

Approved 17 January 2017

Minutes of a Meeting of NHS Blackpool Clinical Commissioning Group Governing Body Held in Public on Tuesday, 1 November 2016 in the Boardroom, Blackpool CCG

Part I

Present: Mr R Fisher, CCG Chairman
Dr A Doyle, Chief Clinical Officer
Mr D Bonson, Chief Operating Officer
Mr A Harrison, Chief Finance Officer
Mrs H Williams, Chief Nurse
Mr C Brown, Lay Member
Mrs C McKenzie-Townsend, Lay Member
Dr C Augustine, GP Member
Dr S Fairhead, GP Member
Dr S Singh, GP Member (arrived during GB154/16)
Dr A Rajpura, Director of Public Health (arrived during GB154/16)

In Attendance: Mrs J Barnsley, Director of Performance and Delivery
Mr G Cain, Chairman, Health and Wellbeing Board
Mr G Molyneux, Healthwatch Representative
Mrs H Lammond-Smith, Head of Commissioning (up to GB158/16)
Miss L J Talbot, Secretary to the Governing Body.

Public Attendees: Mrs S Moorcroft, Pfizer
Mr D Parker, Kyowa Kirin International Plc
Mr A Naik, Boots

GB151/16 Apologies for Absence

Apologies for absence had been received from Mr Edmundson, Dr Williams, Dr Green, Dr Martin, Dr Rudnick, Mr Alizai, and Mrs Rispin.

GB152/16 Declarations of Interest Relating to the Items on the Agenda

RESOLVED: That the interests declared by members of the Governing Body as listed in the CCG's Register of Interests be noted. The Register is available either via the Secretary to the Governing Body or the CCG website at the following link:

<http://blackpoolccg.nhs.uk/about-blackpool-ccg/who-we-are/our-governing-body/>

GB153/16 Minutes of the Meeting Held on 6 September 2016

RESOLVED: That subject to a minor amendment to be made, the minutes of the meeting held on 6 September 2016 be approved as a correct record.

ACTION: LJT

GB154/16 Matters Arising

- (a) **GB131/16(c) – Contract – June 2016** – There had been a previous comment regarding a large increase in out-patient procedures and a response was awaited from BTH as to the reasons why. Mr Bonson commented that this was due to the way in which patient numbers are counted, making reference to macular degeneration and Lucentis. Discussions were ongoing with the Trust which were yet to be resolved. The Trust was currently recording additional out-patient procedures.

ACTION: DB

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- (b) **GB131/16(d) GP Referrals – June 2016** – A question had been asked as to why there had been an increase in referrals to the University Hospitals of Morecambe Bay NHSFT. Mr Bonson commented that there had been growth in activity in radiology and this was due to the change in the way in which procedures are recorded. A response was awaited from the Trust. **ACTION: DB**

Dr Singh arrived at the meeting.

- (c) **GB132/16 Clinical Policies Update** – It had been mentioned at the previous meeting that there may be a requirement to include a paragraph within policies that if a patient has a procedure undertaken privately, the NHS cannot pick up the later costs or any further work relating to that procedure. Mr Bonson commented that this was being picked up as an ongoing piece of work within the policies. It was pointed out however, that policies can be different depending on the procedure. Members were informed that there are specific aspects of prescribing which the CCG's Head of Medicine Optimisation was currently looking into.

- (d) **GB137/16 BCCG Safeguarding Annual Report 2015/16** – Minor typographical error which the Secretary would amend. **ACTION: LJT**

Dr Rajpura arrived at the meeting.

GB155/16 Chairman's Communications

- (a) **Director Appointment** – The Chairman was pleased to introduce Mrs Barnsley to the Governing Body meeting. Mrs Barnsley had taken up the post of Director of Performance and Delivery for the CCG as a secondment until a permanent appointment is made. Governing Body members welcomed Mrs Barnsley.

GB156/16 Finance and Performance Dashboards as Reported to the Finance and Performance Committee

- (a) **Finance Report Including 2016 QIPP Update** - Mr Harrison drew members' attention to the M6 headlines within the report. There was currently a surplus in year of £194,000 and he explained that the monthly position was improving.

- The CCG had met its planned financial targets.
- The financial position at M6 was a £194,000 surplus which represented a £393,000 overspend against plan. The year end forecast shows achievement of £1.175m surplus (0.5%).
- Reserves – £5.99m remaining, £4.22m unutilised. There was a contingency of £0.7m, general £0.06m and others £3.6m.
- There was currently 1% headroom £2.76m (uncommitted).
- With regard to the QIPP position, there is a target of £6.4m net and reported £3.22m achieved year to date. There is currently a £4.34m forecast for the full year.
- We have a £25,000 underspend in relation to running costs.
- Better Payment Practice Code – NHS 99.3%/non NHS 99.4% by number of invoices.

Mr Harrison drew members' attention to the allocations for M6 explaining that the allocation received was in line with expected budgets. The total 2016/17 annual allocation is £284,290,000. He explained that not included were two allocations from NHS England which related to GP seven day access and general resources that NHS England will transfer to CCGs in Lancashire. These figures were not currently included in our position however, we will take advantage of this and these will be included within M7 issues.

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Mr Harrison drew members' attention to the movement in reserves and what we reasonably have available in the overall position. He commented that the report shows that we have £4.2m worth of unutilised reserves at M6 however, we have used a significant amount of this within M6. He explained that £2.7m of this was headroom money (1% non-recurrent money which we are not permitted to spend), therefore, there is £1.5m remaining in reserves. Mr Harrison commented that the only way the position could improve is for a continued downward trend in activity and this would continue to be pursued.

Mr Harrison made reference to the 2016/17 QIPP Plan Update appended with the report and explained that the position was improving. He drew members' attention to the summary of our QIPP schemes and the forecasted savings at year end along with the further detail on the demand management forecast relating to:

- Reduction in non-elective activity
- Reduction in GP referrals
- Reduction in Procedures of Limited Clinical Value activity

Mr Molyneux asked if there were any financial pressures relating to drug costs, particularly as Sterling was falling. Mr Harrison explained that we pay on a tariff basis at a point in time however, this had not been factored into the position. National research would be undertaken if there is a pressure however, it was pointed out that any pressures would not fall on CCGs.

Dr Rajpura commented that we need a drive in flu vaccinations in order to prevent demand on secondary care. Members were mindful that the winter months are yet to be upon us.

RESOLVED: That members approve the report and also note the work being undertaken regarding QIPP.

(b) **Performance Summary – August 2016** – Mr Bonson spoke to a circulated report which provided members with assurance in relation to the indicators outlined in the NHS guidance for commissioners under the policy document supplementary information for commissioner planning 2016/17. In particular, Mr Bonson drew out the following:

- **A&E Waits** – We were still not achieving the 95% target however, this was a national picture.
- **Category A Ambulance** – Ambulance performance was not achieving the eight minute target for Reds but it was an improving position. The winter months would need to be taken into consideration.
- **Ambulance Handover** – There was no change and this was still within target.
- **IAPT** – There was a downward trend in the access target. Mrs Lammond-Smith commented that the access rate had reduced due to sickness absence. NHS England's Intensive Support Team (IST) had met with colleagues regarding the recovery rates as the CCG was an outlier. It was noted that patients with severe mental health problems were receiving therapy and work was taking place in formulating a recovery plan to consider other interventions for these patients. Face to face triage would be undertaken.

Dr Rajpura raised the Camarados Café which was public health funded and was a good, local service. He commented that this would take away the pressure from IAPT services and training of counsellors would be undertaken in order that street therapy could be carried out. Whilst this service was at an early stage, Mr Harrison asked whether it would meet the criteria however, if it

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did not, we could put some influence onto the centre informing them this it is being undertaken locally and whether this activity could be counted towards the targets.

Mrs Lammond-Smith informed members that the access target is 15% of the people expected to have anxiety and depression in Blackpool. She explained that NHS England will be notifying the CCG that the prevalence will increase however, they have stated that we should continue to focus on our recovery rate.

RESOLVED: That members receive the report.

- (c) **Contracts – August 2016** – Mr Bonson spoke to a circulated report. Reference was made to GP Referrals and discussions were ongoing with BTH regarding Lucentis.

RESOLVED: That members receive the report.

- (d) **GP Referrals – August 2016** – Mr Bonson spoke to a circulated report in respect of Blackpool's CCG GP referrals for M5. Trauma and Orthopaedics was showing the biggest reduction. It was commented however, that this does not take into account age, gender or deprivation.

It was noted that there had been an increase in breast surgery referrals however, Dr Doyle commented that whilst this was an increase, it was on relatively small numbers.

RESOLVED: That members receive the report.

GB157/16 CCG Improvement and Assessment Framework

Mr Bonson spoke to a circulated report which summarised NHS England's new CCG Improvement and Assessment Framework to replace both the existing CCG Assurance Framework and the CCG Performance Dashboard. The CCG was assessed on mid-year performance under the new framework by NHS England on 10 October 2016.

Mr Bonson explained that the new framework intends to provide a greater focus on assisting improvement alongside the existing statutory assessment function. The approach aims to reach beyond CCGs enabling local health systems and communities to assess their own progress from ratings published on line. Appended with the report was a graphical illustration of Blackpool CCG's performance against the framework. Mr Bonson explained that second assessments of CCGs in each of the six clinical priority areas are also provided to the CCG. The areas selected are cancer, dementia, diabetes, learning disabilities, maternity and mental health.

The 60 indicators that underpin the framework will be released throughout 2016/17. The framework is developed around four domains and will inform the CCG assurance review discussion with NHS England:

- Better health
- Better care
- Sustainability
- Well led

Mr Bonson commented that there are some areas that the CCG is not responsible for and relate to public health targets. Dr Rajpura and his team would be asked to report on the indicators via the

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Clinical Leadership Team and it had been suggested that it would also be useful if public health was represented at future assurance review meetings with NHS England.

The information will also form the CCG's Governing Body Assurance Framework process and discussions had been held with the Executive Team to align this with the domains.

RESOLVED: That members:

- **Note the new framework and the contents of the appendix.**
- **Endorse future monthly reports with requests for action plans to improve the trajectory and outcome indicator position.**
- **Agree that the Clinical Leadership Team will support the enablers and achievement of improvements.**
- **Agree to develop the performance reporting to include the Improvement and Assessment Framework indicators.**

GB158/16 Update on Children and Young People's Emotional Wellbeing and Mental Health Transformation

Mrs Lammond-Smith spoke to a circulated report which was an update on the progress of the pan Lancashire Children and Young People's Emotional Health and Wellbeing Transformation and to request support for the schemes that had been identified for local funding in 2016/17.

Mrs Lammond-Smith explained that the eight CCGs with the three local authorities and voluntary sector partners developed a pan Lancashire plan and submitted it in October 2015. The plan was formally signed off by NHS England in January 2016. Five workstream areas had been developed to deliver the plan and an action plan was in place for each area with progress reports on a monthly basis to the Partnership Board. These were in line with the objectives in the plan and were as follows:

- Resilience, prevention and early intervention
- Improved access to services
- Care of the vulnerable including those in crisis
- Increased workforce
- Accountability and transparency

Blackpool CCG's national allocation of transformation money for 2016/17 equated to £437,000. This was in addition to the £106,867 specifically ringfenced for specialist community eating disorders services.

A Local Partnership Implementation Group (LPIG) had been established in Blackpool in line with developments in all other CCG areas. The purpose of the group was to facilitate local engagement with schools, voluntary sector providers, Councils and locally commissioned services both to ensure local delivery of the transformation plan and to enable the local community to implement the pan Lancashire development.

Mrs Lammond-Smith explained that the LPIG considered local provision and gaps and proposed that all the transformation monies be spent by increasing capacity in local services and to pilot new initiatives. It was proposed that all spend was to be non-recurrent for 2016/17 to align with the pan Lancashire programme and would be aligned to specific objectives in the transformation plan. This would also be linked to the pan Lancashire workstream areas to ensure local evaluation and forms

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future delivery models. Listed within the report were the schemes, the amounts and the links to the pan Lancashire plan workstream.

Dr Rajpura welcomed the discussion on mental health commenting that it had always been classed as secondary to physical health. Discussion ensued regarding the eating disorder standard/money to be spent for specialist eating disorder services.

Mr Brown made reference to the PID and the action plan and how outcomes would be measured. Mrs Lammond-Smith explained that all new developments will have specifications with outcome measures defined within them.

Mrs Lammond-Smith commented that it was also proposed that the eating disorder allocation of £106,867 be spent with BTH until the overall pan Lancashire redesign was completed.

RESOLVED: That members note the assurance process and the areas of spend for 2016/17.

Mrs Lammond-Smith left the meeting.

GB159/16 Clinical Policies Update

Mr Bonson spoke to a circulated summary and reminded members that in August, the Governing Body agreed to the development of a Referral Management Service with in-house triage for Procedures of Limited Clinical Value (POLCV) and other local clinical policies that had already been adopted by the CCG, together with the prior approval process within the Acute Trust.

Stage 2 POLCV – The following policies had been reviewed and approved subject to ongoing engagement by the CCG's Clinical Leadership Team and the Chief Clinical Officer following which, they would be published on the CCG's website:

- Male circumcision
- Insulin pumps and glucose monitors
- Varicose veins
- Erectile dysfunction

Mr Bonson explained that the policies had had full scrutiny in order to give assurance to members.

Dr Doyle commented that once the Joint Committee of CCG meetings commence, the process will change and all CCGs will delegate this type of area to the committee across the eight CCGs in Lancashire.

Mrs Williams pointed out that impact assessments and engagement was still required to be undertaken. She was however, recommending to Governing Body members that they approve the policies listed above, subject to this process being carried out.

Mr Brown asked whether the policies should include the definition of when a clinical decision is appropriate. Mr Harrison asked whether these enacting policies had very little change to the arrangements or whether there were significant changes. He asked whether they were similar to the policies we have and commented that we need to be clear we are supporting the changes. Dr Doyle commented that there was a mix and if we were making radical changes, further discussion would be held with the Governing Body. This was not the case at this point in time.

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Mr Harrison commented that there is an element of reallocating how we spend the money which is appropriate for the population. Spending the money we have in a controlled manner for those with the most clinical need. The Communications Team within the CCG has been carrying out a lot of work and a series of engagement events had been successful.

RESOLVED: That members of the Governing Body adopt the policies recommended by the Clinical Leadership Team subject to impact assessments and engagement to be undertaken.

GB160/16 Security Management Director Responsibilities

Mr Harrison made reference to the Security Management Director responsibilities explaining that there is a requirement for a Director to have responsibility for security management. This will ensure that our providers undertake the requirements and that they are included in contracts. The CCG has a security management specialist via the CSU and a security management toolkit and self-assessment are undertaken by Mr Harrison.

RESOLVED: That the Governing Body nominate Mr Harrison as the Security Management Director for Blackpool CCG.

GB161/16 Public Health Annual Report 2015

Dr Rajpura gave a presentation on the Public Health Annual Report 2015 and members had also received copies of the report with feedback forms for completion should they wish to provide any comments on the document. The report provided the following:

- An update on the previous year's recommendations
- Annual update on health protection
- Improving health
- Healthcare public health
- Key health indicator data

Dr Rajpura made reference to the 2014 report theme relating to the Due North report of the Inquiry on Health Equity for the North and recommendations incorporated into the Health and Wellbeing Board strategy refresh, for example, Blackpool Housing Company, A Better Start Programme, Community Farm and Community Shop and Blackpool Alcohol Inquiry.

Discussion ensued regarding the three sections and the key health indicator data within the report. In particular, Dr Rajpura welcomed the links to RightCare and he also highlighted the work taking place in respect of the homeless, smoking in pregnancy, obesity and housing.

RESOLVED: That members receive the Public Health Annual Report 2015 noting the work to be built on over the coming year and members would provide any feedback to Dr Rajpura.

GB162/16 Governing Body Assurance Framework

Mr Bonson spoke to a circulated report and reminded members that the Governing Body Assurance Framework (GBAF) is one of the principle ways by which the CCG holds itself to account. It helps to clarify and quantify risks that could compromise delivery of the CCG's strategic objectives. The documents provided Governing Body members with an up to date report on the status of the GBAF.

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The framework had been updated to reflect the changes in the managed risks of the CCG with the scores of 12 and above.

Members were informed that the full CCG Risk Register had undergone an in-depth review during October to ensure that risks are described accurately and that risk scores are at appropriate levels. Gaps in assurance sources and mitigating controls had been updated. All closed risks that had been identified were captured for audit purposes on a closed Risk Register tab including the rationale for closing the risk. Mr Bonson informed members that the Executives and Deputies Team review the Risk Register on a bi-monthly basis and the full Risk Register would be taken to the committees of the CCG on a quarterly basis. He also commented that further work was underway to align the GBAF with the NHS England CCG Improvement and Assessment Framework for 2016/17 and to link the CCG risks to the four domains:

- Better health
- Better care
- Sustainability
- Leadership

Following on from the Governing Body Development Session facilitated by Mersey Internal Audit Agency, a heat map had been produced which provided the graphical interpretation of the risks scoring 12 and above on the GBAF. Whilst the heat map was currently in draft form awaiting agreement on individual target scores, members welcomed the document commenting that it was easily understandable. Members were able to see clearly the inherent risk, the mitigated risk and the risk appetite to make improvements.

RESOLVED: That members of the Governing Body:

- **Receive the revised GBAF and Corporate Risk Register**
- **Continue to support the risk management arrangement for the CCG**
- **Receive the first draft of the heat map, noting the ongoing work in further refining the document.**

GB163/16 Minutes/Action Notes of Meetings and Associated Documents

(a) Quality and Engagement Committee:

(i) Ratified Minutes of the Meeting Held on 12 July 2016

RESOLVED: That the minutes of the meeting be received.

- (ii) Update from the Meeting Held on 13 September 2016** – Mr Brown informed members that within the Quality and Engagement workplan, a theme was taken for more detailed discussion at each meeting. At the meeting in September, healthcare associated infections were discussed and information showed an improvement on the position to date, particularly around C.difficile and MRSA. There was less positive discussion in respect of TIA and stroke performance and the lead service manager would be attending the next meeting of the committee to discuss this in more detail. Reference was made to a recent national article reporting that BTH was showing the worst in country for TIA and stroke. Dr Doyle informed members that a Lancashire-wide stroke specification was being worked up on how to deliver stroke services and more focus would be put around this.

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RESOLVED: That members receive the update from the meeting.

- (iii) **Complaints Procedure** – Mrs Williams informed members that an interim review of the Complaints Procedure had been undertaken and some minor amendments had been incorporated into the procedure including an updated CCG Governing Body committee structure.

RESOLVED: That members approve the updated Complaints Procedure.

- (iv) **Serious Incident Reporting and Management Policy** – Mrs Williams informed members that an interim review of the policy and procedure had been undertaken and there were no changes.

RESOLVED: That members note that an interim review had taken place and approve the Serious Incident Reporting and Management Policy.

- (v) **Supervision Policy and Procedures** – Mrs Williams informed members that a review of the policy and procedures had been undertaken and developed with the team looking at best practice.

RESOLVED: That members approve the Supervision Policy and Procedures.

- (vi) **Policy/Procedure for Managing Poor Performance in Commissioned Services** – Mrs Williams informed members that a review had been undertaken and the policy and procedure updated.

RESOLVED: That members approve the Policy and Procedure for Managing Poor Performance in Commissioned Services.

- (vii) **Commercial Sponsorship Approval** – The Secretary reported that in accordance with the CCG's Policy on Sponsorship and Joint Working with the Pharmaceutical Industry and other commercial organisations, there is a requirement for any sponsorship to be agreed. Dr Doyle had approved two Fylde Coast Out of Hospital COPD Development Sessions held in June. In line with the policy, the approvals had been reported to the Quality and Engagement Committee and Audit Committee meetings in September and were reported to the Governing Body for noting.

RESOLVED: That members note the commercial sponsorship approvals.

(b) **Finance and Performance Committee:**

- (i) **Ratified Minutes of the Meeting Held on 23 August 2016**
(ii) **Ratified Minutes of the Meeting held on 27 September 2016**

RESOLVED: That members receive the minutes of the meetings.

- (iii) **Commissioning Decisions Policy** – Mrs Barnsley spoke to a circulated report and informed members that the Commissioning Decisions Policy had been developed to provide an evidence based and auditable process for Blackpool CCG when making commissioning decisions. It was important to know that in a time of austerity, with a challenging financial

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climate, it was imperative that limited resources are directed to the highest priority areas and that effective use is made of public money. The policy documents the process that should be followed to fully review commissioned services and the options that are then available to the CCG including:

- The need to recommission services
- Amend the threshold/restrict access to services
- Provide a modified service to ensure there are no gaps in healthcare delivery
- Decommission a service

Mrs Barnsley explained that the policy and process fully details the documentation to be completed and the process for decision making and ratification with assurances provided from the Quality and Engagement Committee. Initial recommendations would be made by the Finance and Performance Committee and the final decision would rest with the Governing Body. Detailed discussion had been held at the CCG's Clinical Leadership Team.

RESOLVED: That following a recommendation from the Finance and Performance Committee that the Governing Body adopt the Commissioning Decisions Policy to ensure that an evidence based and auditable process is in place for all commissioning decisions.

- (iv) **Information Governance Policy** – Mr Harrison spoke to a circulated report and reminded members that the CCG's Information Governance Policy is reviewed on an annual basis to take into account changes to the Information Governance Toolkit and to ensure it remains fit for purpose. The policy had been peer reviewed by the SIRO and Chief Nurse of the CCG and was recommended for approval to the Governing Body by the Finance and Performance Committee.

Mr Harrison explained that the policy sets out how the CCG should cover all aspects of handling information and sets out the responsibilities to the key roles within the CCG and their responsibilities in Information Governance. He reminded members that the policy provides staff with clear guidelines within the CCG to comply with the Information Governance Toolkit. It also includes the CCG's Information Governance Improvement Plan which details the work areas that the Information Governance Team will be completing to ensure the CCG remains compliant and continues to improve.

RESOLVED: That members approve the Information Governance Policy.

- (v) **Update from Meeting Held on 25 October 2016** – Mr Harrison informed members that discussion at the recent meeting was around the Financial Recovery Plan and the RightCare submission to NHS England.

RESOLVED: That members receive the update.

(c) **Primary Care Commissioning Committee**

- (i) **Ratified Minutes of the Meeting Held on 2 August 2016** – The Chairman made reference to the discussion in respect of the Blackpool CCG GP practices CQC visit ratings and commented that practices were in a very good position overall.

RESOLVED: That members receive the minutes of the meeting.

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- (ii) **Update from the Meeting Held on 4 October 2016** – Mr Harrison made reference to the enhanced conflicts of interest responsibilities that would be issued and will apply to the Primary Care Commissioning Committee. It was commented however, that these would apply to everybody and all other committees. Work was taking place in reviewing the CCG's current policy which would be taken to the Audit Committee in December and then the Governing Body in January 2017.

RESOLVED: That members receive the update from the meeting.

- (iii) **Review of the Terms of Reference and Membership of the Committee** – The Secretary informed members that discussion had been held at the committee meeting to review the Terms of Reference and Membership and she highlighted the following:

- Agreed and recommended by the Committee to include the Deputy Chief Finance Officer and the Deputy Chief Nurse in the "core membership" in the event that the Chief Finance Officer and Chief Nurse are unable to attend the meetings.
- Agreed to include the CCG's Head of Commissioning and the two Primary Care Commissioning Managers "in attendance".
- Agreed that meetings should continue to be held bi-monthly.

RESOLVED: That members approve the amendments to the Terms of Reference and Membership of the Primary Care Commissioning Committee.

(d) **Audit Committee:**

- (i) **Update from the Meeting Held on 22 September 2016** – Mr Harrison informed members that discussion had been held regarding the NHS Protect changes and a review of the Terms of Reference and Membership of the Audit Committee had been undertaken. The updated Terms of Reference and Membership would be submitted to the next meeting of the Governing Body.

ACTION: LJ

RESOLVED: That members receive the update.

- (ii) **Commissioning Strategy, Budgets, Budgetary Control and Monitoring Policy** – Mr Harrison informed members that a new policy had been drawn up during the summer months and had been used by staff until such time that the review process had been undertaken through the committees. The policy provides enhanced scrutiny, budgetary control and additional governance. Mr Harrison informed members that the policy had been issued to the Executives and Deputies Team, the Audit Committee and was recommended to the Governing Body for approval.

RESOLVED: That subject to a minor amendment at paragraph 6.2.2, members approved the Commissioning Strategy, Budgets, Budgetary Control and Monitoring Policy.

ACTION: LJ

- (iii) **Auditor Panel Terms of Reference and Membership** – Mr Harrison informed members that an Auditor Panel had been convened prior to the Audit Committee meeting in September. Circulated with the papers was an example of the Terms of Reference for an Auditor Panel. It had been suggested that the current membership of the Audit Committee would be the

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membership of the Auditor Panel, ie, Mr Edmundson (Audit Chair), Mr Brown and Mrs McKenzie-Townsend.

RESOLVED: That members approve the Auditor Panel Terms of Reference and Membership.

- (e) **Blackpool CCG Annual General Meeting – 29 September 2016/Questions and Answers** – The Chairman made reference to the joint health event across the Fylde Coast for Blackpool CCG, Fylde and Wyre CCG and Blackpool Teaching Hospitals NHS Foundation Trust. It was the first joint meeting held and was very well attended. Appended with the minutes of the Blackpool CCG specific AGM element of the minutes were the questions and answers from the session held on the day. Comments had been received that it was a very different style of AGM, that it was very joined up and was welcomed.

RESOLVED: That members receive the Blackpool CCG AGM minutes of the meeting held on 29 September 2016 and note the questions and answers report.

- (f) **Health and Wellbeing Board – 7 September 2016** – Mr Cain informed members that a health summit was being organised to take forward the issues relating to childhood obesity.

RESOLVED: That members receive the minutes of the meeting.

GB164/16 Any Other Business

There were no issues.

GB165/16 Date, Time and Venue of Next Meeting

The next meeting would be held on Tuesday, 17 January 2017 at 1.00 pm in the Boardroom, Blackpool CCG.

EXCLUSION OF THE PUBLIC

“That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest”.

(Section 1(2) Public Bodies (Admission to Meetings) Act 1960).

The meeting closed.

Minutes approved as a correct record.

CCG Chairman

Date