

**Minutes of the Trust Board Meeting held on 29th March 2011, 1.30pm
at No 1 Arthouse Square, 61-69 Seel Street, Liverpool**

Present:

Mr G Ben-Tovim	Chair
Mr D Campbell	Chief Executive
Mr P Wadson	Director of Finance & Business Mgt
Mr G Bell	Non Executive Director
Dr S Rihani	Non Executive Director
Prof. M Williams	Non Executive Director
Mr K Smith	Non Executive Director
Mr D Antrobus	Non Executive Director
Dr P Grey	Director of Public Health
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
Mrs C Hill	Transition Project Director
Ms A Keenan	Staffside
Ms K Hull	Liverpool LINK Manager
Ms N Miney	Executive Corporate Manager
Ms P Jones	Minutes

Apologies:

Dr J Hussey	PEC Chair
Dr E Wilkinson	Associate Director of Health Outcomes
Mr M Marsh	Chair of Liverpool LINK (Ms K Hull representing Liverpool LINK)

Public: 7

022/11 **Declarations of Interest**

None declared.

023/11 Minutes of the Board Meeting held on 25th January 2011

The draft minutes of the meeting held on 25th January 2011 were noted and agreed as an accurate record of the meeting and signed by the Chair.

024/11 Matters Arising

None

025/11 Chair's Remarks [Verbal]

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

National activities:

- Had been involved in Chairs' discussions with regard to transition arrangements, an update paper was on the March 2011 agenda and a full report would be discussed at the Extraordinary April 2011 Board meeting. The Chairs of Sefton, Knowsley and St Helens & Halton PCTs had asked the Chair of Liverpool PCT to Chair the Cluster Board. The Strategic Health Authority would confirm the appointment of a Cluster Chief Executive and approve the suggested Cluster governance model in early April 2011. The Chair thanked the Transition Project Director for her hard work.

Local activities:

- Attended the launch of the Liverpool Alcohol Strategy which had received wide media coverage.
- Duncan Memorial Lecture: introduced Dr Michael Wolf who gave this year's lecture on the subject of "Confusing people less: health literacy as a public health priority".
- Decade of Health & Wellbeing:
 - Liverpool PCT hosted a reception to celebrate the official launch of 'The Making of Liverpool' animation DVD and book by The Singh Twins, artists and ambassadors for the Decade of Health and Wellbeing.
 - Attended the Office of National Statistics' debate on measuring wellbeing.

- Attended a Day of Reading event on World Book Day.
- Transport partnership.

Other Activities:

- Attended the Health and Wellbeing Boards Exchange, a North West event, along with representatives from the PCT and Liverpool City Council.
- Attended the first meeting of the Liverpool 'One Plan' Taskforce, bringing together public and private sector to provide strategic direction for the city.
- Equality & Diversity: attended a national Race for Health event aimed at reducing health inequalities in the new NHS structure.
- Gave the opening address at the Forced Marriage Conference organised by the PCT.
- The Non Executive Chair of the Stakeholder Engagement Committee had attended an event on Asylum Seekers and Refugees.
- Gave keynote speech on health inequalities and human rights at the Human Rights Conference organised by Liverpool John Moores University in partnership with various public and voluntary sector organisations.

RESOLVED

The Board:

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

As the PEC Chair had sent his apologies for the meeting, the Director of Service Improvement/Executive Nurse as a Board PEC member gave a brief update on recent activity:

- 3rd meeting of the Interim GP Commissioning Board had taken place.
- Strong consensus from clinicians for one Liverpool Pathfinder with four (possibly three) Consortia.
- All Liverpool practices except for two had signed up to the GP Specification.

RESOLVED

The Board:

- **Noted the report.**

027/11 Chief Executive's Report

[Verbal]

The Chief Executive updated Board members on activity since the last Board meeting: -

- New Liverpool City Council Executive was now in post.
- Health & Wellbeing Board: Liverpool had applied to be an early adopter.
- QIPP:
 - Good progress had been made with clinical pathways but these in themselves would not realise significant efficiencies, but they would avoid future costs.
 - A North Mersey service review would be one of the next steps, to look at how to maximise use of existing infrastructure.
- Care Quality Commission: Inspection carried out in March 2011 on Safeguarding and Children's Services, undertaken jointly by the Care Quality Commission and Ofsted, for Liverpool PCT, Liverpool City Council and provider organisations. The results had not yet been published but early indications were that the health aspect had been rated "outstanding".

- PCT Cancer Campaign had been launched and an example of the material was tabled for information. Cancer had taken over from Cardiovascular Disease as the biggest killer in the city and it was hoped to replicate the success with CVD in reducing deaths from Cancer, and particularly in encouraging early presentation.

The Chair thanked all those involved in the recent Safeguarding inspection and those involved in the Cancer Campaign.

RESOLVED

The Board:

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

STRATEGY

028/11 The Implementation of the Neighbourhood Model [11-11]

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

- Appendix 1 spreadsheet showed 18 GP Neighbourhoods coming together, although the Neighbourhood Vision was originally for 22. Work was ongoing to resolve this issue.
- The GP Specification and Nursing Specification would show how to commission mainstream services.
- There was a strong directive from the Out of Hospital Programme Board for the integration of strategic estates development with the Director of Service Improvement's portfolio in re-designing services as teams were relocated to new buildings.
- QIPP Pathways had an important role to play. The Director of Service Improvement noted that the QIPP Implementation Plans were clear about what needed to be done in practices.
- Health improvement developments also needed to be integrated.
- There was an increase in GP referrals to the healthy homes programme resulting in more referrals to other services.

Board members commented as follows:

- A Non Executive asked whether the asset mapping referred to in the paper referred to capital only or included other assets. The Director of Stakeholder Engagement responded that the assets referred to were likely to be staff resources. He agreed to report back at a future meeting with an idea of the impact on staffing levels at Liverpool City Council as well as the PCT. The Director of Integrated Adult Health & Social Care Commissioning agreed to work with the Director of Stakeholder Engagement to bring this information back to the Board.

RESOLVED

The Board:-

- **Noted the progress made with regards to the implementation of the model.**
- **Looked forward to receiving a future update on the impact on staffing levels and issues for future service delivery.**
- **Requested another report in due course to keep the Board updated but noted that it was not necessary to have updates at each meeting.**

029/11 Health Visiting Service Provision

[12-11]

The Director of Service Improvement/Executive Nurse presented a paper to the Board to outline the PCT's proposals for the development of Health Visiting service provision for the population of Liverpool, reviewing national strategy as set out in the Health Visitor Implementation Plan 2011-15, A Call to Action, and considered the impact on local service provision. This had now been interpreted for local need and set out the number of additional Health Visitors needed nationally to deliver the plan. She highlighted:

- The PCT had developed a Partnership Board to carry out a North West review and report into the National Board.
- Liverpool Community Health had applied to be an early implementer. Liverpool PCT would be the lead commissioner and provide regional support to develop the Implementation Plan.

- The NHS North West Review had identified a current workforce gap in the region of 459 Health Visitors with a requirement for 593 new Health Visitors to be trained.
- Liverpool currently had 14 Health Visitor teams, which were not aligned with the PCT Neighbourhood areas.
- PCT had agreed to expand the Family Nurse Partnership from four to six in 2011/12.

A Non Executive Director requested assurance, which was given by the Director of Service Improvement/Executive Nurse, that sufficient training was in place. She explained further that in Liverpool this was being provided by Liverpool John Moores University with funding from the Strategic Health Authority, open to existing staff wishing to up skill and also to new applicants.

A Non Executive Director requested assurance that funding was available for the proposed additional Health Visitors. The Chief Executive confirmed that this was provided for in the baseline figures but no additional monies were available, which demonstrated the importance of delivering the QIPP agenda.

The Chair was pleased to see the lead role being played by the Director of Service Improvement/Executive Nurse and Liverpool Community Health and stressed the importance of getting this right. He requested that an update/progress report should come to the May 2011 Board meeting.

RESOLVED

The Board:-

- **Noted the impact of national strategy on local service provision.**
- **Supported the development of a new service specification for Health Visiting.**
- **Looked forward to receiving an update/progress report at the May 2011 Board meeting.**

030/11 Operational Plan 2011/12

[13-11]

The Director of Strategy Delivery presented a report to the Board to update on the NHS Operating Framework 2011/12 and presented the PCT Operational Plan 2011/12 for approval. This had been discussed at the previous Board

meeting when it had been requested to include the equality delivery system, which had now been done.

It was noted that this linked closely with agenda item 9.1 Operational Financial Plans and Proposed Budget for 2011/12 document number 18-11 and represented a very ambitious agenda going forward.

A Non Executive Director enquired about the referrals into NHS Dentistry from the Healthy Homes Scheme and the number of referrals was confirmed by the Director of Stakeholder Engagement at 952.

The Chair expressed the thanks of the Board to all those involved in drawing up the Plan.

RESOLVED

The Board:-

- **Considered the main points of the Liverpool PCT Operational Plan 2011/12.**
- **Approved the PCT Operational Plan.**

031/11 Investment in Health Improvements

[14-11]

The Director of Public Health presented a paper to the Board to outline proposed investments in public health using two year non-recurring funding in the interim period to 2013, by which time the public health position would be clearer.

A Non Executive Director requested further clarification and definition of the outcomes to be delivered. The Director of Public Health replied that these were contained within the individual project templates and could be provided for the Non Executive.

A second Non Executive Director stressed the need for timescales to be tight and requested a report to the May 2011 Board on possible alternatives and timescales as well as prompts for how and when to switch to an alternative provider and to protect assets and 3rd Sector involvement.

A third Non Executive Director advocated getting started immediately with the proposals which were all extremely worthwhile.

The Chair noted that by May 2011 there would be additional proposals but it was important to proceed as detailed in the paper. The Director of Public Health agreed to update the PCT Commissioning Committee.

RESOLVED

The Board:-

- **Agreed a 2 year funding programme for health improvements.**
- **Approved the continued development of the Community Asset Proposal and its submission to the PCT for future funding.**
- **Looked forward to receiving an update at the May 2011 Board meeting on possible alternatives and timescale/prompts of how and when to switch to an alternative provider and how to protect assets and 3rd Sector involvement.**

032/11 Transition Programme update

[15-11]

The Transition Project Director presented a report to the Board to give an update on the Liverpool PCT Transition Programme being implemented in response to the proposals contained in the White Paper 'Equity and Excellence: Liberating the NHS' and the subsequent draft health bill. She highlighted:

- A Project Management Approach was being taken with a Transition Group set up with interim terms of reference approved at the Integrated Governance Committee meeting on 1st March 2011.
- Four Programme Workstreams:
 - GP Commissioning Development: GP Commissioning Pathfinder submission made and an Interim GP Commissioning Management Team paper would be submitted to the Interim GP Commissioning Board in April 2011. GPs had been involved in the drafting of the 2011/12 Operational Plan.
 - PCT Cluster: would be established by June 2011 and recruitment of Chief Executive and Executive Team was progressing.
 - Health & Wellbeing Board Development: the shadow Board was due to meet for the first time in April 2011.
 - Commissioning Support Development:

- A Number of Enabling Workstreams:
 - Workforce: working closely with Staffside. One to one meetings with staff held in March 2011, and were due to take place quarterly. Workforce mapping exercise was underway.
 - Communications/Engagement: a robust internal communications plan was being implemented. Next step was for an external Communications Strategy which would be developed soon.
 - Governance & Risk: Transition risks included as a separate page of the Corporate Risk Register.

The Chair thanked the Transition Project Director and her colleagues for all their hard work.

It was noted by Board members that staff were kept well engaged and the Staffside representative praised in particular the Chief Executive's blog on the Intranet and the excellent dialogue with the Workforce Group.

The Chair noted that the details of PCT Cluster and governance arrangements would be the single item discussed at the Extraordinary Board meeting on 19th April 2011. Further details would go to the next Integrated Governance Committee/Board.

RESOLVED

The Board:-

- **Noted the contents of the report.**
- **Noted that a paper providing an overview of PCT Cluster governance would come to the Extraordinary Board Meeting in April 2011.**

033/11 Good Corporate Citizenship – Carbon Reduction [16-11]

The Director of Stakeholder Engagement presented a paper to the Board on the Liverpool PCT/Liverpool Community Health Carbon Management Plan as a delivery plan for this element of the Good Corporate Citizenship Strategy. The paper provided the baseline position, the assessment of which had been funded by a grant from the Carbon Trust. Good Corporate Citizenship was part of the QIPP Agenda and there were clear financial savings to be made in the future, and more information would be submitted to the May 2011 Board

meeting on the QIPP funding package for efficient use of resources and carbon reduction.

The Non Executive Director Chair of the Good Corporate Citizenship Group informed the Board that the Royal Liverpool hospital had participated earlier and would be involved in the programme going forward. The PCT was working closely with Liverpool Community Health.

RESOLVED

The Board:-

- **Approved the Carbon Management Plan for Liverpool PCT.**
- **Looked forward to receiving a paper on the QIPP funding package for efficient use of resources and carbon reduction at the May 2011 Board meeting.**

PERFORMANCE

034/11 Financial Performance Report

[17-11]

The Director of Finance and Business Management presented the Financial Performance report as at 28th February 2011 to the Board. He noted:

- 11th month of financial year – on track to achieve outturn position planned.
- Capital Plan 2010/11 – delivery of the plan would be a challenge but would be achieved.
- The paper did not include information re the requested increase in the PCT lodgement with the Strategic Health Authority for the next year, for an additional £1m to approximately £16m from £14.7m. This would come straight back to the PCT and the PCT was happy to be able to assist the Strategic Health Authority in this matter.
- Final outturn report would come to the May 2011 Board.

The Chair thanked the Director of Finance and Business Management and all those working behind the scenes for all their hard work in producing such an excellent year end result.

RESOLVED

The Board:-

- **Noted the financial position as at 28th February 2011 and outturn expenditure forecast for Liverpool Primary Care Trust.**
- **Noted the update on the 2010/11 Capital Plan.**

035/11 Operational Financial Plans and proposed Budget for 2011/12 [18-11]

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:

- This was an interim document as the contracts negotiation round for 2011/12 had been challenging and was not yet complete. The final document would be presented to the May 2011 Board meeting.
- 2011/12 PCT was forecasting net underspend of £9m (£15m for 2010/11).
- Recurrent surplus to reduce to £30m.
- Strategic aims were congruent with Operational Plan but there had been a shift since the July 2010 White Paper towards maintaining financial stability through the transition process, supporting GPs, supporting the QIPP agenda and the wider Liverpool Health and Social Care economy.
- Health allocations had fared well in the Comprehensive Spending Review 2011-15. Nationally, the average growth rate for 2010/11 was 2.2% in cash terms with a minimum growth floor of 2%.
- The Department of Health had revised the weighted capitation formula – 2011/12 would see a reduction in weighting for deprivation levels from 15% to 10% and Liverpool had a flat population projection over the next 20 years. Consequently the Liverpool formula was 3.5% over target, compared with 1.7% in 2010/11. The future impact of this on the GP Commissioning Consortia was not yet clear.

- In addition to the recurrent allocation increase, Liverpool PCT had received £8.1m non recurrent to support joint working between health and social care.
- Non recurrent reserves could not be used to develop services, therefore care needed to be taken on what was funded with non recurrent funds.

In conclusion the Director of Finance and Business Management stated that the financial position was stable (see Appendix A). There would be moderate levels of growth over the next four years but less than 3% each year and there would be financial pressure, changes in demographics and increased public expectation, all of which would drive the QIPP Agenda.

A Non Executive Director wanted to know if the 2011 Census would have an impact on the capitation formula. The Director of Finance and Business Management replied that this would provide information on those living with long terms conditions but the demographic would still be flat.

RESOLVED

The Board:-

- **Approved the financial strategy for 2011/12.**
- **Approved and adopted the Provisional Revenue Budgets for 2011/12 (Appendices A-D), noting that the proposals demonstrated a balance of income and expenditure.**
- **Noted that the document was interim and looked forward to receiving the final version at the May 2011 Board meeting once the contracting round had been completed.**

036/11 Performance Report

[19-11]

The Director of Strategy and Delivery presented the Performance Report to the Board which identified Liverpool PCT's performance against Vital Sign indicators for the financial 2010/11. She highlighted:

- Areas of under-performance not previously reported were:
 - Number of drug users in effective treatment;
 - Alcohol harm related admissions;
 - Emergency admissions re injuries to children/young people;

- Cervical cancer screening.
- The following continued to under-perform against trajectory:
 - Vaccination & Immunisation – MMR1 and HPV;
 - Chlamydia screening;
 - Ambulance response times;
 - Dental access;
 - Breastfeeding;
 - Maternity access;
 - Cervical cancer screening;
 - All Age All Cause Mortality;
 - Cardiovascular Mortality;
 - Cancer Mortality.
- The PCT was still committed to existing targets no longer monitored centrally.
- The paper contained a detailed report on teenage pregnancy.

Board members made the following observations:

- The Chair commented that the format of the report was excellent with clear benchmarking data.
- The Chair raised concern over the issue of underperformance in maternity access. The Director of Strategy and Delivery noted that early presentation was the key issue and awareness needed to be raised at GP practice level as this was not a capacity issue at the Liverpool Women's Hospital. The Chief Executive asked for this to be looked into in more detail.
- A Non Executive Director referred to the Healthy Homes initiative and asked how success could be measured by outcomes. The Director of Stakeholder Engagement responded that there was a follow up scheme once a referral had been made. The Chair requested that this should be included in the Performance Report. The Director of Strategy and Delivery noted that it was already in the report as a Vital Sign and then in Operational Plan performance more occasionally but could sit within the Performance Report.
- The Chair noted that Knowsley PCT were doing well with Smoking Cessation and the Director of Public Health attributed this to the fact that they had now adopted Fagends.

RESOLVED

The Board:-

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

037/11 NHS Health Checks Update

[20-11]

The Director of Service Improvement/Executive Nurse presented a paper to the Board to give an update on the delivery of the NHS Health Checks Local Enhanced Service (LES) commissioned by Liverpool PCT. She highlighted:

- All general practices invited to participate – all except one had agreed, therefore there was sufficient cover across the city. All eligible patients would have access to a health check.
- Extensive awareness raising campaign had been carried out.
- Letters of invitation were being issued to patients, including those in the non-participating practice.
- It was expected to be on target for number of health checks set to be carried out by 31st March 2011. This was monitored by Neighbourhood activity reports.

The Board commented as follows:

- A Non Executive Director noted that this was an excellent achievement but wanted more information on expected outcomes.
- A Non Executive Director wanted to know what processes had been followed with regard to Equality Impact Assessment. The Director of Service Improvement/Executive Nurse noted that this would be addressed in the next report. She highlighted section 4.4.5 of the report which referred to health checks for hard to reach population and the Social Marketing Team's initiative to raise awareness of the NHS Health Checks programme within BME communities.
- A Non Executive Director noted that the invitation letter he had received for an NHS Health Check was confusing. The Director of Service Improvement agreed to check the letter.

The Chair noted that as the eligible population was around 90,000 and around 4,000 health checks was the target for 31st March 2011 there was still a long way to go and future reports would monitor progress.

RESOLVED

The Board:-

- **Noted the progress of the programme and endorsed the next steps.**
- **Noted that the next report would contain an equality impact assessment and that future reports would address how to target the whole of the eligible population.**

GOVERNANCE

038/11 Corporate Risk Register

[21-11]

The Director of Finance and Business Management presented the Corporate Risk Register as at 16th March 2011 to the Board. He noted that:

- Progress against action plans was highlighted in blue font.
- Failure to reduce discharges in mental health risk had decreased its risk rating.
- Failure of healthcare providers to maintain compliance with CQC registration requirements: recommended for approval.
- Loss of protected GP learning resulting in failure to deliver gold standard primary care: recommended for removal.
- Failure of independent contractors to meet CQC registration requirements: risk owner changed from Medical Director to Director of Service Improvement/Executive Nurse.
- Transition Risks were reported on a separate page.
- The Corporate Risk Register and the Board Assurance Framework had been discussed in detail and signed off at the March 2011 Integrated Governance Committee.

RESOLVED

The Board:-

- **Scrutinised the Corporate Risk Register.**
- **Accepted the robustness of the assurances provided.**
- **Noted that a further revised document would be presented in May 2011.**

COMMITTEE MINUTES FOR NOTING

039/11 Committee Minutes for Noting

Stakeholder Engagement Committee – 30th November 2010

Commissioning Committee – 1st December 2010

OD/HR Committee – 2nd December 2010

A New Health Service for Liverpool Programme Board – 14th December 2010

Liverpool Health & Well-Being Partnership Board – Adults and Families – 15th December 2010 & 17th February 2011

Interim GP Commissioning Board – 11th January 2011 & 8th February 2011

Integrated Governance Committee – 17th January 2011

Audit Committee (approved draft) – 18th January 2011

RESOLVED

The Board:-

- **Noted the minutes.**

COMMITTEE TEMPLATES FOR NOTING

040/11 Committee Templates for Noting

Commissioning Committee – 2nd February 2011

Stakeholder Engagement Committee – 25th February 2011

Integrated Governance Committee – 1st March 2011:

The Chair of the Integrated Governance Committee highlighted changes to the membership agreed at the meeting and also a previous decision to amend the Terms of Reference to allow the meeting to be quorate. The previous Terms of Reference stated that two Non Executives and one Executive Director needed to be present but as the Director of Finance and Business Management was the only Executive Director member of the Committee this had been changed to “Director”. There was some confusion over the validity of the change with regard to delegated authority from the Board to the Integrated Governance Committee and it was agreed that this would be discussed outside of the meeting.

OD/HR Committee – 3rd March 2011

Interim GP Commissioning Board – 8th March 2011

RESOLVED

The Board:-

- **Noted the reporting templates**

041/11 Any Other Business

None

042/11 Date of Next Meeting

Tuesday 19th April 2011 at 1.30pm at No 1 Arthouse Square 61-69 Seel Street, Liverpool – Extraordinary Meeting.

043/11 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: _____