

**Minutes of the Trust Board Meeting held on 24<sup>th</sup> May 2011, 1.30pm  
at No 1 Arthouse Square, 61-69 Seel Street, Liverpool**

**Present:**

Mr G Ben-Tovim	Chair
Mr P Wadson	Director of Finance & Business Mgt
Mr G Bell	Non Executive Director
Dr S Rihani	Non Executive Director
Mr K Smith	Non Executive Director
Mr D Antrobus	Non Executive Director
Dr P Grey	Director of Public Health
Dr J Hussey	PEC Chair
Mrs T Bennett	Director of Service Improvement/ Executive Nurse

**In Attendance:**

Mrs L Beavers	Director of Strategy & Delivery
Mr A Hull	Director of Stakeholder Engagement
Mr S Kalakeche	Director Integrated Adult Health & Social Care Commissioning
Mr M Marsh	Chair of Liverpool LINK
Mrs C Hill	Transition Project Director
Ms A Keenan	Staffside
Ms N Miney	Executive Corporate Manager
Mrs J Davies	Emergency Planning Manager (item 8.5)
Ms P Jones	Minutes

**Apologies:**

Mr D Campbell	Chief Executive
Prof. M Williams	Non Executive Director
Dr E Wilkinson	Associate Director of Health Outcomes

**Public:** 2

**047/11 Declarations of Interest**

None declared.

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### **048/11 Minutes of the Board Meeting held on 29<sup>th</sup> March 2011 & the Extraordinary Board Meeting held on 19<sup>th</sup> April 2011**

The draft minutes of the meeting held on 29<sup>th</sup> March 2011 and the Extraordinary Meeting held on 19<sup>th</sup> April 2011 were noted and agreed as an accurate record of the meetings and signed by the Chair, subject to the following amendment to the 29<sup>th</sup> March 2011 minutes:

It was noted by the Non Executive Chair of the Good Corporate Citizenship Group that minute 033/11 re Good Corporate Citizenship – Carbon Reduction (page 11) should state that the Royal Liverpool Hospital had participated earlier and would be involved in the programme going forward.

### **049/11 Matters Arising**

A Non Executive Director referred to the Chief Executive's report from the 29<sup>th</sup> March 2011 meeting and the Care Quality Commission's inspection on Safeguarding and Children's Services, and wanted to know where Safeguarding would sit at Cluster level. The Director of Service Improvement/Executive Nurse noted that this was a statutory function of the PCT and could not be delegated completely to the Cluster. The strategic direction element would come under the remit of the Director of Service Improvement/Executive Nurse of the Cluster but involvement would continue at PCT level as the PCT was still accountable. It was noted there was a paper on the agenda which dealt with Cluster governance where this would be discussed in more detail.

### **050/11 Chair's Remarks**

**[Verbal]**

The Chair updated the Board on events since the last meeting:

Out of Hospital Programme:

- Attended a "start on site" event for the Mere Lane Neighbourhood Health Centre – the proposed development was very impressive.
- Attended an event to celebrate the opening of the Speke Neighbourhood Health Centre – partnership working was clearly visible.

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- Was due to open the South Liverpool NHS Treatment Centre the day after the Board meeting along with the PEC Chair. Dave Antrobus Non Executive Director would also be attending.

### Other Activities:

- Attended Rights and Humanity Event, World Health Day.
- Attended the NHS Equality and Diversity Council.
- Helped to launch Aspire & Achieve, a positive development programme and congratulated the HR Team.

### Cluster:

- First meeting of the Cluster Board was to take place in June 2011.

## **RESOLVED**

### The Board:

- **Noted the Chair's report.**

### **051/11 Professional Executive Committee ('PEC') – Chair's Report [Verbal]**

The PEC Chair updated the Board on recent activity:

### Transition:

- Strong focus around clinical transition towards general practice commissioning Consortia as mentioned by the Director of Service Improvement/Executive Nurse at the March 2011 Board meeting.
- Liverpool had submitted a single pathfinder application, composed of three GP Commissioning Consortia rather than four following the merger of South Central and Liverpool Health Care to become Liverpool Central.
- Last meeting of the Interim GP Commissioning Board had taken place in May, from June it would be the Shadow GP Commissioning Board and elections had taken place within the Consortia to appoint members to it.

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- The meetings of the Interim GP Commissioning Board had been extremely positive with financial and QIPP representation and strong movement in the level of understanding.
- PEC Chair had met with the Cluster constituent PCTs to discuss how to achieve a Cluster-wide direction while addressing issues on a local footprint. A meeting was to take place on 9<sup>th</sup> June 2011 to clarify where all the GP Consortia were situated.
- Progress was good but being carried out at a measured and sensible rate. The Shadow GP Commissioning Board would have Non Executive Director involvement (the Chair of the PCT already attended the Interim GP Commissioning Board and would be joined by Dave Antrobus and Samir Rihani on the Shadow GP Commissioning Board).

### Wider:

- The PEC Chair had chaired a panel on health inequalities at the Public Health Congress in Birmingham. It had been noticeable that the majority of the speakers were from Liverpool or the North West in general. He highlighted that the ABC Commissioning for Outcomes Model produced by Steve Callaghan, Liverpool PCT's Health Outcomes Manager, had been highly commended nationally and was being worked up by the National Institute for Health and Clinical Excellence ('NICE') as one of their papers.

## RESOLVED

### The Board:

- **Noted the report.**
- **Congratulated Steve Callaghan and his Team for their excellent achievement.**

**052/11 Chief Executive's Report**

**[Verbal]**

As the Chief Executive had sent his apologies for the meeting, the Director of Finance & Business Management presented the Chief Executive's report: -

### Cluster establishment:

- The Chief Executive of Liverpool PCT had already been appointed as Chief Executive of the Merseyside Cluster a few weeks ago, since then

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he had been heavily involved in understanding the issues of the Cluster constituent PCTs, particularly year end issues and less involved in local issues.

- Liverpool had performed well in signing off contracts for 2011/12 but there were still issues in other Cluster PCTs to be resolved.
- Four further Cluster appointments would be announced on Friday 27<sup>th</sup> May 2011.
- The Cluster Executive Team were to move to their new base over the coming two weeks.
- Attended the Department of Health Assurance visit at the Strategic Health Authority where it had been made very clear that QIPP was an extremely high priority. Liverpool was very highly regarded therefore it was essential to build on that success locally. The Director of Strategy and Delivery would ensure that local QIPP Plans were realised.

## RESOLVED

### The Board:

- **Noted the Chief Executive's report.**

## STRATEGY

### **053/11 Update Report on the Implementation of the Neighbourhood Model [23-11]**

The Director of Stakeholder Engagement presented an update on progress in implementation of the Neighbourhood Model. He noted that:

- The report had been written by a Practice Based Commissioning Consortium General Manager as the Neighbourhoods were a fundamental building block for Consortia service delivery.
- Appendix 1 contained the reporting structure, with the high level Out of Hospital Outcomes the Neighbourhoods were meant to deliver on on the left hand side. Blank boxes showed where progress was required but the end column was meant to be blank as it would be summarised in Appendix 2.

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- It would not be advisable to provide an update report on all 18 Neighbourhoods at every Board meeting.

Board members commented as follows:

- A Non Executive Director enquired after the Community Nursing Model as this had not been mentioned. The Director of Service Improvement/Executive Nurse responded that the Community Nursing Model was being developed with the GP Consortia and Liverpool Community Health and once agreed would be implemented from September 2011 onwards.
- A Non Executive Director asked if there would be variations between Neighbourhoods. The Director of Service Improvement/Executive Nurse noted that the Neighbourhood Model mirrored the GP Specification. Key Performance Indicators and Joint Performance Indicators were needed at Neighbourhood level which would be agreed in time for the next paper.
- A Non Executive Director was concerned that the paper was not clear enough that the purpose of the Neighbourhood structure was to gather intelligence to understand priorities and commission services more appropriately to fit with the local needs and issues. The Chair pointed out however that the 1<sup>st</sup> bullet point on page 3 of the paper stated that the Neighbourhoods would be the fundamental footprint of delivery for primary care and the 3<sup>rd</sup> bullet stated that the Neighbourhood Practices would use intelligence data to inform input to the commissioning debate and through the identification of needs be able to prioritise commissioning decisions.
- The Director of Service Improvement/Executive Nurse noted that the paper tried to explain what every Neighbourhood would provide through targeted intervention by Neighbourhood based on need.
- The Chair of Liverpool LINK referred to the 4<sup>th</sup> bullet on page that the Neighbourhoods would be facilitated to link with community, council and third sector services to deliver health improvement. He noted the cuts to funding over the last year to many third sector organisations and enquired if there was anything that could be done to assist them. The Director of Stakeholder Engagement confirmed that this would be covered in the later paper on the agenda on Investment in Health Improvement.

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**RESOLVED**

**The Board:-**

- **Noted the progress made with regards to the implementation of the model.**
- **Looked forward to receiving regular reports, the next one being at the September 2011 Board meeting which would include the Neighbourhoods Key Performance and Joint Performance Indicators.**

**054/11      Commissioning General Practice in Liverpool – A New GP Specification      [24-11]**

The PEC Chair presented an update to the Board on the implementation of the GP Specification in Liverpool which had been approved by the PCT Board in September 2010. The Specification had been drawn up by the Practice Based Commissioning Leads and the Local Medical Committee, with input from LINK and the Scrutiny Committee and was composed of the three elements of:

- What Every practice should provide via the Local Enhanced Service.
- What needed to be provided at Neighbourhood level by one or more practices.
- More specialist service to be provided by one or more General Practices in the city.

The PEC Chair highlighted:

- Cost of £90 per head to achieve priorities measured across a series of Key Performance Indicators (Appendix 1).
- Two year timescale for delivery.
- 94 out of 95 practices signed up, the one that was not was already working to the required standard.

Board members commented as follows:

- The Chair was keen to clarify the performance monitoring route. It was noted that this would be at Shadow GP Commissioning Board level but from time to time would report to the PCT Board and the Out of Hospital Programme Board. The Key Performance Indicators would

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be updated monthly, other targets annually. Each Consortium had agreed to monitor its own practices.

- A Non Executive Director stressed that access to GP services should be improved by the specification and that enough appointment “slots” would be available to fulfil demand. The PEC Chair noted that hopefully the appointments available would cover the increased need but that this would need to be monitored closely.
- A Non Executive Director was concerned about how this would be measured after the PCTs had been abolished. The PEC Chair noted that this responsibility lay at NHS Commissioning Board level so would be under the jurisdiction of whatever the Clusters developed into.

## RESOLVED

### The Board:-

- **Noted the progress towards the implementation of the Liverpool General Practice Specification and looked forward to receiving regular updates the next one being at the September 2011 Board meeting.**

### 055/11 Public Health Annual Report

[25-11]

The Joint Director of Public Health gave a presentation to the Board on the final version of the Annual Report of the Joint Director of Public Health for 2010/11 which provided a synopsis of the public health issues relating to health inequalities in Liverpool. She highlighted:

- Premature death rate was down year on year and deaths from heart disease halved but there was still a high level of deaths from cancer.
- Life expectancy was not the only health indicator but also how people lived with chronic conditions or high levels of disablement.
- Mental health was not a large cause of death but a major issue.
- Health Protection – ‘flu’: by its nature was extremely unpredictable despite high levels of planning. Liverpool PCT was very prepared and resilient but this needed to be maintained for the future.

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- MMR vaccinations – huge improvement in vaccination rates.
- Issues for Liverpool today were: cancer mortality, Cardiovascular disease deaths, respiratory disease, mental health and reducing health inequalities across the city.

Board members commented as follows:

- A Non Executive Director commented that that the document did appear to focus on equality and diversity and wondered if the recent census information could be utilised in the final version. It was noted that the 2011 census information would not be available until 2012.
- A Non Executive Director added that health inequalities could be age related rather than just around access to health services and that care needed to be taken in this area.
- The Chair requested more mention of the 2020 Decade of Wellbeing and the Joint Director of Public Health noted that a look forward from the period of the report could be incorporated.
- The Board stressed the importance of screening in prevention.

The Chair thanked the Director of Public Health and all those involved in the production of the report.

## **RESOLVED**

### **The Board:-**

- Noted the progress made on recommendations contained within the 2010 Public Health Annual Report.
- Noted the content of the report.
- Noted the recommendations contained in the report for future action in respect of public health priorities.
- Agreed to work with Liverpool City Council and other organisations to take forward programmes which require a partnership approach to deliver improvements in health.

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### **056/11 Investment in Health Improvement**

**[26-11]**

The Director of Public Health presented a paper to the Board and referred to the previous Board Meeting when approval had been given for a portfolio of interventions to be funded through non-recurrent two year funding to bridge the Area Based Grant gap. The paper gave the progress to date.

Non Executive Directors stressed the need for the Board to consider the financial pressure Third Sector organisations were currently under and the need for the commissioning process to be as equitable, transparent and fair as possible. The Director of Strategy noted that the commissioning process was already equitable, transparent and fair.

## **RESOLVED**

### **The Board:-**

- Noted the Progress made in the last month to put in place the portfolio of public health and health improvement interventions approved at March 2011 Board.
- Approved the allocation of non-recurrent funding for implementation of the community proposals set out in Section 4.2.

### **057/11 North Mersey Health Economy QIPP Proposals for Carbon Reduction**

**[27-11]**

The Director of Stakeholder Engagement presented a paper to the Board to seek approval for funding from the agreed Quality Innovation Productivity and Performance (QIPP) funding allocation for the implementation of a QIPP programme to achieve efficiency savings from carbon reduction programmes in the North Mersey Health Economy.

The Non Executive Chair of the Good Corporate Citizenship Group asked where this would sit once the Merseyside Cluster was formed. The Transition Project Director noted that at the Extraordinary Meeting in April it had been agreed that this would be a Cluster programme.

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**RESOLVED**

**The Board:-**

- **Approved the proposals set out in the paper and the allocation of funding to the programme from previously allocated QIPP funding.**
- **Recommended that the work should be developed at the Cluster level if not QIPP level with Non Executive Director oversight and with the engagement role to be considered further.**

**058/11 Liverpool PCT Flood Plan**

**[28-11]**

The Emergency Planning Manager presented the Liverpool PCT Flood Response Plan to the Board which had already been discussed at the Integrated Governance Committee and approved subject to a few minor changes. One request had been for a more detailed surface flooding map to be incorporated into the Plan once developed by Liverpool PCT City Council and available and it was noted that this would be available around June/July 2011.

The PEC Chair noted that the emergency planning structure of Gold, Silver and Bronze response would need to be reassessed on formation of the Cluster.

The Chair thanked the Emergency Planning Manager for her excellent contribution.

**RESOLVED**

**The Board:-**

- **Noted the content of the Liverpool PCT Flood Response Plan and recommend it is approved.**
- **Noted that any major changes to the plan will be presented to the Integrated Governance Committee for approval.**
- **Noted the content of the equality and diversity assessment and approve the content.**

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## PERFORMANCE

### 059/11 Financial Performance Report

[29-11]

The Director of Finance and Business Management presented the Financial Performance report as at 31<sup>st</sup> March 2011 to the Board. He noted:

- Audit was mostly completed with no significant issues envisaged therefore he was confident that the final report and accounts would be as reported to the Board in March 2011.
- Revenue expenditure surplus of £14.7m expected which would automatically be returned to the PCT.
- Capital Expenditure programme value of £36m but after a £27m technical adjustment re International Financial Reporting Standards this resulted in a net capital programme of £9m.
- Liverpool Community Health becoming a separate Trust half way through the year had resulted in the expenditure programme being heavily biased to the end of the year as any capital under spend would be lost.
- The governance report would go to the Audit Committee meeting on 6<sup>th</sup> June 2011 which had the delegated authority of the Board to approve the accounts.

The Board congratulated the Director of Finance and Business Management on an excellent year end report.

## RESOLVED

### The Board:-

- **Noted the outturn financial position (subject to audit) for the year ended 31<sup>st</sup> March 2011.**
- **Noted that the Audit Committee will, under authority previously delegated by the Board, now take the appropriate steps to approve and adopt the Accounts for 2010/11.**

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### 060/11 Revised Operational Financial Plans and proposed Budget for 2011/12 [30-11]

The Director of Finance and Business Management presented the Operational Financial Plans and proposed Budget for 2011/12 to the Board for approval. He highlighted:

- The provisional financial plans had been presented to the March 2011 Board for approval. Since then all contracts had been signed off.
- Bottom line had stayed more or less the same, adverse changes had been offset by favourable movements of the same order.
- Proposed net planned under spend of £9.2m after a proposed in year lodgement with NHS North West of £13m. Planned net surplus included a recurrent surplus of £30m of which £21m was earmarked for use non-recurrently in the year.
- All 2011/12 plans would therefore be completely met.

A Non Executive Director queried Appendix F and asked for clarification with regard to the figure for Out of Hospital Programme Kensington sub debt. The Director of Finance and Business Management explained that this was a capital investment by Liverpool PCT to get the best possible rate from the major funder.

## RESOLVED

### The Board:-

- **Approved the update of the Revenue Budgets for 2011/12 (Appendices A-E), noting that the proposals demonstrate a balance of income and expenditure.**
- **Approved the draft Capital Plan for 2011/12 (Appendix F).**

The Director of Strategy & Delivery presented the Performance Report to the Board. Areas highlighted were:

- Health Checks programme underperformance – i.e. numbers coming forward for health checks.
- Radiotherapy treatment – pathways were complex.
- Breastfeeding figures were up but just short of the baseline.
- Vaccination figures were increasing.
- Hospital appointment non-attendance – improvement was miraculous and it was agreed that the Director of Stakeholder Engagement would check the data.
- Dental access targets – complexity of cases coming forward meant high unit activity was not necessarily an attendance indicator.

Board members commented as follows:

- Re NHS Health Checks, a Non Executive Director stressed the need to revisit the community strategy methodology and how to encourage people to attend, particularly tapping into the Third Sector network wherever possible. The Director of Service Improvement/Executive Nurse emphasised that despite being below target for health checks an additional 1082 had been carried out since April. Quarter 3 figures had been possibly lower than hoped due to practices being busy with the Quality Outcomes Framework process taking up time. The health checks which had been carried out had identified new patients with chronic conditions.
- The Board noted the need to be creative in finding ways to reach hard to reach populations to bring them to a suitable location to have a health check, such as the Somali and Traveller communities.

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**RESOLVED**

**The Board:-**

- **Noted the delivery of key performance indicators and Vital Signs.**
- **Approved the actions undertaken for performance risk.**

**GOVERNANCE**

**062/11 Merseyside PCT Cluster Governance Arrangements [32-11]**

The Chair thanked all those who had been involved in developing the Cluster arrangements and noted that this was still a work in progress and once the Cluster Board was up and running there would be a clearer indication of how to carry the arrangements forward.

A Non Executive Director was keen to ensure that the Cluster Board would have the interest of the constituent PCTs at heart and would keep non Cluster Non Executive Directors informed of decisions taken without any potential conflict. The Director of Finance and Business Management noted that the individual PCTs would have separate financial allocations to be used for the benefit of those PCTs. The Chair added that the PCTs would receive regular reports from the Cluster Board.

The Chair summed up by noting that Professor Maureen Williams from the Cluster Board would be on the Joint Cluster Audit Committee along with Graham Bell from Liverpool PCT therefore the joint arrangements would still have a local focus. Karl Smith would join the Shadow Health & Wellbeing Board in addition to himself and Graham Bell so all Non Executive Directors would be included in the new arrangements. He requested authority to nominate other members to Joint Committees going forward which was agreed by the Board.

**RESOLVED**

**The Board:-**

- **Approve the Mersey Cluster Governance Framework.**
- **Approve the Mersey Cluster Board Scheme of Delegation .**

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- **Approve the Scheme of Reservation – Matters Reserved to the PCT Board.**
- **Gave approval for the Chair to nominate other Non Executive Directors to joint committees going forward.**

### **063/11      Equality and Diversity Committee within Merseyside Cluster [32A-11]**

The Director of Strategy presented a paper to the Board to commend an Equality and Diversity Committee within the Merseyside Cluster. The Non Executive Lead named on the paper endorsed the validity of the decision.

## **RESOLVED**

### **The Board:-**

- **Commended the proposal.**
- **Noted the content of paper.**
- **Considered a future robust committee structure to give assurance of legislative compliance.**

### **064/11      Board Assurance Framework & Corporate Risk Register [33A-11 & 33B-11]**

The Director of Finance and Business Management presented the Board Assurance Framework and Corporate Risk Register to the Board which provided assurance that the identified risks to the strategic goals of the organisation were being managed effectively. He noted that Quarter 4 2010/11 showed reduction or removal of risks which was very positive.

The documents had already been discussed and agreed at the Integrated Governance Committee in April 2011. At that meeting the question had been raised about whether or not to continue with the documents given that significant resource was involved in their production. Following the endorsement of the documents as best demonstrated practice within the Cluster by Merseyside Internal Audit Agency, it had been decided to continue to produce them and where possible spread the practice to other PCTs. It was

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noted that they would now be presented to the Shadow GP Commissioning Board going forward. The PEC Chair noted that some areas covered would be a Cluster responsibility, others would be the responsibility of the Shadow Health & Wellbeing Board and some areas would come to the Shadow GP Commissioning Board. The Transition Project Director noted that the Governance Leads from the 4 Cluster PCTs were looking at how this split would be carried out. The Transition Project Director added that following legal advice it was noted that the PCT Board would need two PEC members.

## **RESOLVED**

### **The Board:-**

- **Scrutinised the Board Assurance Framework & Corporate Risk Register.**
- **Accepted the robustness of the assurances provided.**
- **Noted that this is the final version of the Board Assurance Framework for 2010/11.**
- **Noted that the PCT Board would need two PEC members and the split of reporting between Shadow GP Commissioning Board and Shadow Health & Wellbeing was to be determined.**

### **065/11 Audit Committee Terms of Reference**

**[34-11]**

The Director of Finance and Business Management presented the updated Terms of Reference for the PCT Audit Committee, approved by the Audit Committee on 28<sup>th</sup> March 2011, for approval. He noted that the updates were in line with the latest plans and there was very little change made.

## **RESOLVED**

### **The Board:-**

- **Approved the updated Terms of Reference for the Audit Committee.**

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**COMMITTEE MINUTES FOR NOTING**

**067/11 Committee Minutes for Noting**

**Commissioning Committee – 2<sup>nd</sup> February 2011**

**Stakeholder Engagement Committee – 25<sup>th</sup> February 2011**

**Integrated Governance Committee – 1<sup>st</sup> March & 19<sup>th</sup> April 2011**

**Interim GP Commissioning Board – 8<sup>th</sup> March 2011 & 12<sup>th</sup> April 2011**

**Audit Committee (draft) – 28<sup>th</sup> March 2011**

**RESOLVED**

**The Board:-**

- **Noted the minutes.**

**COMMITTEE TEMPLATES FOR NOTING**

**068/11 Committee Templates for Noting**

**Commissioning Committee – 6<sup>th</sup> April 2011**

**Stakeholder Engagement Committee – 26<sup>th</sup> April 2011**

**Integrated Governance Committee – 19<sup>th</sup> April & 12<sup>th</sup> May 2011**

**Interim GP Commissioning Board – 10<sup>th</sup> May 2011**

**RESOLVED**

**The Board:-**

- **Noted the reporting templates**

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**069/11                    Any Other Business**

None

**070/11                    Date of Next Meeting**

Tuesday 27<sup>th</sup> September at 9.30am at No 1 Arthouse Square 61-69 Seel Street, Liverpool, to be followed by the Annual General Meeting in the afternoon.

**071/11                    Exclusion of the Press and Public**

**THAT IN VIEW OF THE CONFIDENTIAL NATURE OF THE BUSINESS TO BE TRANSACTED, MEMBERS OF THE PRESS AND PUBLIC WERE EXCLUDED FROM THE MEETING AT THIS POINT**

**Signed by the Chair:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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