

Approved 1 March 2016

## **Minutes of a Meeting of NHS Blackpool Clinical Commissioning Group Governing Body Held in Public on Tuesday, 12 January 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 G Raphael, Chief Finance Officer  
Ms H Skerritt, Chief Nurse  
Mr D G Edmundson, Lay Member  
Mrs C McKenzie-Townsend, Lay Member  
Mr C Brown, Lay Member  
Dr S Fairhead, GP Member  
Dr S Singh, GP Member  
Dr S Green, GP Member  
Dr C Augustine, GP Member  
Dr M Williams, GP Member  
Dr M Martin, GP Member  
Dr L Rudnick, GP Member (arrived during GB07/16)
- In Attendance: Mr G Cain, Chairman, Health and Wellbeing Board  
Miss L J Talbot, Secretary to the Governing Body  
Mrs K Jackson, Project Manager (for Item GB14/16)
- Public Attendees: Miss S Davis, Democratic Services, Blackpool Council  
Ms L Hurst, Democratic Services, Blackpool Council  
Ms T Jackson, Takeda UK  
Mr D Parker, ProStrakan  
Mr D Garrett, Non-Executive Director, Blackpool Teaching Hospitals NHS Foundation Trust

#### **GB01/16 Apologies for Absence**

Apologies for absence had been received from Dr Rajpura, Mr Alizai, Mr Jude and Mrs Powell (Healthwatch).

The Chairman and the Secretary had received an email communication from Mrs Powell at Healthwatch. She personally conveyed her apologies for the sporadic attendance of Healthwatch Blackpool representatives at the Governing Body meetings over the last few months. Healthwatch is currently recruiting a new Board which will replace the existing Board. The recruitment was going well and it was anticipated that the new Board would be inducted later this month. Mrs Powell thanked colleagues in advance for their patience and understanding and anticipated that normal service would resume in the very near future.

#### **GB02/16 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/>

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**GB03/16** Minutes of the Meeting held on 3 November 2015

**RESOLVED:** That subject to a minor typographical error, the minutes of the meeting held on 3 November 2015 be approved as a correct record. ACTION: LJT

**GB04/16** Matters Arising

**GB173/15 Cosy Homes in Lancashire Scheme** – At the previous meeting, Mrs McKenzie-Townsend made reference to thermometers in peoples' home that indicate a certain temperature level and asked if these were in place. It had been commented that they may have been issued by Age UK however, Dr Rajpura was asked to check. In the absence of Dr Rajpura at the meeting, the Secretary would ensure he responds to Mrs McKenzie-Townsend. ACTION: LJT/AR

**GB05/16** Chairman's Communications

(a) **Director of Integration and Transformation** – The Chairman reminded members of the email communication recently sent by Mr Roach who left the CCG at the end of December, returning to his substantive post in Cumbria. On behalf of the Governing Body, the Chairman conveyed their thanks to Mr Roach for the work he had undertaken and wished him all the best. Work was currently taking place in looking at the way in which the Vanguard would be delivered and a review of the structure would also be undertaken.

(b) **Board to Board Meeting** – A Board to Board meeting with Fylde and Wyre CCG and Blackpool CCG governing bodies would be held on Tuesday, 9 February 2016 at 3.00 pm until 5.00 pm at Fylde and Wyre CCG offices, Wesham. The Secretary would send out further information in due course.

ACTION: LJT

**GB06/16** CCG Baseline Assurance Meeting 2015/16

Mr Bonson spoke to a circulated report and informed members that a formal assurance meeting was held on 8 October 2015 between NHS Blackpool CCG and NHS England as part of the assurance process. Following the meeting, NHS England issued a letter which was appended with the report. The assurance assessment was as follows:

- Well Led Organisations – Assured as good
- Planning – Assured as good
- Performance – Assured as good
- Financial Management – Limited assurance required improvement
- Delegated Functions – Assured as good

**RESOLVED:** That members note the content of the letter also noting that overall, the CCG had been assured as good as part of the NHS England assurance process.

**GB07/16** Dashboard

(a) **Finance** - Mr Raphael spoke to a circulated finance dashboard. He explained that the degree of variation month on month was high and there were a number of issues in respect of acute expenditure. He informed members that a lot of money had been put in to contracts this year and more would need to be put in in 2016/17. The health economy as a whole was in serious trouble with regard to acute expenditure.

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There was better news regarding continuing health care expenditure in 2015/16 which had stabilised relative to 2014/15 outturn. There would be a price impact from 1 January 2016 and for new patients, we will pay the higher prices.

Prescribing expenditure appeared to be stabilising at around an overspend of £0.8m.

***Dr Rudnick arrived at the meeting.***

Mr Raphael informed members that we were currently just about meeting our planned surplus but with no more flexibility left. NHS England had been informed that at the current time it was anticipated that the CCG will just about achieve its targets however, we have also advised them that there is a possibility that we may not achieve them if any budget overperforms above trend in the last quarter. It was commented that whilst Fylde and Wyre CCG is spending more at the Acute Trust, their GP referrals are lower in comparison to Blackpool CCG.

Members noted that the financial position for the year to date was a deficit of £1.264m. This was an overspend of £2.9m against the planned position. The position in month 8 had deteriorated with acute spending at Spire Hospitals and Blackpool Teaching Hospitals being higher than expected. At the same time, the CCG had been able to identify some additional mitigations and had been offered non-recurrent support to improve the position. Mr Raphael was, therefore, anticipating to achieve a £0.55m surplus by the end of March. There were still a number of risks within the position such as the delivery of the remaining QIPP and the agreement of a number of outstanding issues with Blackpool Teaching Hospitals. Mr Raphael explained to members that this makes the delivery of the surplus by no means certain.

- (b) Contracts** – Mr Raphael took members through the CCG’s contract dashboard for all providers for the period April to October 2015.

Spire Hospitals activity and costs had increased by 25% while referral growth was only 3% and we were unsure why this had happened. Work was taking place to address this issue. Dr Rudnick asked if there were any concerns about the validity of the charges made by Spire and Mr Raphael responded that for the time being we had to accept them pending the outcome of the audit.

Dr Doyle commented that work was taking place in looking at the issues at Spire Hospital. It was recognised that the costs were higher at Spire than at other providers. Mr Bonson informed members that a formal contract meeting had been held with colleagues from Blackpool CCG, Fylde and Wyre CCG and Spire Hospitals senior management. A full and frank discussion had been held, particularly around coding, charging and the speed at which patients were now being seen. We await the outcome of the discussions in going forward. Blackpool CCG has agreed for internal audit colleagues from Mersey Internal Audit Agency to undertake a piece of work which Spire Hospitals have agreed could be undertaken. Mr Bonson commented that we do not know why there is such an increase in activity levels.

Mr Raphael commented that we have serious issues as a health economy in finding ways to control expenditure and the pressures mainly relate to electives this year.

**RESOLVED:** That members receive the finance and contract dashboard information noting the current position and the work to be taken forward.

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**GB08/16**    **QIPP Programme 2015/16 and 2016/17**

Mr Bonson spoke to a circulated report and informed the members of the progress on the QIPP schemes that had been identified to contribute to the savings target for 2015/16. He made particular reference to the GP £5 Per Head Scheme which had been discussed at length at the CCG's Clinical Leadership Team and Finance and Performance Committee. An in-depth review had been carried out on the individual schemes and several key themes seemed to be delivering a benefit. In total, the scheme now predicted to achieve the £900,000 target set. Mr Bonson informed members that for 2016/17, we would look at investing in the schemes that had worked.

A lessons learned meeting had been convened to review this year's approach and to drive the momentum behind the more robust delivery of the QIPP in 2016/17. A proposal would be made to the Finance and Performance Committee for consideration.

The Chairman and Dr Johnston had attended the Council's Resilient Communities Scrutiny Committee meeting to provide an update on QIPP. The Committee was supportive of the work the CCG is undertaking and it provided a valuable opportunity to engage on the 2015/16 QIPP and the future challenges that the sector faces. It had been agreed at the Committee that further updates would be provided in due course.

Dr Doyle commented that if we do not control our elective spend then it will not matter how good the schemes are as we will not be able to fund them. It was important that the message is sent out regarding the issues we are facing.

Dr Rudnick asked what input secondary care had into controlling prescribing costs. Dr Fairhead had liaised with the CCG's prescribing advisor and discussions had been held with secondary care colleagues including health visitors, physios etc. Whilst they had been informed that, for example, Pregabalin should not be prescribed, they were still seeing prescriptions coming through from the Acute Trust. Mr Bonson commented that we may need to formalise our position and reinforce the message. He suggested that maybe a letter be sent to the Chief Executive of Blackpool Teaching Hospitals.

**ACTION: DB**

Mr Brown commented that whilst the GP £5 per head scheme cost £900,000 to implement, it had not previously been assessed as working. Now, all of a sudden, it is delivering. Mr Bonson explained that it related to the way in which the contract was constructed in respect of the non-elective threshold activity which was set at a point in time in the 2009/2010 baseline activity. Mr Brown asked whether we need to be tough around this and whether the onus was on the CCG or the practices that it was not working. Dr Doyle commented that analysis work needed to be undertaken including taking a view on whether or not delaying 'inevitable admissions' was making matters worse. She explained that it was extremely complex and very difficult to evaluate cause and effect.

Dr Rudnick commented that there continued to be mixed messages, for example, there was a lot of money for Vanguard and then no money for primary care and she asked whether the money could be moved. Dr Doyle commented that this is something we may want our enhanced neighbourhood team to focus on. The Vanguard is non-recurring funding. Dr Rudnick commented that it did not make sense to fund from a pot that we cannot afford. Mr Raphael commented that NHS England would like to see how and what we are funding. Mr Edmundson sought clarification around the extensive care service, falls, asthma and COPD and asked if the schemes will have commenced by 1 April 2016. Whilst it was recognised that there are a number of schemes that are keeping people out of hospital, he asked if the theory was that that should reduce the demand and should reduce capacity? Elective patients appear to be admitted sooner, the waiting list figure is 3% above the

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target which implies that there is surplus capacity. Clarification was sought as to whether the remainder of the work should be slowed down. Dr Doyle commented that consideration may need to be given as to whether the beds were needed. Mr Edmundson made reference to winter pressures and Mr Bonson made reference to the longer term strategy. Mr Edmundson commented that it was important that the schemes are in place before April 2016.

Dr Williams commented that beds are occupied by non-elective patients. She asked at what point do we say we cannot afford this and have a cap. Whilst it was recognised that patients can often have an out-patient appointment within one to two weeks which is good for patients, on the other hand, the CCG cannot afford for waiting times to be reduced to that level. She also commented that there were different health needs in different areas across the health economy and money needed to be spent appropriately.

Dr Rudnick commented that the referral requirements of GPs need to be backed up with the contracts. Dr Doyle commented that we had given the Trust notice on contractual provisions but Dr Williams commented that this was not filtering through.

Mr Raphael commented that from 1 April 2016, we have given Blackpool Teaching Hospitals six months' notice in respect of the procedures of limited clinical value and joint injections not referred by a GP that the CCG will not pay for. With Fylde and Wyre CCG, the Right Care database estimates that a £3m/£4m saving could be made across the Fylde Coast. Dr Doyle commented that we need a standard disclaimer and take a standard approach.

**RESOLVED: That members receive the 2015/16 and 2016/17 QIPP Programme noting the current position and the work to be taken forward.**

**GB09/16 Delivering the Forward View: NHS Planning Guidance 2016/17 – 2020/21**

Operational Plan for 2016/17 - Mr Bonson gave a presentation on the recent NHS Planning Guide issued for 2016/17 to 2020/21. Delivery of the five year forward review focuses on:

- Restoring financial balance
- Delivering core access and quality
- Closing three identified gaps
- Health and wellbeing gap
- Care and quality gap
- Finance and efficiency gap

NHS organisations are required to produce an Operational Plan for 2016/17 and a Sustainability and Transformation Plan (STP) covering October 2016 to March 2021. Mr Bonson provided information on the STP and in particular, the Operational Plan for 2016/17 which included nine "must dos".

**RESOLVED: Members received the presentation and noted the NHS Planning Guidance to be taken forward**

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**GB10/16**    **Early Resource Assumptions**

Mr Raphael gave a presentation on the CCG's allocations for 2016–21. He had only just received the figures and had undertaken a piece of work to prepare a presentation for the Governing Body. The presentation included information on:

- The changes for this year
- What this means for Blackpool CCG
- Summary of allocations
- Comparisons
- 2016/17 pressures

Mr Raphael explained that for 2015/16, we are not making the savings we need and will have to generate the surplus out of next year's allocation, rather than being able to carry forward a surplus.

In conclusion, 2016/17 will be more challenging than 2015/16 but with higher expectations from NHS England on the delivery of current and new initiatives, also with a perspective that we have the resources we need to stabilise services and finances. In the longer term, there are not any substantial increases in allocations in the years thereafter.

**RESOLVED:**    **That members receive the early resource assumptions for 2016/17.**

**GB11/16**    **Governing Body Assurance Framework**

Mr Raphael spoke to a circulated report. The process for the production of the Governing Body Assurance Framework is now co-ordinated by the CSU and subject to overview by Mr Raphael. He explained that Audit Committee members considered the report at its meeting on 10 December 2015 and no changes were suggested prior to submitting to the meeting of the Governing Body. The document was provided for information and provided an overarching view of the CCG. Mr Raphael welcomed any discussion or comments to be taken forward.

**RESOLVED:**    **That members receive the Governing Body Assurance Framework.**

**GB12/16**    **Performance Report Summary**

Mr Raphael spoke to a performance summary document which provided members with assurance in relation to the indicators outlined in NHS Guidance for Commissioners under the policy document supplementary information for commissioner planning for 2015/16. He explained that the measures reported in the guidance included those in the CCG Assurance Process for 2015/16 along with a number of additional indicators. The summary report provided information as at month 7 to October 2015.

There were improvements in cancer targets. Although the targets were showing a RAG rating of green, there were varying levels of deterioration or better performance however, overall the targets were better. Congratulations had been conveyed to colleagues at Blackpool Teaching Hospitals for this improvement.

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Clarification was sought in respect of the provider referrals where it stated other referrals for a first out-patient appointment in general and acute specialities where the performance had increased by 9.96%. Clarification was sought as to where “other referrals” had come from and Ms Skerritt would check with the Business Intelligence Team.

**ACTION: HS**

**RESOLVED: That members note the Performance Report Summary.**

## **GB13/16 Hospital Mortality Summary**

Ms Skerritt spoke to a circulated report. It had been agreed at the meeting of the Quality and Engagement Committee in November to provide a briefing update to Governing Body members on the work relating to local outlier hospital mortality rates. The report provided a summary update and progress on hospital mortality rates.

Ms Skerritt provided some background information in relation to the mortality improvement areas that had already been independently highlighted following an AQuA Mortality Review in 2012, the Keogh Mortality Review in 2013 and the Care Quality Commission hospital inspection in 2014. The report provided information on the work that had taken place since then. She commented that despite improvements, they were not at pace. A lot of work on the activity chronology had been undertaken and the AQuA work had been issued and a report received.

Ms Skerritt explained that the trend was downwards in respect of SHMI and a meeting had been held on 15 December 2015 across the health economy along with NHS England and AQuA. A way forward had been agreed from that meeting. Work was taking place with Mersey Internal Audit Agency to undertake an audit around clinical coding. From the audit we would wish to know that the clinical recording is accurately coded. A report would be submitted to the Governing Body once completed.

A chronology of local mortality review activity had been compiled from 2012 to date. Outstanding areas of work across the health economy included the prioritisation of key focus areas from the comparative analysis mortality review, clinical mortality coding audit undertaken with Mersey Internal Audit Agency support and an end to end/clinical case note review. In respect of the Stroke audit, work is now being progressed with a lead GP from each of the CCGs to work with GP practices to review the primary care interventions/considerations of each case. The outcomes are to establish if any primary care interventions could have prevented death within 30 days of discharge or if the clinical records indicate the death was not primarily due to a stroke. It was anticipated that the work around this would be available at the end of January which would then be shared with practices and triangulated.

Ms Skerritt informed members that in December 2015, the National Medical Director for NHS England circulated a provider self-assessment tool on avoidable mortality to be completed by the end of January 2016. The tool had been sent to all Acute, Mental Health and Community Trusts with the aim of informing the development of a standardised methodology for reviewing deaths in hospitals. Subject to consultation, it was also proposed that a national reform to the process of death certification was planned with the intention of improving the accuracy of local reporting and support measures to reduce avoidable deaths. There is also a new NHS mandate to publish avoidable mortality by Trust. The Mortality Governance Guide developed by Monitor had also been circulated with the self-assessment tool to support a common and systematic approach. A meeting had been held with the Trust and Fylde and Wyre CCG to review the tool and the CCG awaits a copy of the self-assessment.

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Ms Skerritt took members through the summary within the report and asked members to note the current position and the ongoing work and external factors that may impact on the work.

Mr Brown made reference to the record keeping and coding audit and sought clarification as to who would be involved in the audit. Ms Skerritt commented that the CCG had asked for a clinician to be involved in the audit. Mr Edmundson made reference to the Audit Committee minutes at which the clinical coding audit had been referenced and informed members that the team would look at recording and coding and what is recorded in clinical records and how it is coded. Ms Skerritt commented that Mr Raphael, Dr Rajpura and herself had reviewed the terms of reference of the audit. She also commented that the work of the Mortality Board is undertaking the areas that we would wish them to undertake. Mr Edmundson sought clarification as to what the CCG's role is in this. The Trust has had avoidable deaths and his understanding was that we are seeking assurance from the Trust to improve the situation. He felt that it appeared that the CCG had been drawn into resolving the problem and there could be potential governance issues around this as we seem to be part of the group providing the assurance. Ms Skerritt commented that GP practices are also care providers not just the Acute Trust and some of the deaths occur in primary care. There are a number of deaths within 48 hours and she was aware of audit to understand presentations. There are a number of questions and queries that can have an impact and it may not just be a secondary care provider issue. Ms Skerritt explained that this was why the CCG was being drawn into the issue. NHS England has also asked what assistance the CCG is providing to help the Trust. It was commented that the information may need to be split out by activity and task and as commissioners, she asked whether we would want to seek out more information. Mr Edmundson further commented that it is three years since the Keogh Review was undertaken and he asked whether we were being drawn into this. Ms Skerritt also commented that it had been anticipated that the AQuA review would provide us with the answers however, it did not. Dr Doyle also commented that we need to be clear that we are the commissioners not the providers of the services and our role was to see assurance.

**RESOLVED: That members of the Governing Body receive the update and note the current position and ongoing local and national mortality activity.**

#### **GB14/16 Intermediate Care Review – Implementation Plan**

Mrs Jackson spoke to a circulated report and informed members that Blackpool CCG and Blackpool Council had completed a commissioning review for intermediate care for the health economy as an outcome based whole systems model of a 24/7 integrated intermediate care service. The report provided Governing Body members with information on the move into the implementation phase of intermediate care review recommendations. Mrs Jackson took members through the paper which included information on service redesign and the implementation plan.

Discussion ensued regarding GP cover for the facility.

There will be a joint Health and Social Care Team and more experienced clinicians to be able to manage patient care more effectively. Mrs Jackson explained that work was taking place in trying to find a solution regarding the GP cover. Dr Doyle stressed the importance of the solution being resolved prior to implementation. Discussions had been held with the CCG's Clinical Leadership Team and further work was required around this prior to the report being submitted to the Governing Body. The Governing Body was unable to agree and recommend the implementation until the issue had been resolved.

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**RESOLVED:** That whilst members receive the report, it was noted that further work needed to be undertaken in respect of the issue regarding all remaining intermediate care patients within the bed based facility being managed by the patient's own GP practice and practice pharmacist. This issue would need to be resolved prior to implementation and the Governing Body was therefore unable to approve the Implementation Plan at the current time.

*Mrs Jackson left the meeting.*

**GB15/16 Patient Transport Service (PTS) Procurement**

Mr Bonson spoke to a circulated report and reminded members of the decision made at the July meeting of the Governing Body of the intention to start the tender process for the provision of PTS services throughout the North West. A final evaluation report for the Lancashire tender lot had been produced and was appended with the summary. The report contained the recommendation which required agreement by 30 November 2015 to enable the tight deadline for the procurement process to be achieved. Consequently the matter was discussed at the Governing Body Development Session on 1 December 2015 and was submitted to this meeting for formal ratification.

**RESOLVED:** That members endorse the recommendations as contained within the report and the appointment of bidder one as the preferred bidder.

**GB16/16 Emergency Preparedness, Resilience and Response (EPRR)**

Mr Bonson spoke to a circulated report and reminded members of the discussion held at the July meeting of the Governing Body where members were provided with details of the EPRR core standards relating to CCGs and informed them of the intention to submit a fully compliant assessment based on the evidence provided. Mr Bonson informed members that following feedback from NHS England's Head of EPRR, our self-assessment was subsequently amended to six of the 38 standards moving from fully to substantively compliant. A letter had subsequently been received from the Co-chairs of the Lancashire Health Resilience Partnership on 12 December 2015 stating that they are assured that Blackpool CCG had achieved an acceptable degree of alignment to the EPRR core standards.

Members were informed that a revised EPRR framework document was published by NHS England in November 2015 which was appended with the report. Information was provided on the CCG's roles and responsibilities for EPRR.

Mr Bonson informed members that work was taking place with Mr Jude to ensure we move to fully compliant and it was recognised that the lessons learned from the recent floods would help inform on the process.

**RESOLVED:** That members note the report and the actions taken to ensure robust arrangements are in place for EPRR.

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**GB17/16 Minutes/Action Notes of Meetings and Associated Documents**

**(a) Quality and Engagement Committee**

**(i) 10 November 2015:**

**Equality and Inclusion Quarterly Report** – Due to timings of meetings, the quarterly report would be submitted to the PPI Forum and then to the Governing Body in March 2016.

**RESOLVED: That members receive the minutes of the Quality and Engagement Committee meeting held on 10 November 2015.**

**(ii) Safeguarding People in the NHS: Accountability and Assurance Framework** – Ms Skerritt drew members' attention to the item within the minutes which provided assurance to Governing Body members that the Committee had reviewed the Accountability and Assurance Framework document in respect of safeguarding people in the NHS. The Committee had looked at the responsibilities against each of the compliance standards. Ms Skerritt informed members that there were still some outliers in some areas however, the CCG was compliant. She explained that local capacity was limited and it was recognised that there was a pressure for the CCG especially with the high number of serious case reviews and Looked After Children. There was a commitment to collaborate with the Police and the Council and policies and procedures were being reviewed. Ms Skerritt informed members that the Committee could provide assurance as to where we were up to. She also made reference to GP leadership in respect of safeguarding and it was important to clarify what was expected in the roles.

**RESOLVED: That members receive the assurance given by the Committee in respect of safeguarding people in the NHS.**

**(iii) Terms of Reference and Membership** – The Secretary informed members that the Committee had included the CSU Locality Lead in attendance and subject to approval, she would amend the Terms of Reference accordingly. **ACTION: LJT**

**RESOLVED: That the Governing Body approve the amendment to the Terms of Reference of the Quality and Engagement Committee.**

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

**(i) 24 November 2015**

**(ii) 22 December 2015**

**RESOLVED: That members receive the minutes of the above meetings.**

**(c) Primary Care Commissioning Committee:**

**(i) 3 November 2015**

**(ii) 1 December 2015**

**RESOLVED: That members receive the minutes of the above meetings.**

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**(d) Audit Committee – 10 December 2015:**

Mr Edmundson made reference to the discussion held at the Audit Committee relating to the external auditor appointments and the new arrangements. A report would be submitted to the Governing Body in due course.

**RESOLVED:** That members receive the minutes of the Audit Committee meeting held on 10 December 2015.

**(e) Health and Wellbeing Board:**

- (i) 21 October 2015**
- (ii) 2 December 2015**

**RESOLVED:** That members receive the minutes of the above meetings.

**(f) Lancashire Clinical Commissioning Groups Network:**

- (i) 24 September 2015**
- (ii) 29 October 2015**
- (iii) 26 November 2015**

**RESOLVED:** That members receive the minutes of the above meetings.

**(g) Collaborative Commissioning Board:**

- (i) 11 August 2015**
- (ii) 8 September 2015**
- (iii) 13 October 2015**
- (iv) 10 November 2015**

**RESOLVED:** That members receive the minutes of the above meetings.

**GB18/16 Any Other Business**

There were no issues.

**GB19/16 Date, Time and Venue of Next Meeting**

The next meeting would be held on Tuesday, 1 March 2016 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).*

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*Minutes approved as a correct record.*

**CCG Chairman** .....

**Date** .....