

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on TUESDAY 13TH OCTOBER 2015 1pm
Blundell Suite Blue Coat School

PRESENT:

VOTING MEMBERS:

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

NON VOTING MEMBERS:

Dr Paula Finnerty	GP – North Locality Chair
Dr David Webster	GP – Matchworks Locality Chair
Tina Atkins	Practice Manager
Dr Tristan Elkin	GP – Liverpool Central Locality
Dr Sandra Davies	Interim Director of Public Health
Dr Rob Barnett	LMC Secretary

IN ATTENDANCE:

Cheryl Mould	Head of Primary Care Quality & Improvement
Tony Woods	Healthy Liverpool Programme Director - Community & Digital Care

Carole Hill	Healthy Liverpool Integrated Programme Director
Ian Davies	Healthy Liverpool Programme Director – Hospitals & Urgent Care
Ray Guy	Retired Practice Manager
Stephen Hendry	Acting Head of Operations & Corporate Performance
Alison Ormrod	Interim Head of Finance
Lynn Collins	Chair of Healthwatch Liverpool
Kate Warriner	Healthy Liverpool Digital Care & Innovation Programme ILINKS Managerial Lead
Derek Rothwell	Head of Contracts & Procurement
Paula Jones	Minutes

APOLOGIES:

Dr Fiona Ogden-Forde	GP
Dr Fiona Lemmens	GP
Dr Shamim Rose	GP
Moira Cain	Practice Nurse
Councillor Roz Gladden	Liverpool City Council
Phil Wadeson	Director of Finance, NHS England Sub Regional Team
Samih Kalakeche	Director of Adult Services & Health, Liverpool City Council

Public: 4

PART 1: INTRODUCTIONS & APOLOGIES

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

It was noted that the meeting was not quorate and that any decisions taken would need to be ratified at the next meeting.

1.1 DECLARATIONS OF INTEREST

The Chair noted that all GPs/practice representatives present had a general specific interest in item 4.2 General Practice Information Technology although no one had a disproportionate interest and he would take advice from the Lay Member for Governance/Deputy Chair as to whether or not he should continue in the Chair for that item.

1.2 MINUTES & ACTION POINTS FROM THE LAST MEETING

The minutes of the previous meeting on 8th September 2015 and the Extraordinary meeting on 29th September 2015 were agreed as an accurate record of the discussions that had taken place subject to the following amendments:

- The More Independent Clinical Lead referred to page 14 item 4.1 of the minutes from 8th September 2015 re the Assistive Technology and Personal Health Records Investment Case – the point on reducing incorrect use of health services via a marketplace of apps should be amended to simplify that increasing health literacy and the use of apps would help to provide better self care.

1.3 MATTERS ARISING from 8th September and 29th September 2015 not already on the agenda:

1.3.1 The Lay Member for Patient Engagement referred to the feedback from the Primary Care Commissioning Committee to the Governing Body from the 8th September 2015 meeting where it stated that the minutes of the Extraordinary meeting held in August 2015 would be available for the next Governing Body meeting (i.e. October 2015). It was noted that the 21st August 2015 Extraordinary meeting of the Primary Care Commissioning Committee had been approved along with the 21st July 2015 minutes at the meeting of the Primary Care Commissioning Committee on 15th September 2015 and should have

been included for noting with the October 2015 GB papers. They would be included for noting at the next meeting of the Governing Body in November 2015.

- 1.3.2 Action Point One 8.9.15 – it was noted that the Public Health information Legal Highs would be coming to the Governing Body in due course.
- 1.3.3 Action Point Two 8.9.15 – it was noted that the paper on strengthening joint working had been taken to the CCG Network and would be picked up later on in the Chief Officer's feedback from the latest CCG Network meeting.
- 1.3.4 Action Point Three 8.9.15 – it was noted how to engage with patients and apply personality types re Healthy Foundation Groups would be brought back to the Governing Body in due course.
- 1.3.5 Action Point Five 8.9.15 – it was noted that regular meetings were taking place between the CCG, Princes Park Practice and the provider SSP with regular reports being submitted to the Primary Care Commissioning Committee.
- 1.3.6 Action Point Seven 8.9.15 – it was noted that the amended Corporate Risk Register would be brought to the November 2015 Governing Body meeting.
- 1.3.7 Action Point Eight 8.9.15 – the Head of Quality/Chief Nurse noted that the LCCG Quality Strategy 2015-2017 had not yet been uploaded to the CCG website and would be done as soon as possible.
- 1.3.8 Action Point Nine 8.9.15 – it was noted that there would be an update from the Primary Care Commissioning Committee Part 2 Private Business Section in the October 2015 Governing Body Part 2 Private Business Section.

- 1.3.9 Action Point One 29.9.15 – it was noted that the feedback from the Healthy Liverpool citywide public engagement events over the Summer was to be brought to the November 2015 Governing Body.

PART 2: UPDATES

2.1 Feedback from committees – Report No GB 69-15:

- Primary Care Commissioning Committee 15th September 2015 – the Lay Member for Patient Engagement/committee chair fed back to the Governing Body:
 - ✓ Local NHS Stakeholder Forum has been set up to consider allocation of resources for CCGs with delegated responsibility. Issues identified with Primary Care Support, non core services now being managed by NHS England.
 - ✓ Performance Management Report discussed.

- Primary Care Quality Sub- Committee 28th July 2015 – the Sub-Committee Vice Chair fed back to the Governing Body:
 - ✓ Development Plan for General Practice Staff to ensure teams were fit for purpose and to support nurses with the revalidation process.
 - ✓ Primary Care Quality Framework - focussing on variation and aligned to the “golden thread” running through the Healthy Liverpool Programme – considered for each Locality. A matrix was to be developed of all indicators throughout the GP Specification, Quality Outcomes Framework and Primary Care Quality Framework.

- Finance Procurement & Contracting Committee 6th October 2015 – the Chief Finance Officer fed back to the Governing Body:
 - ✓ Finance & Procurement route confirmation – four routes were approved (General Practice Information Technology, Rapid Response Falls, Dementia, Digital Care and Innovation).
 - ✓ Health Enterprise Innovation Exchange – CCG to lead the collaboration of local partners.
 - ✓ Service Continuity at Queen’s Drive Surgery – the interim provider had been approved following application of the agreed process. As this was the first time the process had been used, it would be reviewed and any changes required would be identified.
 - ✓ Investment in Haematological-Oncology facility – this was also on the agenda for the October 2015 Governing Body meeting.

- Audit Risk & Scrutiny Committee 6th October 2015 – the Audit Committee Chair fed back to the Governing Body:
 - ✓ There were no areas for concern There had a been a private meeting of the Members of the Committee with Internal Audit and the Counter Fraud Agency without staff present – the report on the CCG had been very good however areas of concern raised were:
 - ✓ Conflicts of Interest and Gifts Register process needed to be more robust i.e. to be tabled at each Audit Risk & Scrutiny Committee rather than just ask for declaration so that the Chief Finance Officer could review and provide assurance to the Audit Risk & Scrutiny Committee.

- ✓ Limited Assurance areas from audit – from time to time Heads of Service might be called on to understand what was being done in their areas to change limited assurance to significant assurance.
- Committees in Common 7th October 2015 – the Chief Officer fed back to the Governing Body :
 - ✓ Healthy Liverpool Strategic Direction Case presented to Knowsley and South Sefton CCGs and Local Authorities – overview discussed and good debate regarding how we needed to work through the different engagement/consultation processes with each Local Authority area. The impact of changing hospital services outside Liverpool was also discussed, and the need to ensure coherence on the bigger footprint.

The NHS Liverpool CCG Governing Body:

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

2.2 Feedback from CCG Network 7th October 2015 – Report No: GB 70-15

The Chief Officer updated the Governing Body:

- ✓ Discussions held around Specialised Services – a number of services were no longer classified as specialist and therefore would be the responsibility of CCGs. Specialist Wheelchair Services and neurological outpatients referrals from primary care had already come across. The transfers were happening mid year so it was not yet clear what the budget covered. The Chief Finance Officer noted that discussions were ongoing with NHS England on what this meant for CCGs. It had been confirmed that

Liverpool CCG would take the lead on the Walton Centre.

The Chief Officer noted the need for Liverpool CCG to be fully engaged in discussions with NHS England regarding future co-commissioning of specialised services, and to ensure that commissioning budgets and resources were appropriate.

- ✓ The Chief Officer continued that a paper setting out options was considered for how the Network would work in the future. It was currently a communication vehicle but might need to change to enable more coherent joint commissioning across CCGs. This would need to be agreed by each member CCG and it would feature as an agenda item on the Informal Governing Body development session in November/December 2015 so that it could be discussed again at the December 2015 Network for the changes to be in place for April 2016.

The Healthwatch Chair referred to the boundaries of the Network with reference to decentralisation. The Chief Officer responded that discussion in this area were ongoing as Wirral CCG had now been invited to join the CCG Network currently made up of Liverpool, South Sefton, Southport & Formby, Knowsley, St Helens and Halton CCGs, with Warrington and West Lancashire as 'associated' members.

The NHS Liverpool CCG Governing Body:

- **Considered the reports and recommendations from the Merseyside CCG Network.**

2.3 Feedback from the Joint Commissioning Group – 7th September 2015 – Report No: GB 71-15

The Healthy Liverpool Programme Programme Director - Community & Digital Care updated the Governing Body:

- ✓ Progress on transition of Health Visiting and Family Nurse Partnership from NHS England to Liverpool City Council – good progress was being made and no significant risks identified, communication was ongoing with partners.
- ✓ Liverpool City Council Market Position – aimed to inform potential providers and other organisations on the future market for adult social care within Liverpool.
- ✓ Strengthening Integrated Commissioning – this would continue to be progressed.
- ✓ Impact of reduction to Public Health grants – the Governing Body had discussed this at the development session on 22nd September 2015 and discussions were continuing.

The NHS Liverpool CCG Governing Body:

- **Considered the reports and recommendations from the Joint Commissioning Group.**

2.4 Chief Officer's Update

The Chief Officer updated the Governing Body:

- ✓ Devolution: there had been a change of direction on Local Authority “Asks”. Health and Social Care had been included as at September 2015 but now Local Authority leaders had met and agreed for Liverpool City region to focus on economic growth. CCGs would continue to work jointly with Local Authorities but this was not under the banner of devolution. This would be discussed at the Governing Body Development Session on 16th October 2015.
- ✓ The Chair and Chief Officer had nearly completed a “tour” of local trust boards to present the Healthy Liverpool Strategic

Direction Case – these meetings had gone extremely well and trusts had formally supported the direction being taken.

- ✓ **Vanguards:** the outcomes for the proposals submitted had been received :
 - Two acute care collaborations had been successful – Neurosciences (Walton Centre) and Maternity and Paediatrics services (Alder Hey, Liverpool Womens', CCGs and NHS England).
 - Cardiology had not been successful but the proposals would be supported given their alignment with Healthy Liverpool.

- ✓ The Chief Officer had been quoted in the British Medical Journal in a report from NHS Clinical Commissioners focussing on the work of Core Cities' CCGs.

- ✓ The Liverpool CCG Finance Team and Business Intelligence Teams had won awards. At the Annual FSD Conference the Finance Team had won the Brian McNaught award and had given a presentation on the Bain Decision Effectiveness Tool. The Liverpool CCG Informatics Team had been recommended to be approved for accreditation to the North West Informatics Staff Development programme. The More Independent Programme Lead noted that the More Independent Programme had been awarded the Innovation of the Year 2015 award at the Informatics Awards in September 2015.

The NHS Liverpool CCG Governing Body:

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

2.5 NHS England Sub-Regional Team Update

There was no one in attendance from NHS England to give an update to the Governing Body.

2.6 Public Health Update - Verbal

The Interim Director of Public Health updated the Governing Body:

- ✓ Indices of multiple deprivation – Liverpool was no longer at the bottom of the list (now 4th from bottom).
- ✓ There had been a substantial reduction in the number of under 18s hospital admissions related to alcohol (40%). Liverpool had reduced more than other North West areas. Public Health were unsure of the reason for this fall, but there had been some discussion around whether other things such as increased use of legal highs could be contributing to it. Further investigation would be needed to understand what was happening.
- ✓ “Care to Know” Campaign – Lime and Sedgemoor hubs had featured on Bay TV this week.
- ✓ Change of Life 10 Minute Shake Up– this was going well.
- ✓ Bowel Screening Programme - this had started on 15th October 2015 and would run until the middle of November 2015.
- ✓ Good ongoing progress being made around physical activity targets.
- ✓ Results of Smoking segmentation Insight work was back.
- ✓ Stoptober – commenced 1st October 2015, 332 people had signed up.

- ✓ “Drink Less Enjoy More” in place from October through to the end of December, this was supported by Merseyside Police and bar staff in the city centre.
- ✓ Central government public health budget cuts – Liverpool City Council had responded to the consultation but no news had been received as yet regarding the impact on Liverpool. This would probably be released at the time of the Comprehensive Spending Review.
- ✓ Advisory Committee on Resource Allocation (‘ACRA’) – annual consultation completed – Public Health in Liverpool would probably receive a 15% reduction in budget.

In summary the future was uncertain but it was “business as usual” and there would be close communication with the CCG so that any decisions taken were fully understood by the CCG and avoid jeopardizing the Healthy Liverpool Programme. The More Independent Programme Lead informed the Governing Body that 16th to 22nd November 2015 was Self Care week.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

PART 3: PERFORMANCE

3.1 CCG Performance Report – Report No GB 72-15

The Acting Head of Operations & Corporate Performance presented the Performance Report to the Governing Body to report on the CCG’s performance in the delivery of quality, performance and financial targets for the year 2015/16. He highlighted:

- There were challenges around aligning data flows with NHS England and maintaining consistency and continuity due to transitional arrangements in place with the current Commissioning Support Unit. This would be corrected.

- Referral to Treatment – Green for the CCG (at provider level Royal Liverpool Hospital had failed to achieve the 90% plan for admitted patients starting treatment within 18 weeks from referral and Liverpool Heart & Chest Hospital failed two targets for the third consecutive month).
- Cancer Waiting Times – Green with two alerts for 62 day wait from urgent GP referral to first definitive treatment and 62 day wait for first definitive treatment following a consultant’s decision to upgrade patient priority.
- Diagnostics – Green (Alder Hey now achieving the target).
- Stroke – this was covered in the outcomes section of the report.
- Mixed Sex Accommodation – no breaches in August 2015, zero year to date.

The Head of Quality/Chief Nurse continued:

- Areas of challenge remained re Healthcare Acquired Infections but this was not unique to the Liverpool Health Economy. There was now a focus on antimicrobial prescribing and the Chief Nurses’ Network was looking at this across the North Health Economies. Aintree Hospital had struggled last year and turned around. It had taken Aintree a year to improve which demonstrated how much time was needed before change could be seen in the performance results.
- Never Events – Performance was Green
- Serious Incidents – some trusts were struggling with the reporting timescales with incomplete reports submitted and work was ongoing to support the trusts in this area.

The Acting Head of Operations & Corporate Performance continued:

- Good performance in the area of Healthy Life Expectancy male and female and Excess Winter Deaths.
- Potential Years of Life Lost – 3.4% increase for Liverpool CCG. Assurance on Control Measures – there was significant detail in the report on Primary Prevention.
- MMR Uptake in children had improved.
- Maternal Smoking at time of Delivery – there had been an increase from 16.2% to 17.5% - there were measures in place for Stop Smoking training for Liverpool Women's Hospital staff and expectant mothers being asked for their smoking status at 36 weeks and offered interventions.
- Children in Care – slight reduction in the indicators.
- Long Term Conditions – the six key priorities within the Long Term Conditions Programme aimed to maximise years of health with improved self-care and emotional wellbeing being the foundations on which this would be built. The measure would be monitored within the Primary Care Outcomes Framework.
- Stroke – there had been significant reduction in emergency Stroke admissions in the first quarter.
- Composite Avoidable Emergency Admissions – 2014/15 reported a 9.8% increase over 2013/14.
- CCG Quality Premium – slight reduction in performance with 38.8% of mental health patients receiving a health check compared to 39.9% the previous month.
- Cancer mortality/survival rates: slight reduction was reported with 0.9% improvement in survival rates at one year, for breast, 0.4% for breast/lung/colorectal, but still below national figures. A 2.2% reduction in breast

mortality rates (2012-14 compared to 2011-13 were also reported.

- Emergency admissions re fragility fractures – rate of hip fractures falling.
- Smoking Prevalence – there had been improvement to 22.9%
- NHS Health Checks – there had been an increase in uptake by 35.3% with a score of 59.8% compared to the previous quarter.
- There were no Care Quality Commission updates – the report on Dr Dharmana's practice would be released 8th November 2015 and would be brought back to the Governing Body in November 2015.
- Financial Position – the Interim Head of Finance updated the Governing Body that the CCG was on track to meet its statutory duties with no risks identified. She referred to the £6m underspend reported as at August 2015 but noted that the year end forecast was for this to be rectified.

The Governing Body members commented on the report as follows:

- The Lay Member for Patient Experience referred to the Five Year Outcome Ambition and that the measure would be monitored with the Primary Care Outcomes Framework going forward and presented at practice level to understand specific areas of concerns and drive improvement. His concern was around how this would be done at practice level. It was noted that there was a Primary Care Performance Report which contained a plethora of information which needed to be considered in the light of how individual indicators impacted on other areas.

- The Lay Member for Governance/Deputy Chair added that there were structures which were nationally mandated and which needed to be continued and displayed in the public domain. However our aim was to add value to the experience of patients and interpret data to this end the performance report was still a work in progress. Patience was required, Liverpool CCG was one of the few CCGs trying to meet national requirements and develop useful operational performance data. The Vice Chair of the Primary Care Quality Sub-Committee noted that the Primary Care Team were trying to develop a matrix to provide data at individual practice level which would feed into the national indicators.

The Head of Quality/Chief Nurse highlighted that challenge for Healthcare Acquired Infections lay in the community/Primary Care as much as in the acute trusts.

The Matchworks Locality Chair was keen to understand why there had been a substantial decrease in Winter deaths and how this compared to other core cities. The Acting Head of Operations and Corporate Performance agreed to take this up with the Matchworks Locality Chair outside of the meeting.

The Primary Care Quality Sub-Committee Vice Chair referred to the work which was ongoing in primary care re C Difficile which needed to link in with the work with trusts. The CCG had influence around primary care antibiotic prescribing and a joined up approach was required.

The Chief Officer commented how good it was to get a clear picture of the direction of travel and to understand how we were performing against our high level aims in Healthy Liverpool as well as the national targets. The Chair agreed that the vision of the CCG was ambitious and therefore needed review at high level to check that the underpinning work was being carried out. Then we would be able to identify trends and make changes.

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.**
- **Noted the progress in terms of understanding achievement of Healthy Liverpool ambitions.**

PART 4: STRATEGY & COMMISSIONING

4.1 Investment Proposal for Haematological - Oncology – Report no GB 73-15

The Programme Director for Hospitals and Urgent Care presented a paper to the Governing Body to set out for the case for investing in the development of a new centre of excellence for Haematological-Oncology within the new Clatterbridge Cancer Centre on the Royal Liverpool Campus site. This had been discussed at the September 2015 Governing Body private business part section where approval had been given for the investment of £12m one off capital investment from Liverpool CCG (one third of the capital expenditure) subject to six conditions being met with the Finance Procurement and Contracting Committee delegated to assure this. The Bain Decision Effectiveness Tool had been applied to the decision making process.

Of the three options (One: do nothing, Two: greater collaboration between trusts and three: transfer services wholly to Clatterbridge), Option Three was the preferred option. The six conditions attaching to the decision were:

1. The proposal must have the explicit support of the three Trusts (CCC, RLBUHT and AUHT).
2. That the released bed numbers were confirmed, deliverable and functional.
3. Capital and revenue implications must be fixed at a maximum 1/3 of the development cost or no more than

£12M and the business case for the development did not seek any CCG revenue contribution.

4. Delivery of the new H-O service must align with NHSE Specialist Commissioning strategy, with the Specialist Commissioning team supportive of the development.
5. The proposal must pass the NHSE Assurance tests.
6. The process must meet the requirements around public consultation. The transfer of the current H-O service into the proposed CCC led development of three additional floors had been reviewed and the professional advice provided to the CCG and CCC was that this did not require formal public consultation (subject to discussion with the OSC Chair). However the wider development of the new integrated service and the transfer of the circa seven beds from the Aintree site was assessed as requiring public consultation in due course.

The Finance Procurement and Contracting Committee had confirmed that the conditions were either met or significant assurance had been received, the Governing Body was therefore asked to confirm the decision already taken. The Chair added that as the decision had already been taken and the conditions met, The paper was merely for confirmation not a new decision. The Lay Member for Governance/Deputy Chair noted that she was pleased with the level of assurance and that the process had been suitably robust.

The NHS Liverpool CCG Governing Body:

- **Noted that the pre-conditions for investment approval identified by the Governing Body have been met, or there is sufficient assurance around the conditions regarding the formal assurance and consultation process.**
- **Confirmed the allocation of up to £12M towards the costs of developing a new centre of excellence for Haematological-Oncology within the new Clatterbridge**

Cancer Centre development on the Royal Liverpool Hospital campus site.

4.2 General Practice Information Technology – Investment Proposal – Report no GB 74-15

The Chair introduced a paper to the Governing body which addressed the funding deficit following certain core IT services no longer attracting national funding and outlined the local core requirements for consideration. The investment sought was £946,257 non-recurrent funding in 2015/16 and £986,257 recurrently from 2016/17 onwards.

The Lay Member for Governance/Deputy Chair noted that this had been discussed at Finance Procurement & Contracting Committee. This was an indirect general benefit to all practices and GPs but to improve and maintain efficiency of services currently delivered to patients rather than being a financial/physical benefit to the individual practices. As such there was no disproportionate benefit to any individual practice. Issues such as this required clinical oversight of the impact of provision of IT on performance therefore it was permissible for the Chair (a GP) to continue to chair the discussion in this area.

The Clinical Vice Chair/Digital Care and Innovation Programme Clinical Director highlighted that the funding requested was not for additional IT but to maintain what was currently in place.

The Lay Member for Patient Engagement requested clarification that it was Virgin Media referred to in the paper not Virgin Healthcare, which was given.

The Liverpool Central Locality representative asked if this was a local issue only and that did the IT provision for neighbouring CCGs impact on us if it was not to the same standard. The response from the Digital Care and Innovation Programme Clinical Director was that this would not prejudice Liverpool patients.

The Secondary Care Clinician asked if more funding would be required going forward to deliver the proposed digital innovations for patients such as access to online records. The response was that this was already in the digital programme. The Healthy Liverpool Programme director – Community & Digital Care emphasised that the funding required was merely to stay at the point we were currently at due to the NHS England issue of the withdrawal of funding in order to maintain service continuity.

- **Noted the contents of the report**
- **Approved the non recurrent funding allocation for 2015/16**
- **Approved the recurrent funding allocation from 2016/17**

PART 5: GOVERNANCE

5.1 Public and Patient Engagement, Experience And Equalities– Report no GB 75-15

The Lay Member for Patient Engagement presented a paper to the Governing Body on the governance arrangements for Public and Patient Engagement and Equalities which addressed risks to the CCG from the current reporting and accountability around these statutory duties including recommendations arising from the Mersey Internal Audit Agency report into patient experience.

He highlighted the reporting line from Primary Care Quality sub-Committee to Primary Care Commissioning Committee then to Governing Body which now meant a delay in patient engagement and experience information discussed at the Primary Care Quality Sub-Committee reaching the Governing Body via the reporting template from committees route. As the intention was to raise the profile of patient engagement and experience at the Governing Body the Public and Patient Engagement & Experience Group would report to the Quality Safety & Outcomes Committee which then reported to the Governing body via the committee reporting template process.

There would be a report to the Governing Body four times a year jointly on patient engagement and experience/Equality and Diversity with Healthwatch.

The role of the programme groups, Healthy Liverpool Programme Boards, Healthy Liverpool Programme Board and Quality Safety & Outcomes Committee would be formalised with a requirement for public and patient engagement/experience and equality & diversity included in the terms of reference.

The Lay Member for Patient Engagement noted the hard work of the Third Sector & Sustainability Lead and the Engagement Team in producing the report. He referred to the protected characteristics under the Equalities Act 2010 which were set out in Appendix A of the paper and noted that marriage and maternity needed to be added to the list of race, disability, sexual orientation, age, religion, transgender and sex.

The Lay Member for Governance/Deputy Chair found the document to be extremely positive.

The Chair referred to the six processes proposed on page 12 of the report, from relevant Health Liverpool Programme Board, through to Programme Manager and Engagement Team to develop engagement plan and equalities assessment, to discussion at the Public and Patient Engagement & Experience Group, feedback back to the relevant Healthy Liverpool Programme Board through to Social Value and Engagement Team publishing decision making on the website in accordance with statutory requirements and share with participants and stakeholders. He commented that this was what was done already but it was good to have it mapped out formally.

The NHS Liverpool CCG Governing Body:

- **Noted the contents of the report**
- **Agreed the revised governance and reporting arrangements and enabling actions**
- **Reviewed the process in 2 years' time.**

5.2 Emergency Preparedness Resilience & Response Assurance 2015/16 – Report no GB 76-15

The Acting Head of Operations and Corporate Performance presented a paper to the Governing Body with an assurance statement regarding compliance with the National Emergency Preparedness Resilience & Response Core Standards. The CCG had full compliance for 2014/15 and 2015/16.

The Lay Member for Governance/Deputy Chair commented that this was an excellent report.

The Governing Body was asked to note the report, agree the revised governance and reporting arrangements/enabling actions and that the process would be reviewed in two year's time.

The NHS Liverpool CCG Governing Body:

- **Noted the contents of the report; and**
- **Acknowledged the CCG's compliance with the National Core EPRR Standards.**

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 10th November 2015 1pm at Blundell Suite Blue Coat School