

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on TUESDAY 11TH FEBRUARY 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 Edward Gaynor	GP
Dr Jude Mahadanaarachchi	GP/Liverpool Central Locality Chair
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
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
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Tony Woods
Ian Davies

Head of Strategy & Outcomes
Head of Operations & Corporate
Performance

Dr Rob Barnett
Samih Kalakeche

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

Paula Jones

Minutes

APOLOGIES:

Dr Donal O'Donoghue
Clare Duggan

Secondary Care Doctor
Director - NHS England
Merseyside Area Team

Councillor Roz Gladden

Liverpool City Council

Kathy Hull

Executive Officer – Healthwatch
Liverpool Scrutiny

Public: 14

PART 1: INTRODUCTIONS & APOLOGIES

Introductions were made for the benefit of the members of the public present. The Chair noted that questions from the public would be taken at the end of the meeting and would be limited to 15 minutes maximum.

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 January 2014 were agreed as an accurate record of the discussions that had taken place subject to the following amendments:

- Page 3 item 1.4 Questions from the public – the reference should be to a meeting on 4th June 2013 not 2014.
- Page 6 item 2.1 update from Finance Procurement & Contracting Committee – the Transforming Choices Alcohol programme pilot was extended for 12 weeks not a year.
- Page 8 item 2.3 Chief Officer’s update – final bullet re the visit to 10 Downing Street, this should read “with colleagues from other CCGs” rather than “other CCGs across the Locality”.

1.3 MATTERS ARISING Not already on the agenda:

- 1.3.1 Action Point One – changes to the previous minutes had been made.
- 1.3.2 Action Point Two – it was noted that the Partnership Agreement between Liverpool CCG and Liverpool City Council would be on the March 2014 agenda.
- 1.3.3 Action Point Five – the action around discussing Practice Nurse recruitment/training with Education England was ongoing outside of the Governing Body meeting.

PART 2: UPDATES

2.1 Feedback from committees – Report No GB 06-14:

- Approvals Panel 10th January 2014 – the Deputy Chair/Lay Member for Governance fed back to the Governing Body:
 - ✓ One winter pressures bid was considered.
 - ✓ Transfer of Local Enhanced Services to Liverpool Quality Improvement Scheme. The Approvals Panel considered whether 14 existing Local Enhanced Services should be transferred to NHS standard contracts and remain commissioned from General Practices. The Approvals Panel confirmed that the

following services should be commissioned from General Practice under the NHS standard contract:

- Liverpool General Practice Specification (now known as Liverpool Quality Improvement Scheme)
- Minor Surgery Excisions and Incisions own patients,
- Minor Surgery Excisions and Incisions patients other practices,
- Minor Surgery Injections own patients
- Minor Surgery Injections patients other practice,
- Near Patient Testing
- Homeless patients,
- Asylum seekers,
- H Pylori own patients
- Travelling Community,
- ABPI testing own patients,
- ABPI testing patients other practices,
- H Pylori testing patient other practices,
- Gonadorelin Injections.

The Approvals Panel requested that a full review of the Minor Surgery Specification is undertaken within the next 6 months

Due to diary commitments a review meeting for the whole process of bids approved and status update had been postponed from 21st February 2014 to 11th March 2014.

- Audit Risk & Scrutiny Committee 10th January 2014 - the Deputy Chair/Lay Member for Governance fed back to the Governing Body:
 - ✓ More Independent contract was still an issue – made up of small contracts set up prior to authorisation and inherited by the CCG. It was noted by the Integrated Care Clinical Lead that the key deliverables were being negotiated and should be acceptable and deliverable.

- ✓ Patient Engagement Audit Report from Mersey Internal Audit Agency – limited assurance had been given because at the time of the report engagement was at an early stage of development. However it was now improved, therefore the committee was happy that the limited assurance was being managed.
- ✓ The Clinical Vice Chair noted that CAMHS stood for Child and Adolescents' Mental Health Services, not Adults – agreement had been reached to transfer responsibility for the commissioning of CAMHS to the CCG from April 2014. The CAMHS Pathway Bid was to be looked at by Liverpool CCG to see if it should continue.
- Healthy Liverpool Programme Leads Board 14th January 2014 - the Chief Finance Officer fed back to the Governing Body on the main issues discussed:
 - ✓ This was the first meeting and focussed on alignment of existing programmes with the Healthy Liverpool Programme.
- Service Improvement Committee 23rd January 2014 – the Committee Chair fed back to the Governing Body:
 - ✓ A presentation had been given on the Integrated Care Programme.
- Primary Care Committee 28th January 2014 – the committee Vice Chair fed back to the Governing Body:
 - ✓ Wi-Fi to practices Rollout plan for EMIS practices developed in isolation - 3 vision practices not in scope of project. The rollout would be agreed with the Localities.
 - ✓ New contract changes 2014/15 – these were widely welcomed by practices, to ensure successful

implementation however practices would need a lot of support from NHS England, the CCG and Informatics Merseyside.

- ✓ Locality issues – reflection on the role of Localities had been extremely positive and the three Chairs were working more closely together.
- ✓ A lack of NHS England Merseyside Area Team presence at the committee had been noted, it was vital for NHS England to share information and co-ordinate at the Primary Care Committee level. The NHS England Director of Operations and Delivery agreed to feed this back, noting that their resources were stretched very thinly. In response to a specific query from a Governing Body GP member about the support plan on how to implement the new contract changes the Director of Operations and Delivery noted that this was still being developed.
- Finance Procurement & Contracting Committee 28th January 2014 – Chief Finance Officer fed back to the Governing Body:
 - ✓ This was the second committee meeting held in January 2014.
 - ✓ Issue of robustness of baseline data was being addressed.
 - ✓ Issue of Trust over-performance against contract baselines and how to ensure risks were managed was discussed.
- Quality Safety & Outcomes Committee 5th February 2014 – the Lay Member for Patient Engagement fed back to the Governing Body:
 - ✓ Complaints about practices to NHS England – how were these to be accessed by the CCG so they were aware of issues and trends? The Director of

Operations & Delivery responded that the key themes had been discussed at the Primary Care focussed Quality Surveillance Group. The Chief Officer emphasised that what the CCG needed was information on individual practices to understand the challenges facing the practice and the Director of Operations & Delivery agreed to look into a way of sharing information.

- ✓ Liverpool Community Health CQC Report (to be discussed in more detail later on on the agenda).
- ✓ Concerns re Healthcare Acquired Infections had been raised and the scale of the issue – the Head of Quality/Chief Nurse noted that this would be picked up in more detail in the Performance Report and the Public Health update.

The NHS Liverpool CCG Governing Body:

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

2.2 Feedback from the CCG Network – 15th January and 5th February 2014 – Report No GB 07-14

The Chief Officer fed back to the Governing Body on the recent meetings of the CCG Network in January and February 2014.

January:

- Decision taken to continue with the existing arrangements for Home Oxygen commissioning, with a Lead CCG arrangement.
- Safeguarding Service (and February meeting) hosted by Halton CCG for the 6 Merseyside CCGs – there had been teething issues and the Chief Nurses were working on a model, this would still be hosted by Halton but would have a clearer line of sight from the Liverpool CCG Chief Nurse to the Team.

February:

- Commissioner Requested Services from Foundation Trusts – discussion on how would this be managed across the CCGs.
- A question was raised about the GP Safeguarding role – the Head of Quality/Chief Nurse noted that there was a lack of clarity re the implications of the reforms and how to implement them locally. She agreed that the role of named GP should sit within the CCG.

The NHS Liverpool CCG Governing Body:

- **Considered the report and recommendations from the committees.**

2.3 Chief Officer's Update

The Chief Officer updated the Governing Body:

- ✓ Care Quality Commission Reports:
 - Announced inspection at the Royal Liverpool Hospital – the report had been positive with examples of excellent practice and compassion for patients. Development areas highlighted were around medical outlier patients, vascular and infection control but all these areas were fixable. An Action Plan was to be drawn up by 5th March 2014, Monitor would be asked to look at the financial and governance elements of the Trust re the Foundation Trust application.
 - Liverpool Community Health unannounced inspection late November 2013 with a follow up early December 2013 – a report had been issued on 29th January 2014 on District Nursing, Community Equipment and Ward 35. Actions were required on the 5 standards with an enforcement action for supporting workers re Ward 35. An Action Plan was required by 5th March 2014 and by 1st April 2014 they were to

demonstrate compliance on supporting workers in Ward 35. A single item Quality Surveillance Group had been called on 10th February 2014 involving the CCG, Monitor, Trust Development Agency, Local Authority and Healthwatch and this would be discussed under part 2 private business of the Governing Body.

- The Alder Hey report was due out later in the week.

- ✓ 2 Year Operational and 5 Year Strategic Plans – everything was on track for the 2 Year Operational Plan to be submitted by 14th February 2014. An extraordinary Governing Body would be called for late March to approve the final 2 Year Plan and Draft 5 Year Strategic Plan prior to the submission date of 4th April 2014.

- ✓ Running Cost Allowance – notification of change received to be reduced by 10%, £11.7m 2014/15, £10.4m 2015/16.

- ✓ CCG 360 degree feedback process had begun and organisations nominated to give feedback would be contacted over the next few days i.e. Local Authority , Local Medical Committee, Healthwatch, Trusts, etc.

The NHS Liverpool CCG Governing Body:

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

2.4 NHS England Area Team

The Director Of Operations & Delivery from NHS England Merseyside Area Team updated the Governing Body on recent activity:

- Monthly Quality Surveillance Groups were running well, the next stage of development was to move to bi-monthly meetings with a meeting focussing on Primary Care in the

intervening month – feedback was being requested from stakeholders and this process would be rolled out from April 2014.

- Work was coming together with primary care re the unit of planning which would be submitted by 14th March 2014.
- Specialist Commissioning Workshop had been held last month. The Director of NHS England Merseyside Area Team was to Chair a Task & Finish Group to feed the Cheshire and Merseyside issues into the North West footprint.
- Assurance Quarter 3 process – the focus was on planning and whether the contribution was a good stretch for CCGs. The 360 degree feedback would feed in to the quarter 4 Assurance.
- National work – focus was on A&E performance, elective activity and a deep dive into Referral To Treatment and waiting times.
- Issue over Clatterbridge funding had not been resolved, an update would be brought to the next Governing Body

The NHS Liverpool CCG Governing Body:

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

2.5 Public Health Update - Verbal

It was agreed that this would be covered until item 3.1.

PART 3: STRATEGY & COMMISSIONING

3.1 Annual Report of the Director of Public Health for Liverpool – Report No GB 08-14

The Director of Public Health gave a presentation to the Governing Body to accompany the report which had been circulated with the meeting papers. The key messages were:

- Health Protection - Safeguarding the population from infectious disease and environmental hazards. Addressing immediate public health emergencies and longer terms threats to health such as possible pandemics and climate change.
- Health Improvement and Better Lifestyles - Advising on how to achieve the best health and wellbeing outcomes for populations with different characteristics, such as age, levels of mental resilience, long term conditions, caring responsibilities.
- Healthcare Public Health - Working together with the NHS, advising Clinical Commissioning Groups on commissioning health service for populations. Advising on health and social care integration.
- Understanding our population - ensuring we had information on needs and capabilities.
- Using existing evidence and continuously evaluating our actions to add further evidence.
- Ensuring that the whole of the city was involved in building the city's future population, securing the health gains made and continuing to move in a positive direction.

The NHS Liverpool CCG Governing Body:

- **Noted the Report and presentation and considered the recommendations within it.**

3.2 Joint Health & Wellbeing Strategy – Report No GB 09-14

The Director of Public Health gave a presentation to the Governing Body to accompany the report which had been circulated with the meeting papers. The Strategy built from the Joint Strategic Needs Assessment. The Strategy was a process, setting out the principles, approach and vision:

- Vision for change – city wide
- Process
- Key theme of communication and engagement
- Lifecourse approach to Improving health
- Ten principles for commissioners
- Constitution for Health & Wellbeing
- To strengthen the HWB in meeting its statutory duties.

Next steps:

- Outline Equality Impact Assessment
- Adaptation of the document and its presentation catered for different audiences
- Stakeholder events
- Framework for on-going communication and engagement
- Determine and agree measures of success
- Further development of the strategic function of the Health & Wellbeing Board.

The Lay Member for Patient Engagement commented that the shorter life expectancy in Liverpool was masking the true dementia prevalence and pointed out some minor typographical errors.

The Primary Care Committee Vice Chair noted the figures on Hepatitis C in drug users which was 50% compared to 70% nationally. The Director of Public Health noted that the pathway was currently being developed. It was noted by the Planned Care Clinical Lead that work was ongoing with the different commissioned services for different parts of the Hepatitis C Pathway which would be brought together to look at the vision and address these issues.

In response to a query from the Chief Officer the Director of Public Health noted that the “softer metrics” could look at patient engagement and patient reported outcomes.

The Chief Finance Officer referred to the ten principles agreed to achieve the priorities of the Strategy which were extremely useful and recommendations in the Public Health Annual Report. He added that prioritising investment in Children’s and Young People’s health needed to be reflected in the CCG Strategy. The Director of Public Health added that was a great deal of focus on Education and Safeguarding which linked to children’s health with a shift in focus to long term outcomes.

In summary the Chair noted that the Governing Body supported both Public Health documents, and that they were essential to the planning process of 2 year and 5 year strategies for the CCG.

The NHS Liverpool CCG Governing Body:

- **Considered the approach outlined in the Strategy document and approved by the Liverpool Health & Wellbeing Board.**
- **Was aware of the partnership requirements of the Strategy and particularly the requirement to align commissioning plans with the Joint Health and Wellbeing Strategy.**

3.3 Delivering the Research and Development Strategy – Report No GB 10-14

The Governing Body Executive Lead for Research & Development presented a paper to the Governing Body on the current research & development landscape and how Liverpool CCG would deliver its research strategy within this context and thanked the Research & Development Manager for an excellent paper. He noted the recommendations in the paper of:

- Promoting the value of R&D at every occasion.

- Encouraging member practices to engage with research and help recruit patients to studies.
- Considering current research and evidence when commissioning services.
- Identifying gaps in evidence and research questions that might support the commissioning process.

Of the 10 Collaborations for Leadership in Applied Health Research and Care ('CLAHRC') across the country only one was hosted by a CCG (Liverpool CCG) which the Clinical Vice Chair recognised as being refreshingly different to predecessor organisations as clinicians could push forward developments. The Senior Management Lead for Research & Development agreed with this and would discuss this further with the Clinical Vice Chair outside of the meeting to ensure opportunities were maximised.

The Governing Body members discussed the way that the North West Coast CLAHRC could work with Integrated Care to identify potential research areas and engage with the CCG. The Lay Member for Governance/Deputy Chair noted the last paragraph of the paper highlighting the need for strong patient engagement with the North West Coast CLAHRC and to utilise the expertise of the Academic Health Science Network and Liverpool Health Partners to ensure that research questions were relevant to the needs of the population. It would be sensible to include this in the programme cost of the Healthy Liverpool Programme if this could not be funded through other activities.

The NHS Liverpool CCG Governing Body supported the delivery of the R&D strategy by:

- **Promoting the value of R&D at every occasion.**
- **Encouraging member practices to engage with research and help recruit patients to studies.**
- **Considering current research and evidence when commissioning services.**
- **Identifying gaps in evidence and research questions that might support the commissioning process.**

PART 4: GOVERNANCE

There were no items for discussion in this section.

PART 5: PERFORMANCE

5.1 Performance Report – Report no GB 11-14

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:

- Healthcare Acquired Infections – these had continued to increase but the rate was slowing, there had been 9 incidences of C Difficile in December (2 community based, 7 hospital based) and 1 further case of MRSA in the Royal. As requested at the January 2014 Governing Body meeting a more detailed breakdown was included on page 4 & 5 of the report with Core Cities comparison information which showed that the Liverpool performance was not extraordinary to other similar health communities. Page 5 contained further actions in partnership with Public Health, Local Authority, Public Health England and Infection Control in all Trusts. Pages 6 & 7 contained diagrams re the governance arrangements around Healthcare Acquired Infections.

The Head of Quality/Chief Nurse added that this was early in the process but it looked as if the trend was slowing down and that all the hard work was starting to reap rewards. The Liverpool Health Protection Working Group reported to the Health & Wellbeing Board and provided a useful local focus. The Lay Member for Governance/Deputy Chair was concerned about how sustainable the change was. The Head of Quality/Chief Nurse noted that the changes in practice implemented so far should lead to a sustainable change, and it was

therefore hoped that the report would show continued improvement. The point was raised that the Royal Liverpool Hospital Clinical Quality and Performance Group had revealed that not all the different groups involved in infection control were aware of the activities of their colleagues so the strategy needed to be simplified and communicated to the “Ground Floor”. The Head of Quality/Chief Nurse acknowledged the complexity of the different responsibilities and that this would be simplified for future working.

The Chief Officer noted that Liverpool was not an outlier and wondered if the target had been set incorrectly the previous year due to historic good performance. The Head of Quality/Chief Nurse noted that people were living longer with Long Term Conditions/co-morbidities therefore the population was generally older, sicker and frailer. It was unlikely that zero would ever be achieved.

- Cancer – improvement overall had been maintained. The issues at Liverpool Heart & Chest Clinic affected a very small number of patients and at the end stage of their pathway.
- Referral to Treatment – there was pressure on Alder Hey Specialist Spinal surgery and also ENT despite additional surgeon time being sourced.
- Stroke – Aintree performance had improved the previous month but winter pressures and high number of medical outliers had adversely affected performance which in November was down to 51.6% of Liverpool CCG eligible patients meeting the target.
- A&E 4 hour target – cumulatively the CCG had met its targets until December 2013, however the Royal failed to achieve the quarter 3 cumulative target of 95% and a formal contract query had been issued. An action plan had been received and was being assessed by the CCG Urgent Care Team. The CCG Urgent Care Leads were

working closely with the Royal to monitor and support performance improvement.

- Diagnostic Waiting Times this had continued to deteriorate with 9% of patients waiting over 6 weeks. The Planned Care Executive Lead stressed the importance of this across all the Programmes and highlighted the fragmented provider map for radiology which made the situation difficult to rectify. In the longer term it would be necessary to cut out inappropriate diagnostic requests which an open electronic referral form and trusts offering the most appropriate tests. This would mean a huge change in culture citywide. It was noted that Aintree Hospital changed the ultrasound guidelines without informing GPs therefore it was timely that the CCG was taking a lead on this. The Planned Care Lead added that each Programme Team needed to be clear where diagnostics fitted into the pathways. A paper would be brought to the March/April 2014 Board meeting. The Chief Officer stressed the need for a tightly managed improvement plan and to ensure that the Planned Care Team had the support to implement it.
- Care Quality Commission – the report contained information on the Care Quality Commission’s unannounced inspection at Liverpool Community Health.
- Quality Risk Profile – Mersey Care had remained the same as October against Outcome 6 co-operating with other providers.
- Patient Safety – there had been 2 ‘never events’, one being wrong tooth extraction at LCH dentistry at the Royal and a stripping of the wrong vein for coronary bypass graft at Liverpool Heart & Chest Hospital.
- Mixed Sex Accommodation – in November there were 3 breaches at the Walton Centre during an outbreak of Norovirus and one was attributed to Liverpool CCG. The Chief Officer noted that this had been picked up with the

Interim Chief Executive of the Trust and was being worked through.

- Financial Position – the CCG was on track for achieving all financial targets.

The Primary Care Committee Vice Chair/Cancer Lead noted in relation to Liverpool Heart & Chest Hospital that the Trust had met its targets using the Manchester Model, however this method was not recognised in the performance reporting. The NHS England Director of Operations & Delivery agreed to take this issue back to NHS England for investigation.

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. QUESTIONS FROM THE PUBLIC

A member of the public noted that he had submitted a Freedom of Information Request to the Cheshire & Merseyside Commissioning Support Unit re the tendering for Anticoagulation Services and raised the issue that authority had been given to the Commissioning Support Unit, so would this constitute a conflict of interest. He wanted to know why the organisation was not working on instruction from the Clinical Commissioning Group.

The Chief Finance Officer responded that this was not correct, the Commissioning Support was working on behalf of the Clinical Commissioning Group and did not make any decisions which were not at the Clinical Commissioning Group's explicit instructions. Any decisions regarding awarding contracts would be made by the Clinical Commissioning Group¹. He asked for the information received by the member of the public to be sent to him for review.

¹

7. DATE AND TIME OF NEXT MEETING

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