

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on TUESDAY 9TH FEBRUARY 2016 1pm
BOARDROOM, THE DEPARTMENT, LEWIS'S BUILDING

PRESENT:

VOTING MEMBERS:

Dr Nadim Fazlani	Chair/GP
Katherine Sheerin	Chief Officer
Prof Maureen Williams	Lay Member – Governance/Deputy Chair
Dave Antrobus	Lay Member – Patient Engagement
Jane Lunt	Head of Quality/Chief Nurse
Dr Simon Bowers	GP/Clinical Vice Chair
Dr Fiona Ogden-Forde	GP
Dr Maurice Smith	GP
Dr Rosie Kaur	GP
Tom Jackson	Chief Finance Officer
Dr Monica Khuraijam	GP
Dr Fiona Lemmens	GP
Dr Shamim Rose	GP
Moira Cain	Practice Nurse
Dr Donal O'Donoghue	Secondary Care Doctor

NON VOTING MEMBERS:

Dr Paula Finnerty	GP – North Locality Chair
Tina Atkins	Practice Manager
Dr Tristan Elkin	GP – Liverpool Central Locality
Dr Rob Barnett	LMC Secretary
Councillor Roz Gladden	Liverpool City Council
Dr Sandra Davies	Director of Public Health

IN ATTENDANCE:

Carole Hill

Healthy Liverpool Integrated
Programme Director

Ian Davies

Chief Operating Officer

Ray Guy

Retired Practice Manager

Stephen Hendry

Acting Head of Operations &
Corporate Performance

Cheryl Mould

Head of Primary Care Quality &
Improvement

Tony Woods

Healthy Liverpool Programme
Director - Community Services &
Digital Care

Alison Ormrod

Interim Head of Finance

Derek Rothwell

Head of Contracting &
Procurement

Paula Jones

Minutes

APOLOGIES:

Dr Janet Bliss

GP

Samih Kalakeche

Director of Adult Services &
Health, Liverpool City Council

Phil Wadeson

Director of Finance, NHS England
Sub Regional Team

Lynn Collins

Chair of Healthwatch Liverpool

Dyane Aspinall

Programme Director of Joint
Commissioning (Health & Social
Care)

Public: 10

PART 1: INTRODUCTIONS & APOLOGIES

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

1.1 DECLARATIONS OF INTEREST

The Chair noted that for item 4.1 Liverpool Quality Improvement Scheme 2016/17 all Governing Body members who were part of Liverpool General Practices had an interest to declare. The Lay Member for Governance/Deputy Chair advised that, in accordance with the Constitution and as discussed prior to the Governing Body meeting, she had advised the Chair this was a non-specific interest and did not benefit anyone disproportionately as the matter in hand was about improving efficiency of services. All voting members would be entitled to vote without being conflicted but the Lay Member for Governance/Deputy Chair would chair the meeting for this discussion.

1.2 MINUTES & ACTION POINTS FROM THE LAST MEETING

The minutes of the previous meeting on 12th January 2016 were agreed as an accurate record of the discussions that had taken place subject to the following amendments:

- The Lay Member for Patient Engagement requested that the question submitted by Mr Semoff in writing prior to the meeting and the response given be included in the minutes. The Chair agreed.

1.3 MATTERS ARISING from 12th January 2016 not already on the agenda:

- 1.3.1 Action Point One: it was noted that the Liverpool City Region CCG Alliance was on the agenda.
- 1.3.2 Action Point Two: it was noted that the Corporate Risk Register was on the agenda for the March 2016 Governing Body meeting.

- 1.3.3 Action Point Three: it was noted that the Social Media Policy would be brought to the Governing Body later in the year.
- 1.3.4 Action Point Four – it was noted that the Liverpool Safeguarding Children’s and Liverpool Safeguarding Adults Boards’ Annual Report were to come to the Governing Body in due course.

PART 2: UPDATES

2.1 Feedback from committees – Report No GB 08-16:

- HR Committee – 7th January and 2nd February 2016 – the Lay Member for Governance/Deputy Chair fed back to the Governing Body:
 - ✓ Very productive and positive meetings had been held. They were good examples of the benefit of working relationships between staff and committee members and truly added value. She complimented everyone involved.
 - ✓ The meetings had looked at policies which needed to be refreshed or created – she particularly reference the Working with Volunteers and Smokefree policies. These were here later on the agenda for noting in line with the terms of the Constitution. There had been minor amendments to the Workforce Recruitment and Retention policies which were coming to the Governing Body for noting. These were now up to date with the latest guidance from the Secretary of State.
 - ✓ The revised Terms of Reference were also coming to the Governing Body for approval.
 - ✓ The committee, Staffside and Senior Management Team were looking at how to mark exemplary performance from individuals. There was to be a

Commendation Award with a £50 gift voucher and a signed letter from the Chief Officer or Chief Finance Officer

- ✓ The detailed policies were contained in the paper in section 5 of the Governing Body agenda and these were officially noted and approved by the Governing Body members present.
- Finance Procurement & Contracting Committee 26th January 2016 – the Chief Finance Officer fed back to the Governing Body:
 - ✓ Liverpool Quality Improvement Scheme investment had been presented twice at the Finance Procurement & Contracting Committee and had been approved for the next round of the approval process at the Governing Body.
 - ✓ Early Supported Discharge – the exit criteria were to be given.
 - ✓ Support, Talk, Act Review, Share procurement – approval for a year extension approved and for the commencement of procurement for a five year contract.
 - ✓ Advice on Prescription – successful bidder confirmed.
- Healthy Liverpool Programme Board 27th January 2016 – the Chief Finance Officer fed back to the Governing Body:
 - ✓ Risk Register and alignment with the five programme boards.
 - ✓ Community Grants Programme – criteria might not give optimum output therefore more work was required.

- ✓ Keep focus on the delivery of outcomes – this was to be a standing item on the Programme Board agenda going forward.
- Quality Safety & Outcomes Committee 2nd February 2016 – the Lay Member for Patient Engagement feedback to the Governing Body:
 - ✓ Very constructive meeting, it was difficult to contain the growing agenda in a bi-monthly format.
 - ✓ Intermediate Care – for a more coherent overview of quality agreed.
 - ✓ Transforming Care – working closely with Liverpool City Council, the appointment of the Programme Director for Joint Commissioning would help.
 - ✓ Safeguarding – need to ensure timely engagement of trusts with the Safeguarding Service – the Safeguarding Service was an exemplar nationally.

The NHS Liverpool CCG Governing Body:

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

2.2 Feedback from Merseyside CCG Network – 3rd February 2016 – Report No GB 09-16:

The Chief Officer updated the Governing Body:

- ✓ Sustainability and Transformation Plan: the Planning Guidance had been discussed at the last Governing Body meeting. The Sustainability & Transformation Plan was to have been on a Liverpool City Region footprint but it was now to have a Cheshire & Merseyside footprint so the Liverpool City Region Committees in Common set up was now misaligned

for delivery of the Sustainability & Transformation Plan. The proposal for Cheshire and Mersey was for four sectors, Liverpool, South Sefton and Knowsley which made up the North Mersey sector. This map was well aligned to the Healthy Liverpool footprint. The Chief Officer would be the Liverpool Accountable Officer on behalf of North Mersey on the Cheshire and Mersey Steering Group.

The NHS Liverpool CCG Governing Body:

- **Considered the reports and recommendations from the Liverpool City Region CCG Alliance.**

2.3 Feedback from Joint Commissioning Group 18th January 2016 Report No GB 10-16

The Healthy Liverpool Programme Director - Community Services & Digital Care feedback to the Governing Body:

- Better Care Fund submission – review of arrangements for how we carry out the joint submission – since the meeting the Better Care Fund Guidance had been delayed and planning would now not be agreed until March/April 2016.
- Planning Guidance update was given for Local Authority colleagues.
- Update on Liverpool Community Health Transaction process was given to Council colleagues.
- New joint commissioning arrangements between Liverpool City Council and Liverpool CCG had led to a lead joint officer appointment and more integrated arrangements.

The NHS Liverpool CCG Governing Body:

- Considered the reports and recommendations from Joint Commissioning Group.

2.4 Chief Officer's Update

The Chief Officer updated the Governing Body:

- ✓ Sustainability & Transformation Plan – already discussed under item 2.2.
- ✓ Details of Operational Plan 2016/17 had been sent..
- ✓ Clinical Vice Chair/Children's Lead and the Head of Quality/Chief Nurse had presented in January 2016 to an All Party Parliamentary Group on Children's Centres. The feedback was extremely positive. The Head of Quality/Chief Nurse emphasised that Safeguarding was integral to this work. The Chief Officer added that she was to attend an All Party Parliamentary Group for Health to talk about Healthy Liverpool and would therefore be arriving late to the next Governing Body meeting.
- ✓ The CCG was delighted to note that Dyane Aspinall had been appointed to the joint Liverpool City Council/Liverpool CCG post of Joint Commissioning Programme Director with effect from 29th February 2016.
- ✓ A Healthy Liverpool tabloid style newspaper was being delivered to each household in Liverpool over the next few weeks.

The NHS Liverpool CCG Governing Body:

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

2.5 NHS England Update

There was no one present from NHS England.

2.6 Public Health Update - Verbal

The Director of Public Health updated the Governing Body:

- ✓ New Public Health Care Campaign aimed at middle aged adults – but not yet in the public domain and therefore embargoed.
- ✓ Campaigns around sugar swaps and antibiotic use continued.
- ✓ The “Say No to Drunks” Campaign had been very successful with the number of drunks being served alcohol reducing from 86% in 2013 to 26% after the campaign.
- ✓ Good results for the Stoptober campaign – it was good to see e-cigarettes included in the CCG Policy. Over 2,000 people had signed up through the website. Activity had been described by Public Health England as Gold Standard.
- ✓ Devolution agenda – a report on health to be produced for the Liverpool City Region Strategic Group on 15th February 2016.
- ✓ Public Health were planning, in conjunction with Liverpool CCG, a review of children’s services in Liverpool Community Health. The Liverpool CCG Head of Quality/Chief Nurse was heavily involved in this.
- ✓ No update as yet regarding levels of spending cuts required.

The NHS Liverpool CCG Governing Body:

- **Noted the verbal update.**

2.7 Health & Wellbeing Board – 28th January 2016 - Verbal

The Chief Finance Officer updated the Governing Body:

- ✓ Governance update for joint commissioning and the Better Care Fund submission.

- ✓ Statutory report from the Liverpool Safeguarding Board Annual Report which would be coming to the Governing Body soon.
- ✓ Public Health: Health Protection and Liverpool Alcohol Strategy presented.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

PART 3: PERFORMANCE

3.1 CCG Performance Report – Report No GB 11-16

The Acting Head of Operations & Corporate Performance presented a report to the Governing Body on key aspects of the CCG's performance in the delivery of quality, performance and financial targets for Month 9 (October) and 10 (November) 2015/16. He highlighted:

- Ambulance Response Times: November performance met all the targets. Since November the entire system had been challenged for most providers and NWS had made a request to the Local Health Resilience meeting for pressure to be reduced. The Chief Operating Officer noted the significant risk for red calls across the North West. There had been a meeting with NWS last week to looking at how to mitigate this as the rise in activity was impossible to predict. It was highly likely that NWS would fail the targets at the North West level.
- Cancer Waiting times: overall performance was green for the CCG. There were exceptions at provider level and Liverpool Heart & Chest Hospital and Liverpool Women's Hospital. The Cheshire & Merseyside Cancer Group were reviewing pathway issues across the network re Liverpool Heart & Chest Hospital, for Liverpool Women's Hospital the issues would be picked up at the contract meeting.

- A&E – performance was red. The Royal Liverpool Hospital was performing better although still not meeting the four hour target. The Lay Member for Patient Engagement asked why there was no assurance from Aintree Hospital re A&E performance. The Acting Head of Operations & Corporate Performance responded that Aintree was the most challenged of the three trusts but there were signs of recovery and the Director of Operations at the trust was confident that the tide was turning.
- Improving Access to Psychological Therapies – recovery was better than quantity on reported outcomes on a monthly exception basis. There was a data submission error for September 2015 which was being looked at. The Head of Quality/Chief Nurse noted that it had taken some time to recruit the new staff required but these were in place and the trust had assured the CCG that the waiting list would now reduce.
- Mixed Sex Accommodation – one breach reported to Liverpool CCG from Liverpool Heart & Chest Hospital, themes were very similar to previous incidents and due to transfer from critical care.
- C Difficile – over plan but still on target to be under threshold by the end of the year. The Head of Quality/Chief Nurse added that the focus on Primary Care was around community services and anti-microbial prescribing.
- Care Quality Commission GP practice inspections – Vauxhall Primary Healthcare Centre had received an outstanding report across all areas which was a great achievement. The Liverpool City Council member asked for the details to be sent to her so that she could share this good news with cabinet members. The Secondary Care Clinician felt that it was very important to publicise good news. The Head of Primary Care Quality & Improvement commented on the improvement in the last six months at Kensington Park Practice which had moved

in that period from being in special measures to an overall good rating.

The Lay Member for Patient Engagement made reference to the various points in time in the Corporate Performance Dashboard on page 32 of the report. The Acting Head of Operations & Corporate Performance responded that he was taking this matter up with the Business Intelligence Team.

The Local Medical Committee Secretary commented on delays when GPs called an ambulance. The Chief Operating Officer responded that this was also of importance and discussions were ongoing with NWS colleagues about how to increase capacity in the system and looking at new ways of working such as pilot scheme using alternative resources for non-urgent services. A possible new patient transport contract when in place would free up capacity.

The NHS Liverpool CCG Governing Body:

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

PART 4: STRATEGY & COMMISSIONING

Due to the matters around conflict of interest the Lay Member for Governance/Deputy Chair took the Chair for item 4.1.

4.1 Liverpool Quality Improvement Scheme 2016/17 (GP Specification) – Report no GB 12-16 & Presentation

The Chief Officer introduced the paper to the Governing Body which was seeking final approval for the recurrent investment of £5.6m into Primary Care for 2016/17 through the Liverpool Quality Improvement Scheme (GP Specification).

The Liverpool Quality Improvement Scheme had been set up in April 2011 to move towards a system of commissioning for improved health outcomes and better overall use of resources with transparency and fairness in investment of resources across all practices. Having robust Primary Care was fundamental to the delivery of Healthy Liverpool. The key achievements to date were:

- Prevalence – 15% increase (19656 extra patients) since March 2012
- A&E - 6% decrease on GP spec defined attendances for adults and children combined since 2011 compared to benchmark trusts
- Prescribing - narrowed gap between Liverpool and national cost despite pressures from high levels of deprivation and a large number of specialist centres within the city using high cost drugs whilst maintaining a focus on improving quality and outcomes
- ACS – moved from reporting the highest ACS admission rates in 2009/10, ranked 68 out of 68 CCGs within North of England Region to being ranked 31 out of 68 in 2014/15
- Childhood Vaccinations – consistently achieved higher uptake rates compared to England benchmarks 2011 – 2014; since this was removed from the GP specification in April 2014 a slight dip in performance has been reported

The scheme was refreshed each year and the key changes for 2016/17, which had been peer reviewed, were:

- **To improve and enhance access to routine and acute primary care to support Healthy Liverpool agenda by:**
 - Delivery of extra 10 GP/Nurse Practitioner/Telephone appointments per 1000 weighted population per week (increasing from 70 to 80 GP/Nurse Practitioner/Telephone appointments per 1000 weighted population). This equates to an additional 5500 appointments per week being available across the city.
 - Reviewing and transforming processes for access into general practice to ensure same day access to a GP where clinically appropriate. This includes introducing and

improving use of triage systems within practices thus ensuring more effective use of resources, introducing a system for reviewing telephone handling data i.e. call abandon rates and call waiting duration and increasing the use of online appointments as well as exploring alternative modes of consultation i.e. e-consultation and skype. Practices will be required to make any necessary changes identified to improve patient experience.

- Ensuring practices have a system in place to adjust capacity to manage their patient demand in order to facilitate same day access to general practice
 - Delivery of an improved access model will enable practices to free up more resources to work within their community care team to proactively identify and manage patients at increased risk of admission and/or poor health outcomes
- **To achieve 95% uptake rates for routine childhood vaccination and immunisations. This is over and above the contract target of 90% which is currently funded through the GMS contract:**
 - Implementing systems and processes to ensure uptake rates are maintained
 - Identifying and following up those children who do not attend
 - Ensuring adequate appointments are offered to provide timely access and eliminate the build-up of queues across the system
 - **To increase physical activity levels amongst the inactive and under active population by:**
 - Establishing systematic processes for identifying and recording physical activity levels for all patients
 - Identifying patients who may benefit from brief interventions and /or more intensive support and encouraging patients to take the next step
 - Raising awareness through the primary care health team of the benefits of participating in regular physical activity
 - Embedding physical activity into health care pathways and every contact with general practice

- Working with the Neighbourhood Collaborative to raise awareness of opportunities and risks associated with lifestyle behaviours.

The outcomes expected for the £5.6m investment would be monitored robustly and were:

- An improvement in access to general practice through an extra 295,000 appointments delivered per year which will support an improvement in experience of care for out of hospital services and bring Liverpool closer to the average number of consultations per patient for England. This equates to a cost of £18.98 per appointment.
- A cumulative decrease of 2670 (14.2%) AED attendances if all practices achieve band A by 18/19 which is equivalent to a £179k saving.
- A cumulative decrease of 1822 (12.8%) ACS admissions if all practices achieve band A by 18/19 which is equivalent to a £2.4m saving.
- An extra 1529 (5%) children under 5 vaccinated against routine childhood illnesses.
- To establish and embed systematic processes into general practice for identifying and recording physical activity levels for all patients aged 16+ and identifying those who may benefit from brief interventions and/or more intensive support. The overall goal for this element of the specification is to contribute to and support more Liverpool residents to be physically active by 2021 in line with the ambitions in Healthy Liverpool.

The Primary Care Commissioning Committee on 17th November 2015 had looked at the overall model, gave feedback on the peer reviews and supported the scheme. This meeting had taken place with non conflicted members in a quorate session and then had been discussed at the Finance, Procurement & Contracting Committee for the procurement decision and value for money. The Finance, Procurement & Contracting

Committee had agreed the £5.6m recurrent investment for the specification for one year and had asked for further information/assurance re value for money. The scheme had been re-presented to the January 2016 Finance, Procurement & Contracting Committee with the additional assurance requested establishing the link between outcomes and cost and additional monitoring arrangements. These were agreed subject to the introduction of a new Key Performance Indicator directly measuring access to general practice rather than the previous A&E attendance proxy measure. For both discussions at Finance Procurement & Contracting Committee, only non-conflicted members were involved in decision making and the meeting was still quorate.

The Primary Care Quality Sub-Committee Deputy Chair noted that this was a significant investment in Primary Care noted that the Primary Care Team had set up monthly monitoring meetings and a Primary Care Performance Dashboard set up – a quarterly performance report would be submitted to the Primary Care Commissioning Committee. There was still the existing robust Validation process. The Lay Member for Patient Engagement noted that as corrected at the Finance, Procurement & Contracting Committee he was a member of the Validation Committee but this had not been amended in the paper.

The Secondary Care Clinician noted how important physical activity was and not to underestimate how difficult it was to motivate people to exercise more. The Director of Public Health referred to Childhood Vaccinations and Immunisations noting how good it was to see 95% uptake as well as physical activity being promoted which would make a difference to the health of the city. The Practice Nurse member asked if there would be an update on vaccinations and immunisations in general practice in the future? The Director of Public Health noted that this was reported to NHS England now. The Chief Officer stressed the need for there to be staff to carry this out as well as for it to be measured. The More Independent Clinical Lead noted that there was a whole programme dedicated to physical activity and that Liverpool was acknowledged as doing great work.

The Chief Officer acknowledged and commended the hard work of the Head of Primary Care Quality & Improvement, the Primary Care Quality Sub-Committee Deputy Chair and the Locality Development Manager.

The NHS Liverpool CCG Governing Body:

- **Noted the content of this paper**
- **Noted that this has been approved at the Primary Care Commissioning Committee and Finance, Procurement & Contracting Committee.**
- **Gave final approval to the recurrent investment of £5.6 million into primary care**
- **Approved that the confirmed 6.3% uplift in primary care allocations for 2016/17 will contribute to maintaining this level of investment into primary care.**

The Lay Member for Governance/Deputy Chair returned the duties of Chair to the Chair.

PART 5: GOVERNANCE

5.1 Human Resources Policies – Report no GB 13-16

This item had already been discussed and approved under the reporting from the HR Committee under section 2.1.

The NHS Liverpool CCG Governing Body:

- **Noted the following policies which have been approved by the HR Committee:**
 - **Workforce Recruitment and Retention Policy**
 - **Use of Volunteers Policy**
 - **Smoke Free Policy**
 - **Staff Commendation Award Policy**

6. QUESTIONS FROM THE PUBLIC

There were no questions from the public.

7. ANY OTHER BUSINESS

None.

8. DATE AND TIME OF NEXT MEETING

Tuesday 8th March 2016 1pm in The Boardroom, The Department.