

# LIVERPOOL PRIMARY CARE TRUST

## SHADOW CLINICAL COMMISSIONING BOARD INFORMAL MEETING

Minutes of meeting held on Tuesday 11<sup>th</sup> October 2011 at 1pm  
Regatta Place, Boardrooms 1 & 2

### PRESENT:

Dr John Hussey	Chair
Dr Simon Bowers	Clinical Commissioning Chair
Ray Guy	Clinical Commissioning Chair
Dr Nadim Fazlani	Clinical Commissioning Chair
Dr Jude Mahadanaarachchi	GP
Dr Rajan Karthikeyan	GP
Dr Jonathan Lock	GP
Dr Janet Bliss	GP
Dr Steve Connolly	GP
Gideon Ben-Tovim	Chair of Liverpool PCT / Merseyside PCT Cluster
Paula Grey	Director of Public Health
Katherine Sheerin	Chief Officer, Clinical Commissioning
Leonie Beavers	Managing Director
Shelagh Ryan	Associate Director of Finance
Lynda Carey	Head of Clinical Quality
Dr Rob Barnett	LMC Secretary
Samir Rihani	Non Executive Director

### IN ATTENDANCE:

Cheryl Mould	Head of Primary Care Delivery
Peter Johnstone	Lead Commissioner, Prescribing
Tony Woods	Head of Intelligence, Planning & Performance
Andrew Lynch	Network Development Officer, LINKS
Joanne Harrison-Smith	Core Group Member, LINKS
Helen Galley	Minutes

## **APOLOGIES:**

Dr James Cuthbert  
Samih Kalakeche

GP  
Director of Integrated Adult Health &  
Social Care  
Non Executive Director  
LINKS Chair

### **1. INTRODUCTION AND BACKGROUND TO MEETING**

The Chair welcomed members from LINKS to the meeting and introductions were carried out.

The Chair explained that today's meeting was informal and explained the purpose of it. A discussion paper 'Towards Authorisation – The future role of the Shadow Clinical Commissioning Board in Liverpool' was previously circulated to Board members. This paper is to present ideas and questions and to have further discussion on relationships with the Clinical Commissioning Groups, the Shadow Clinical Commissioning Board and the Cluster Board.

The Clinical Commissioning Chairs explained that this is about how we operate and work together across the city and to provide leadership. There is a general unity of the 3 Chairs/Executives and Liverpool GPs during this transitional arrangement.

### **2. TOWARDS AUTHORISATION, THE FUTURE ROLE OF THE SHADOW CLINICAL COMMISSIONING BOARD IN LIVERPOOL**

The Chair explained that it is proposed that Clinical Commissioning Groups are to be established as sub-committees of the Cluster and proposed that the Shadow Clinical Commissioning Board is a sub committee of the Cluster Board. The Managing Director commented that this is about delegated responsibility and that we may need to prepare a separate piece of work on the Terms of Reference. It was also noted that this Committee will be key to the governance of the PCT.

The Clinical Commissioning Chair for Liverpool Central commented that we need to work together in a forum, such as the Shadow Clinical Commissioning Board and we need to extend relationships with the Health and Well Being Board and have stronger links.

A Non Executive Director explained that we need to keep the focus on Liverpool and that it would be helpful to define the strategy and responsibility.

The Chair and Clinical Commissioning Chairs reported on a meeting held today with the Chief Executive at Liverpool City Council. There was discussion around how we commission service delivery and how do we close the inequalities gap. The key task is to address health inequalities. We need to make the best use of resources and need consistent and good quality healthcare. It was agreed that the Health and Wellbeing Board is key to the discussions.

#### Relationships with the 3 Clinical Commissioning Groups and the Shadow Clinical Commissioning Board

Discussion took place and comments were noted as follows:

- We need to distinguish between strategy and policy.
- To address health inequality, strategy and policy and the Health and Wellbeing Board.
- The need for localism across the city.
- Careful planning of meetings and the process of reports going to the Clinical Commissioning Groups prior to the Shadow Clinical Commissioning Board.
- We need to be showing the capacity to decision make and deliver.
- What are the key elements that are pertinent to this group?
- What is the role of the different aspects of the system.
- Commissioning intentions are key and will feed into contracts.
- To understand the overarching principles.
- Set of principles in relation to a contracting perspective.
- More working together on a regular basis.
- Need to be aware of bringing things in that are happening locally.

It was recognised that the creation of this sub committee would enable clinical commissioners in Liverpool to take responsibility for commissioning in advance of authorisation.

Board members discussed the process of disagreement amongst the Clinical Commissioning Groups. The LMC Secretary commented that the groups themselves will have to come up with a way of solving issues. After discussion it was agreed that, if necessary, any issues that could not be resolved would need to go to a vote. The Clinical Commissioning Groups are to be informed of this. Any final decisions are to be made at the Shadow Clinical Commissioning Board and members need to be prepared to give their opinions if they are not in agreement with any decisions.

#### Public/Patient involvement

The Board discussed the relationships with the public and patients. LINKs members explained that the public could feed in their discussions through LINKS and this could then be feedback to the Shadow Clinical Commissioning Board.

The Board commented as follows:

- To engage effectively, messages need to be sent out early. It was stressed that communication needs to happen with LINKs at an early stage in order to get messages out. People need to understand why decisions are being made and LINKs needs time to enable things to happen.
- The Managing Director noted that we need to work collectively with the City Council on the Citizens Panel.
- The Chief Officer noted that there is to be a LINKs member attending the Shadow Clinical Commissioning Board, however, it was felt that patient and public involvement should be part of the way we work. We need to build something very strong to ensure there is dialogue with the population.
- This is about behavioural change and we need to get more sign up than we have ever had.

- An example of successful work going on at Picton was explained and how we build this across the city and learn from this. Things can be done differently, however the outcomes need to be the same.
- This is about principles and where do we go next and do we address Liverpool as a whole or the community?
- Addressing health inequalities.
- The need for strategic balance.
- Whose responsibility is it to make things happen right across the neighbourhoods? This should come out of the commissioning intentions. A neighbourhood feel is required in the commissioning intentions.
- Detailed intensive planning. How do we prioritise what we commission and intensively manage?
- Alcohol issues to be looked at across Liverpool and this should be a major area to look at.
- We need to identify strategic intentions and look at what needs to be put down to local level.

#### Government arrangements and the 3 CCGs

The Chair of the Cluster explained the role of the Cluster and the Clinical Commissioning Groups. The mechanism of the sub committee is a mechanical way of formulating the responsibilities.

Similar clarity is required for the Clinical Commissioning Groups and discussions need to be held.

#### Procurement Committee

The role of the Procurement Committee was discussed and if this Committee should report to the Shadow Clinical Commissioning Board. The Procurement Committee is continuing to meet, however decisions are not reported anywhere. As a result of this, decisions are being held up. The Board discussed this and conflicts of interest. It was agreed that if there are issues relating to primary care, this should not be signed off by the Clinical Commissioning Sub Committee.

### Relationships with Health and Well Being Board

The Chair and the 3 Clinical Commissioning Group Chairs are representatives on this Board. Members were asked if they thought this was adequate.

The Chair reported that Samih Kalakeche is undertaking work on the joint commissioning function.

The Cluster Chair also reported that the Stakeholder Engagement and Better Lifestyles are sub committees of the Health and Wellbeing Board. The question was asked if there should be stronger links and if a member of the Health and Wellbeing Board should be represented at the Shadow Clinical Commissioning Board.

### Responsibilities of members

The Managing Director explained that there is a training and OD approach for people to understand their rights and obligations of board membership. It maybe that we think about developing this on a wider footprint. The Chief Officer explained that this is about what people's responsibilities are now, and that this needs some thinking through.

### **The Shadow Clinical Commissioning Board:**

- **Agreed that would be 1 sub committee would be established for Liverpool until April 2012. However, it was stressed that this does not prejudice how many statutory bodies will be proposed for authorisation in Liverpool. Further discussion is required on the relationships with the 3 Clinical Commissioning Groups.**
- **Agreed that partnership working with the local authority is key. To build on relationships and outline the process for how the Health and Wellbeing strategy should be jointly produced.**
- **To ensure that commissioning intentions for 2012/13 help move towards delivery.**
- **Agreed that the Clinical Commissioning Chief Officer should be attendance at the Health and Wellbeing Board.**

- **Agreed to invite Roz Gladden, or a representative, to the Shadow Clinical Commissioning Board.**
- **Agreed that the Chief Officer/Consortium General Managers/chairs to look at the responsibilities of board members. The Chief Officer to create a programme of work and to speak to Anne Thompson**