

Approved 16 January 2018

Minutes of a Meeting of NHS Blackpool Clinical Commissioning Group Governing Body Held in Public on Tuesday, 7 November 2017 in the Boardroom, Blackpool CCG

Part I

- Present:
- Mr R Fisher, CCG Chairman
 - Dr M Williams, GP Member/Vice Chairman
 - Mr D Bonson, Chief Operating Officer
 - Mr A Harrison, Chief Finance Officer
 - Dr S Fairhead, GP Member
 - Dr S Green, GP Member
 - Dr C Augustine, GP Members
 - Dr S Singh, GP Member
 - Mr D G Edmundson, Lay Member
 - Mr C Brown, Lay Member
 - Dr A Rajpura, Director of Public Health (arrived during Item 138/17)
 - Mrs H Williams, Registered Nurse Member
- In Attendance:
- Mrs J Barnsley, Director of Performance and Delivery
 - Mrs Y Rispin, Director of Ambulance and NHS111 Commissioning
 - Mrs J Harrop, Senior Commissioning Manager (Item 144/17)
 - Miss L J Talbot, Secretary to the Governing Body
 - Mr N Skelton, Communications and Engagement Officer
- Public Attendees:
- Mr M Hearty, Non-Executive Director, Blackpool Teaching Hospitals NHSFT
 - Mr N Fogg, 38 Degrees
 - Mr O Hardman, Tillotts Pharma

GB135/17 Apologies for Absence

Apologies for absence had been received from Dr Doyle, Mr Alizai, Dr Martin, Dr Rudnick and Mr Cain.

GB136/17 Declarations of Interest/Conflicts 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/corporate-information/managing-conflicts-of-interest/>

Mr Bonson declared an interest relating to the Community Health Services of Blackpool Teaching Hospitals NHSFT as his partner Mrs Holt is Director of Adult Community Services and Long Term Conditions.

GB137/17 Minutes of the Meeting Held on 5 September 2017

RESOLVED: That the minutes of the meeting held on 5 September 2017 be approved as a correct record.

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GB138/17 Matters Arising

- (a) **GB114/17(a) Pan Lancashire and Treatment/CTRR Policy** – Advice was still awaited in relation to the policy being updated in light of new guidance issued and we await further information from NHS England. This would continue to be listed under Matters Arising on the agenda until such time that the policy is revised and reissued for consideration by Governing Body members. **ACTION: DB/LT**
- (b) **GB116/17 GP Referrals – Month 3** – Mrs Barnsley reported that there continued to be an issue regarding dermatology referrals and further detailed discussion would be held at the next Finance and Performance Committee. **ACTION: JB**

Dr Rajpura arrived at the meeting.

- (c) **GB122/17 Governing Body Assurance Framework** – It had been commented at the previous meeting that Corporate Objective 1.1 - Ineffective Commissioning Decisions - the description appeared to be stating that we were not near to the target. Mr Bonson had made reference to the heat map which showed more controls in place to mitigate this and he confirmed that following further discussion via the Executives and Deputies Team, there was no further action to be undertaken.

GB139/17 Chairman's Communications

There were no issues.

GB140/17 Finance and Performance (as Reported to the Finance and Performance Committee)

- (a) **Performance Summary – Month 5** – The Secretary had been asked to convey an apology from the Performance and Quality Manager who had produced the performance summary report as there had been an error within the DTOC section. The report should state that the target was less than 3.5% of total occupied bed days by September 2017 and not 2018 as quoted within the report. This was noted.

Mrs Barnsley spoke to a circulated report and highlighted the following:

- **Referral to Treatment Target Performance Issues** – Work was taking place on a recovery plan with the Trust.
- **A&E Performance - Month 5** – Underperformance and recovery actions were in place. Mrs Barnsley informed members that early confirmation was that for the month of October, the Trust achieved 90% for the month. She commented that the Trust had achieved consistently on some days but not on others and they continued to try and sustain the position. Members were reminded that we record all various types of A&E attendance and whilst the position was improving, it was not sustainable. Discussions were being held with the Trust to monitor the position. Mr Edmundson commented that we need to ensure issues are addressed before winter arrives. Mr Bonson informed members that once the capital works had been finished and the mental health unit complete, it was anticipated that the position would improve and flow through of patients would improve. It was recognised that ambulances were stacking up. Mr Harrison provided some information on A&E attendances over the last few days where there had been improvements in comparison to the previous week.
- **Cancer Waiting Time Target** - Mrs Barnsley informed members that we did not achieve on two of the indicators in month however, there was a slight improvement in the 62 day wait for first definitive treatment.

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- **Mixed Sex Accommodation** - There had been five breaches which all related to critical care patients.
- **Healthcare Acquired Infection** - Mrs Barnsley made reference to MRSA reporting that there had been one breach. Lessons have been learned from this. There had also been a StEIS breach in month. Mrs Williams commented that zero tolerance at month 5 was excellent and that it was important the CCG acknowledge this.
- **IAPT Recovery** – Access continues to improve.

RESOLVED: That members receive the report.

- (b) **GP Referrals – Month 5** – Mrs Barnsley spoke to a circulated report which provided information on GP referrals along with GP referrals to the Tier 2 Services, also information on hospital and other referrals. Total referrals had seen a slight rise in comparison to the previous month however, overall total referrals had reduced 1.3% compared to the same period in the previous year. The main reductions had been seen across Blackpool Teaching Hospitals, Lancashire Teaching Hospitals and Spire Hospitals. Work continued to investigate the issues around Tier 2 Dermatology.

With regard to other referrals, Mrs Barnsley commented that many referrals were going into secondary care via a fast track route which seemed to be inappropriate and work continued to ascertain the reasons why. Mrs Barnsley informed members that the report had been streamlined to include the top five increasing and decreasing GP referrals at all providers compared with the same period in the previous year and GP referral rates per thousand at all providers compared with the same period in the previous year. This had been included via a request from the Finance and Performance Committee. For the next meeting, a summary would be provided showing the categories. **ACTION: JB**

Dr Fairhead had commented that GPs are being measured on what they do not have any control over and this was a flaw in the process with respect to procedures of limited clinical value and it is important that we are clear what they are being measured on. Mrs Barnsley would undertake further work to ensure the correct areas are being monitored. We also need to ensure the data is correct and is within the requirements of the GP Plus contract. The Chairman sought clarification on the figures relating to neurology referrals and Mrs Barnsley commented that we felt we were a low referrer with LTH however, and she would pick this up outside of the meeting. **ACTION: JB**

RESOLVED: That members receive the report.

- (c) **Contracts Dashboard – Month 5** – Mrs Barnsley spoke to a circulated report which was provided for information. Members were informed that negotiations were currently taking place with Spire Hospitals to vary the contract.

RESOLVED: That members receive the report.

- (d) **2017/18 QIPP Programme** – Mrs Barnsley spoke to a circulated report and informed members that the risk adjusted forecast had decreased slightly by £55,000 from the value of £5,538,000 reported in the previous month. Mrs Barnsley informed members that work continued to take place in RAG rating the schemes and also explained that there were more schemes that had been banked. She further explained that consideration is given to the risk ratings on a monthly basis and she particularly highlighted three of the schemes which were currently showing a RAG rating of red for Dermatology, RightCare Gastro and Adult Continence. These were being regularly monitored. Mrs Barnsley further explained that the schemes RAG rated as green were part of the GP Plus work and were forecast to deliver. The schemes highlighted as amber had not yet commenced, therefore, we

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were unable to see the full potential at the current time. A question was asked as to why these schemes had not yet commenced and Mrs Barnsley explained that we needed to relook at them in order that they fulfil our requirements. Whilst many had started, there were some that had not commenced due to the time lag in data which can take a couple of months for the information to flow through.

RESOLVED: That members receive the report.

(e) **Financial Position – Month 6** – Mr Harrison spoke to a circulated report and highlighted the following:

- The CCG had met its planned financial targets
- Financial position at month 6:
 - £0.136m in year surplus which was on target with the plan
 - Year end forecast showed achievement of £0.27m surplus
 - 2017/18 cumulative surplus £4.21m
- Running cost expenditure was £61,000 under budget
- Better Payment Practice Code – NHS 100% - non NHS 99.5% by number of invoices

Mr Harrison informed members that the report was a joint report with Fylde and Wyre CCG and it had been submitted to the Finance and Performance Committees in common the previous week and therefore included the position of both CCGs. The report also provided information on the forecast outturn of Blackpool Teaching Hospitals.

Mr Harrison drew members' attention to the key risks:

- Continuing healthcare and complex cases
- Acute contract over performance
- Mental health out of area placements
- QIPP delivery
- Net risk position

Mr Harrison informed members that a Contract Board meeting would be held with Blackpool Teaching Hospitals and both Blackpool CCG and Fylde and Wyre CCG on 30 November 2017 to discuss the discrepancies on the acute contract over performance, to discuss the financial position and to address the coding issues.

Mrs Williams sought clarification as to whether the CCG's annual budget for continuing healthcare was set correctly in comparison with Fylde and Wyre CCG. Mr Harrison commented that Blackpool CCG manages its own continuing healthcare team in-house. It is managed on a case by case basis and there is improved efficiency on local management. He explained that there could be inefficiencies built into the budget etc. for Fylde and Wyre CCG who do not manage their budget locally.

RESOLVED: That members approve the month 6 financial position noting the planned surplus achieved, the allocation received in line with the plan and noting the key risks.

GB141/17 Corporate Objectives and Risks – Governing Body Assurance Framework

Mr Bonson spoke to a circulated report which was the CCG's Governing Body Assurance Framework (GBAF) which identified risks scoring 12 and above. He informed members that work continued to take place in reviewing and changing the process on how we update and maintain the internal risk register which then feeds into the GBAF identifying risks scoring 12 and above. A member of staff within the CCG is now in place to challenge and ensure we report correctly and discussion had been held at the Audit Committee informing them that the process was being further refined. At the Audit Committee whilst it was recognised that the risks and dates are updated, it did not build in the discussion and further work was taking place in providing some additional information on the latest position on the risks.

With regard to Corporate Objective 2.2 "In the event that Stroke Services at BTH did not meet the national standards and performance targets, there could be a risk to patient outcomes and patient and carer experience", Mr Edmundson sought clarification as to whether Stroke Services included TIA. At a recent meeting of the Finance and Performance Committee it was reported that the percentage of TIA patients assessed and treated within 24 hours of referral at Blackpool Teaching Hospitals had deteriorated in August. Only 13% for Blackpool CCG and 7% for Fylde and Wyre CCG. All other CCGs achieved 100% with a total performance of 16%. The CCG and the Trust are working together to review pathways and improve patient outcomes however, this deterioration would be raised as urgent business at the next Quality Review Group meeting. This risk scored 12 but was not meeting the standard. Mrs Williams commented however, that they were small in numbers however, Mr Edmundson further commented that if they were small in numbers, they should be able to flow through quickly. Mrs Barnsley would review this and would pick up the issues outside of the meeting.

ACTION: JB

Mrs Williams made reference to Corporate Objective 2.3 "Published data in relation to mortality at BTH which is above national rates and as such could present a risk of poor quality services". She commented that if patients are not being assessed within the four hours, this could lead to further issues relating to sepsis and pneumonia. This Corporate Objective was linked with A&E however, this was a worrying position to be in. It was recognised that early identification of these cases required a focus. Dr Rajpura hoped that patients in this incidence would be fast tracked. Mrs Barnsley commented that for both of these Corporate Objectives, the Clinical Senate will focus on the issues as they relate to stroke and mortality. Mr Edmundson sought clarification as to what would be happening about the issues now prior to them being taken to the Clinical Senate meeting on 5 December 2017. Mrs Barnsley informed members that the CCG's Chief Nurse would be producing a mortality report for consideration by the Executives and Deputies Team following which, it would be submitted to other meetings for discussion. Members awaited the outcome of the discussions.

RESOLVED: That members receive the Governing Body Assurance Framework.

GB142/17 Ambulance Response Programme (ARP)

Mrs Rispin spoke to circulated report which provided an update on the implementation of the National Ambulance Response Programme (ARP). She explained that North West Ambulance Service was an early adopter of ARP and went live with implementation of the system on 7 August 2017. A full national rollout was planned to be completed before the end of the calendar year. A number of reports were circulated for members' information including a letter from Sir Bruce Keogh, National Medical Director regarding the implementation of ARP along with a copy of the programme issued by North West Ambulance Service.

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Mrs Rispin explained that the redesigned system would focus on ensuring patients could see rapid life changing care for conditions such as stroke rather than simply stopping the clock. Under the new national standards, all incidents would be measured against the standards rather than the most serious under the previous national standards. The four categories were:

- Category 1 for calls from people with life threatening injuries and illnesses
- Category 2 for emergency calls
- Category 3 for urgent calls
- Category 4 for less urgent calls

As there had been a major change, Mrs Rispin was unable to report on the previous targets. There had been a three month freeze on the data however, she anticipated having the data available at CCG level very soon. She is currently receiving high level data and we are seeing improvements. The programme is going well however, it has been a big cultural change for staff. Mrs Rispin explained that there had been some challenges with British Telecom regarding call pick up.

Mr Bonson informed members that the previous standards were part of the CCG Quality Premium and Mrs Rispin was expecting that they would not apply to the ambulance targets due to the significant variance between the previous and new targets.

RESOLVED: That members receive the report.

GB143/17 Emergency Planning, Resilience and Response (EPRR) Assurance 2017/18

Mrs Barnsley spoke to a circulated report and informed members that the national NHS assurance process requires assurance from CCGs regarding Emergency Planning, Resilience and Response (EPRR) arrangements in respect of both the CCG as a commissioning organisation and acute providers, mainly Blackpool Teaching Hospitals and North West Ambulance Service. Organisations carry out a self-assessment against a national core standards framework and the assessments have been subject to scrutiny and challenge at CCG level prior to sign off by the Executives and Deputies Team. Mrs Barnsley took members through the assurance declarations:

- **Blackpool CCG Self-assessment of compliance with NHS Core Standards** – The CCG’s self-assessment statement declared substantial assurance and of the 38 applicable core standards, 36 were fully compliant and two were partially compliant. There were also an additional six deep dive standards relating to governance and all six were fully compliant. An improvement plan was in place to address the amber rated core standards which related to CS9 – Corporate and Service Level Business Continuity and CS28 – Preparedness is undertaken with the full engagement and co-operation of interested parties and key stakeholders.
- **Provider EPRR Self-assessment** – Blackpool CCG is required to consider Blackpool Teaching Hospital’s EPRR self-assessment which declared substantial assurance and had been signed off at Director level for ratification by the Trust Board. Out of 60 core standards, 56 were fully compliant and four were partially compliant. The six deep dive standards relating to governance were all fully compliant. An improvement plan was in place to address the amber rated core standards.

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- **Provider EPRR Self-assessment** – North West Ambulance Service which is subdivided into three statements of compliance:
 - 50 core standards declared fully compliant
 - 14 HAZMAT standards declared fully compliant
 - 60 deep dive standards declared fully compliant
 - 21 HART standards declared fully compliant
 - 19 MTFA standards declaration of substantial compliance of which 17 were green and two were amber. Mrs Rispin also informed members that the statement of compliance had been approved by the Strategic Partnership Board and the North West Ambulance Service Trust Board.

Mrs Barnsley also highlighted the CCG's policies, planned training and readiness.

Mrs Williams asked if there was any EPRR process in place in respect of GP practices and Mrs Barnsley would find out the primary care requirement outside of the meeting. **ACTION: JB**

It was commented that business continuity Plans sit with NHS England and it was suggested that a further update should be taken to the CCG's Primary Care Commissioning Committee once further information has been sought as to whether this is an NHSE or CCG responsibility.

RESOLVED: That the Governing Body approve the Emergency Planning, Resilience and Response Assurance for 2017/18 noting that Executive sign off had been given on 20 September 2017 in order to meet submission timescales.

GB144/17 Update on New Models of Care

Mrs Harrop gave a presentation on new models of care which provided an update on the work undertaken since reported at the previous meeting of the Governing Body. The presentation provided information on:

- Our neighbourhoods and what they provide
- Integrating mental health in neighbourhood teams
- Ongoing development of any plans to primary care
- Empowering people and communities
- Regulated care (residential care and at home)

Dr Rajpura made reference to a recent event (18 October 2017) that he had facilitated which was around joining up place based approach for health and wellbeing – empowering people and communities. This was a well-attended event and a lot of people want to work with us in taking this forward. A further event would be held on 23 January 2018 to continue the conversations. It was noted that the voluntary sector supports this approach and want to work with us. It was commented that we can support bids from the Big Lottery Funding etc. and we should take advantage of this. Dr Rajpura informed members that we need to complete this by the end of the financial year as the funding is provided by NHS England.

Mrs Harrop made reference to the Blackpool care home model and informed members that a self-care strategy was due to be launched. She commented that there was no Care Home Team in the South at the current time however, there was integration across all six neighbourhoods. Dr Augustine suggested that this be presented at the GP Link meeting. Mrs Harrop informed members that the Directory of Services – FYI – had gone live which would help. Dr Rajpura thanked Dr

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Augustine for sending a representative from the practice to the event on 18 October 2017 and he hoped that more colleagues from practices would be able to attend the event in January.

Mrs Williams sought clarification as to how confident we are that there are sufficient nurse prescribers. Mrs Harrop commented that membership is an issue and we have good advanced nurse practitioners, one for each hub. Reference was made to a pharmacy pilot in Central West in looking at the wider prescribing.

Mr Harrison commented that we continue to have outstanding estates issues and information and governance issues and we will continue to find problems that we have not thought about as we roll this out. He was nervous about the data sets within the community and the hospital and neighbourhoods however, it is important that we overcome these hurdles.

RESOLVED: That members receive the update.

Mrs Harrop left the meeting.

GB145/17 Minutes/Action Notes of Meetings and Associated Documents

(a) Finance and Performance Committee:

i) Ratified Minutes of the Meeting Held on 29 August 2017:

ii) Ratified Minutes of the Meeting held on 26 September 2017:

RESOLVED: That the minutes of the above meetings be received.

iii) Update from Combined Fylde Coast CCGs Meeting held on 31 October 2017 – Mr Edmundson informed members that a meeting of both Blackpool CCG Finance and Performance Committee and Fylde and Wyre CCG Finance and Performance Committee had been held on 31 October 2017. A survey monkey had been sent out to members and those in attendance at that meeting to gauge their thoughts on the experience. Mr Edmundson reported that the Fylde and Wyre CCG Committee had similar concerns as the Blackpool CCG Committee on many issues and that there were three common issues. In addition, a report was provided on the ambulance and NHS111 commissioning and the assured value contract. Work would take place in moving this forward towards the ACS system.

RESOLVED: That members receive the update.

(b) Quality and Engagement Committee:

i) Ratified Minutes of the Meeting Held on 11 July 2017:

RESOLVED: That members receive the minutes of the meeting.

ii) Update from the Meeting Held on 12 September 2017 – Mr Brown commented that concerns had been raised regarding issues coming forward relating to mortality, stroke and TIA. A review of the pathways would be submitted to the committee meeting to be held the following week. Mortality issues had been further discussed at a recent meeting of the Audit Committee, actions agreed and the process to be taken forward.

RESOLVED: That members receive the update from the meeting.

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iii) CQC – Children Looked After and Safeguarding Review – Mrs Barnsley spoke to a circulated report and informed members that the CQC had been carrying out a review of how health services keep children safe and contribute to promoting the health and wellbeing of Children Looked After and care leavers. The review programme began in September 2013.

Blackpool CCG had received notification of their review on 4 May 2017 and the review took place over the week commencing 8 May 2017. The review covered the provision across all services to Children Looked After and safeguarding from the provider organisations of Blackpool Teaching Hospitals, Lancashire Care Foundation Trust and Horizon as well as safeguarding practice in primary care and covered services commissioned by the CCG, the Council and Public Health.

Mrs Barnsley explained that the review commenced with an overview session with commissioners and concluded with a feedback session attended by both commissioners and providers. The feedback provided examples of good practice in Blackpool as well as highlighted some areas of weakness and recommendations that would most likely be included within the report. The draft report was received in early September and the CCG had been asked to comment on the factual accuracy which was then subsequently submitted. The CCG received feedback on the factual accuracy, many of which had been accepted by the CQC. Appended with the summary was the final report which included a number of positives and evidence of good practice however, there were some areas of weakness that required improvement. An action plan had been drawn up and would be submitted to the Quality and Engagement Committee the following week. The action plan was due to be submitted to the CQC by 16 November 2017. Work was taking place in monitoring internal safeguarding processes through the Quality and Engagement Committee and the Governing Body.

Mrs Williams asked if Blackpool Council has an action plan in place. Mrs Barnsley commented that they did have one and that it would join up with the CCG's action plan to become one document. Mr Harrison commented that there were no actions relating to governance processes and he suggested that the Audit Committee may wish to seek Mersey Internal Audit Agency to review the action plans in 2018/19 to test validity and to test the actions for completeness. The Secretary would ensure this is conveyed at the planning stage of the Internal Audit Plan for 2018/19 when discussions are held with Mersey Internal Audit Agency and the CCG's Executives and Deputies Team.

ACTION: LT

RESOLVED: That members receive the report noting the recommendations that had been identified from the review.

Members also noted that the completed action plan would be approved by the Quality and Engagement Committee following which, progress would be reported through to the Governing Body.

(c) Primary Care Commissioning Committee:

i) Ratified Minutes of the Meeting held on 1 August 2017:

RESOLVED: That members receive the minutes of the meeting.

ii) Update from the Meeting Held on 3 October 2017 – The Chairman made reference to some of the items discussed at the meeting and the agenda was available via the CCG's website.

RESOLVED: That members receive the update.

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(d) Audit Committee

- i) Ratified Minutes of the Meeting Held on 13 April 2017;**
- ii) Ratified Minutes of the Final Accounts Meeting Held on 25 May 2017;**

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

- iii) Update from the Meeting Held on 9 October 2017** – Mr Edmundson made reference to the Managing Conflicts of Interest Policy which had been taken through the Audit Committee and was listed as the next item on the agenda along with the amendments to the CCG's Scheme of Delegation.

RESOLVED: That members receive the update from the meeting.

- iv) Managing Conflicts of Interest Policy (incorporating Gifts and Hospitality)** – Mr Bonson spoke to a circulated report which had been drawn up in light of revised statutory guidance received on Managing Conflicts of Interest. Members were reminded that the CCG's Managing Conflicts of Interest Policy was reviewed by the Audit Committee in December 2016 and subsequently approved by the Governing Body in January 2017. In June 2017, revised guidance had been received and whilst some minor amendments to the CCG's statutory guidance on Managing Conflicts of Interest had been made and reflected in the CCG's policy, there was a summary report listing the key changes from the 2016 guidance, the current arrangements in place within the CCG's policy along with recommendations made at the Audit Committee meeting on 9 October 2017. Members noted the detail of the report and the Secretary also had a copy of the policy which highlighted the proposed amendments.

RESOLVED: That members of the Governing Body approve the recommendations from the Audit Committee to update the CCG's policy.

That members note the arrangements regarding awareness and training session for CCG Governing Body members, CCG staff and CSU embedded team.

- v) Amendments to the CCG's Scheme of Delegation** – The Secretary informed members that following on from a recent meeting of the Finance and Performance Committee and the previous Governing Body meeting at which the Individual Patient Request Funding Panel Terms of Reference had been submitted and approved there was a requirement to amend the CCG's Scheme of Delegation regarding individual patient activity delegated expenditure. Discussion had been held at the Audit Committee on 9 October 2017 to amend the Scheme of Delegation which was subsequently agreed. The Secretary also informed members that the Scheme of Delegation also reflected the minor changes to the Managing Conflicts of Interest Policy along with the removal of the Petty Cash facility as the facility had since closed.

RESOLVED: That members approve the amendments to the CCG's Scheme of Delegation.

- (e) Draft Minutes of the CCG Annual General Meeting Held on 21 September 2017** - It was commented that the Fylde Coast AGM incorporating Blackpool CCG, Fylde and Wyre CCG and Blackpool Teaching Hospitals as a joint event had been very successful.

RESOLVED: That members receive the draft minutes of the meeting.

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- (f) **Joint Committee of CCGs**
i) **Minutes of the Meeting Held on 6 July 2017:**
ii) **Minutes of the Meeting Held on 7 September 2017:**

RESOLVED: That members receive the minutes of the meetings.

GB146/17 Any Other Business

There were no issues.

GB147/17 Date, Time and Venue of Next Meeting

The next meeting would be held on Tuesday, 16 January 2018 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