhanced to take into account variations in trusts.
    - 7 Day Working agenda would have a significant impact.

The Head of Strategy & Outcomes noted that levels of ambition had also been set around achieving 15% access target and 50% recovery target for Improved Access to Psychological Therapies in 2015/16, increased dementia diagnosis rate to 70% and the Diabetes 9 Care Process increase in performance.

NHS Constitution: self-declaration from the CCG with all the requirements of the NHS Constitution would be made.

Activity: The CCG was to submit 5 year activity plans with detailed first 2 years for acute providers. The key aspects were to include, reduction in non-electives, reduction in follow-up

outpatient appointments and management of the impact of demographic growth.

Better Care Fund:
This had been presented previously to the Governing Body – this required the CCG to formulate a joint plan with the Local Authority for the management of health and social care. The Fund would come into full effect in 2015/16 but momentum would be built in 2014/15.

The Governing Body commented as follows:

- The Lay Member for Patient Engagement referred to Appendix 5 page 3 of the paper and the validation of the results of the National Voices engagement agenda and asked for this information to be sent to him by the Head of Strategy & Outcomes.

- The Chief Officer noted how the Plan, and in particular the development of the outcome ambitions, was an excellent example of Clinical Commissioning in action thanks to the leadership of the Governing Body members and the input of Public Health colleagues on what would be possible to achieve. What was required now was strong implementation plans to follow this through.

- The Lay Member for Governance/Deputy Chair echoed that this was excellent work in a short timeframe. However she referred to appendix 2 of the paper which contained the draft strategy and noted that although partnership working was important it was vital to ensure engagement with public and patients who were not members of interest groups. She also noted that the targets in the plan should be considered as the minimum level to be achieved and that it would be hoped to exceed them.

- The Chair congratulated the Head of Strategy & Outcomes on an excellent piece of work with an impressive level of ambition. He referred to Pulmonary Rehabilitation and the discussions which had taken place

at the Primary Care Committee on the need to see something in action in order to sell it to patients.

The NHS Liverpool CCG Governing Body:

- **Approved the Operational Plan Submission subject to final alignment of activity plans with financial plans following final contract agreement with NHS Trusts**
- **Reviewed and approved the Outcome Levels of Ambition and key interventions required to deliver outcome improvements**
- **Approved the Better Care Fund allocation and associated planning submission**
- **Reviewed the draft strategic plan on a page and high level strategy**
- **Noted that the work of the Healthy Liverpool Programme formed the content of the Strategic Plan, with the Operational Plan and Better Care Fund describing the initial steps to be taken**

2.2 Financial Strategy – Development of a financial strategy to support quality, value and sustainability – Report No GB 22-14

The Chief Finance Officer gave a presentation to the Governing Body on the Financial Strategy which underpinned the Two and Five Year Plans. He highlighted:

- Objectives of the Healthy Liverpool programme: to improve health outcomes, deliver first class quality care and create clinically and financially sustainable services.

- Strategic Financial Objectives:
  - Support delivery of the outcome focussed Healthy Liverpool Programme
  - Liverpool Health Economy to be clinically and financially sustainable in 5 years' time
  - Create an environment for transformation

- Enable a minimum of 10% of the CCG's allocation to be invested in new ways of working
- Support credible planning
- Deliver CCG's financial duties.

- Allocation – Liverpool CCG had received lowest level of increase of 2.41% next year and 1.7% 2015/16 and remained significantly over target (7.67% by 2015/16). The new funding formula taking into account population changes had had an adverse effect on Liverpool CCG but reflected an aging population. However the 10% CCG topslice to tackle health inequalities had been maintained and would therefore help Liverpool CCG.

- Financial Position – most of CCG spending was on a recurrent basis. For 2014/15 the allocation was £730.8m recurrent plus £19.8m non-recurrent less planned spending left £30m recurrent and £14m non-recurrent to be reinvested in the Healthy Liverpool Programme. For 2015/16 the Better Care Fund allocation would be consolidated which would lead to a further £20m of recurrent funding plus £17.7m non recurrent giving an overall total of £50m recurrent over the next two years for the Healthy Liverpool Programme. There would be a surplus of £14.8m for 2014/15 and £7.7m for 2015/16.

- Contract Setting 2014/15 – there was a small retention in contract value for the majority of providers (about 1%) which would be invested where the CCG wanted to so was about a better use for the money rather than a decrease in spend.

- Better Care Fund:

  - £39m 2015/16 from which to create the Better Care Fund.
  - Section 75/Carer's Break contributed £16.2 m for 2015/16.
  - Better Care Fund would continue to support services in the light of Social Care cuts and the CCG could invest £10m to support social care.

- Total Better Care Fund would be in the region of £50m.

- QIPP – still needed to deliver QIPP Plans of £26m for 2014/15 and £27m 2015/16.

- Key Risks:

  - all providers were financially challenged
  - Legacy issues of Continuing Healthcare
  - Liverpool City Council budget reduction
  - £40m tied up in Better Care Fund to be taken up

  Mitigated by:

  - Close relationships
  - Ongoing financial review
  - Monitoring of developments
  - Social care investment
  - Impact assessments.

The Governing Body commented as follows:

- In response to a query from the Lay Member for Patient Engagement it was clarified by the Deputy Chief Finance Officer that the reduction of 10% in the Running Cost Allowance was for 2015/16 but the revised figure was being used in 2014/15.

- The Lay Member for Patient Engagement was concerned about contract reductions with providers, in particular Liverpool Community Health, and the remit of the Healthy Liverpool Programme to provide more services in the community. It was clarified by the Chief Finance Officer that the closure of Ward 2A and tariff efficiencies had resulted in this reduction, however, the plans for the Healthy Liverpool Programme were about additional community work though not necessarily tied to the same provider. The Chief Officer noted that investment proposals would be reviewed and debated by the

Governing Body. A Strategic Planning session would be held in May 2014.

- The NHS England Merseyside Area Team Finance Director commented on the change in spending on community services from 2014/15 of £77m to £69m in 2015/16. The Chief Finance Officer noted that as per the previous response it was not that spending on community services was being reduced, rather that the monies would be allocated differently.

In summary the Chief Officer underlined that the £50m to be spent recurrently on the Healthy Liverpool Programme over the next 2 years would not be an easy task. The Lay Member for Governance/Deputy Chair advised caution that although this was a great deal of money, this was alongside a significant reduction in the Running Cost Allowance which needed to be understood by Partners.

The NHS Liverpool CCG Governing Body:

- **Noted the key assumptions**
- **Noted the key risks and risk mitigations**
- **Approved high level Financial Plan including:**
  - **2014/15 Contract investment & expenditure plans**
  - **2014/15 £20 million recurrent investment reserve**
  - **2014/15 £14 million non-recurrent investment reserve**
  - **2014/15 £10 million recurrent Better Care Fund social care investment**
  - **2015/16 £20 million recurrent investment reserve**
  - **2015/16 £17.7 million non-recurrent investment reserve**
  - **Prioritised investment plans to be presented at future Governing Body meeting**

3. QUESTIONS FROM THE PUBLIC

There were no questions from the public.

4. DATE AND TIME OF NEXT MEETING

Tuesday 8th April 2014 at 1pm, to be held in the Boardroom at Arthouse Square.