

Approved 6 March 2018

## **Minutes of a Meeting of NHS Blackpool Clinical Commissioning Group Governing Body Held in Public on Tuesday, 16 January 2018 in the Boardroom, Blackpool CCG**

### **Part I**

- Present: Mr R Fisher, CCG Chairman  
Dr M Williams, GP Member/Vice Chairman  
Dr A Doyle, Chief Clinical Officer  
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 Member  
Dr S Singh, GP Member  
Dr L Rudnick, GP Member  
Dr M Martin, GP Member  
Mr D G Edmundson, Lay Member  
Mr C Brown, Lay Member  
Dr A Rajpura, Director of Public Health (arrived during GB05/18)  
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 (left during GB06e/18)  
Miss L J Talbot, Secretary to the Governing Body
- Public Attendees: Mr M Cullinan, Non-Executive Director, Blackpool Teaching Hospitals NHSFT  
Mrs J Blackburn, Manager, Spire Fylde Coast Hospitals  
Mr P Bennett, Business Manager, Desitin Pharmaceuticals

#### **GB01/18 Apologies for Absence**

Apologies for absence had been received from Mr Alizai and Mr Cain.

#### **GB02/18 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.

The Chairman asked members and those in attendance to advise him of any conflicts of interest that may arise during the meeting.

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**GB03/18** Minutes of the Meeting Held on 7 November 2017

**RESOLVED:** That the minutes of the meeting held on 7 November 2017 be approved as a correct record.

**GB04/18** Matters Arising

(a) **GB138/17(a) Pan Lancashire and Treatment/CTRR Policy** – Advice continued to be 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/LJT

(b) **GB140/17(b) GP Referrals - Dermatology** – Mrs Barnsley informed members that a draft detailed report on dermatology was currently being submitted to various groups for review following which, it would be taken to the Finance and Performance Committee.

(c) **GB140/17(b) GP Referrals - Neurology** – Mrs Barnsley would pick this up within the performance report along with other referrals. She commented however, that there had been a reduction in the category and when looking at referrals for neurology, there were no significant changes in volume.

(d) **GB141/17 Corporate Objectives and Risks – Governing Body Assurance Framework – Risk Relating to Stroke** – Mrs Barnsley commented that stroke was included as a risk on the register and work was taking place in reviewing all risks across the health economy. It was intended that all three organisations, ie, Blackpool CCG, Fylde and Wyre CCG and Blackpool Teaching Hospitals would agree a consistent risk rating. Mr Edmundson commented however, that there appeared to be a lack of improvement and Mrs Barnsley did not disagree with this however, rather than keep amending the score she would prefer to obtain a health economy view. It was commented that the absolute risk remained the same but the mitigations were not working and we await further work around this.

(e) **GB143/17 Emergency Planning, Resilience and Response (EPRR) Assurance 2017/18** – A request had been made at the previous meeting regarding the primary care requirements in respect of the EPRR process. Mrs Barnsley had asked for this to be raised at the Primary Care Commissioning Committee. The Secretary had informed Mrs Williams of the outcome of the discussion regarding the primary care requirement. Whilst the CCG is not responsible for preparedness in practices, it was recognised that it does need to be assured they have a level of business continuity planning in place and work was taking place in having a consistent template across both Fylde and Wyre CCG and Blackpool CCG regarding EPRR for GP practices. It was intended that this would be rolled out across Blackpool on a neighbourhood footprint via a staged approach.

**GB05/18** Chairman's Communications

(a) **Integration 2020 – Building a New Village** – Following on from the Council public health event on 18 October 2017, members were informed that a further event relating to business planning would be held on 23 January 2018 from 1.00 pm to 4.30 pm at the Winter Gardens. The Chairman, Mrs Barnsley and Dr Calvert would be attending the event and other Governing Body members were welcome to attend. Information had been forwarded to members.

*Dr Rajpura arrived at the meeting.*

(b) **Support to Blackpool Teaching Hospitals NHSFT** – The Chairman made reference to Blackpool CCG colleagues who had been helping colleagues at the Trust and working at the hospital to assist them with the pressures that hospital staff were facing. He conveyed his thanks to CCG colleagues for their

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assistance. Reference was made to GP support and it was commented that as long as GPs were providing support in their role as a GP, they are covered by the Medical Defence Union and would not be working there as a hospital doctor. Dr Doyle provided a verbal update on the work that had taken place and the current position. She had also worked as a GP from the hospital to assist colleagues with the discharge process and she had also seen patients in A&E and where possible diverted them back to primary care. Dr Doyle commented that the hospital was very grateful for the support that CCG colleagues had provided. The Chairman commented that some of the Governing Body GP members had discussed with him that they had not worked in the hospital for a number of years and as part of the Governing Body GP sessional arrangements they could, if they were able to, provide assistance at the hospital. Dr Doyle commented that there are a number of ways that they could help and roles could be swapped around, for example, she would be comfortable with them working in the Urgent Care Centre if they would rather work there than A&E. Mr Bonson commented that if in the longer term there is a plan to address this then we would discuss it in more detail. Mr Edmundson commented that there did not appear to be a concerted effort to have Lancashire County Council on side as much as Blackpool Council had been on side. He asked if it was possible to undertake some work to review patients in beds and whether the reason that they were not discharged was because there were not enough social workers available. Mrs Barnsley informed members that work was taking place to look at the stranded patients however, she commented that Blackpool had been more responsive. This had been escalated to Lancashire County Council and they have been very responsive.

Dr Green commented that there is an issue regarding indemnity for working at BTH as she, for example, is not covered. Anything over and above, she would need to extend on a regulatory extension. Dr Doyle commented however, that nobody had been unable to work because of any indemnity issues.

Dr Augustine sought clarification regarding medical outliers and Mrs Barnsley commented that there is a daily review of medical outliers.

Dr Rajpura expressed his concern at the pressures within the hospital and in particular, within A&E and that this cannot keep happening. Mr Bonson commented that we do recognise the issues and work was taking place in order to bring the system back into balance. Mr Edmundson sought clarification regarding flu vaccination supplies and Dr Doyle commented that there were plenty of supplies within practices. Communications were reiterating messages for people to have their flu vaccination. Discussion ensued regarding the two strains of flu vaccination (quadrivalent and trivalent). Dr Doyle provided an update on the work taking place relating to swabs. Dr Williams made reference to prophylaxis in care homes and near patient testing. She suggested that if there was an outbreak, a team could go into care homes rather than different individuals. Dr Green commented that we would need clear guidance on which patients should be swabbed.

## **GB06/18 Finance and Performance (as Reported to the Finance and Performance Committee)**

- (a) **Performance Summary – Month 7** – Mrs Barnsley spoke to a circulated report relating to performance as at month 7 (October 2017) and also provided a verbal update in respect of the November position. The A&E target position for November was 84.55% for the month. For the health economy at November cumulatively it was 85.57% and 84.55% for the month. For December it was 78.67% for the month and week commencing 1 January 2018 it was 81.19% and week commencing 8 January 2018 it was 90%.

Mrs Barnsley also provided a verbal update in respect of discharge to assess and provided information from November through to January.

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In respect of electives, there was a national directive to cancel non-urgent operations and Mrs Barnsley commented that we should expect deterioration around this. Urgent operations, cancer operations and potential 52 week waits were being prioritised. There was also a step down of non-essential operations. Resources were being redirected to acute pressures.

With regard to cancer waits, there was a continued pressure on the 62 day target and if a patient could not attend for whatever reason, there was a stand-by position. The 62 day screening had improved in month. With regard to 31 day waits, there was an improved position however, they were not achieving cumulatively. For the 31 day subsequent there was a failure in month however, this was achieving year to date. Mr Edmundson asked if there were lessons that could be learned and could be kept in place and Mrs Barnsley commented that the issues related to flow and discharging much earlier in the process. The A&E decision to admit target is to be within 12 hours. Mrs Barnsley informed members that they had an individual response for every patient that had breached and root cause analyses undertaken.

Mrs Rispin informed members that there were severe pressures on 999 and 111 services and significant issues with ambulance turnaround times. A lot of focus work was taking place with the Ambulance Service on sustainability and there had been a decision to reduce the patient transport service electives to 70% allowing 30% to support discharges on a temporary basis. This was working well across Lancashire.

Mrs Barnsley made reference to the step down of non-essential out-patients to ensure resources could be utilised in other acute pressures however, there were some areas that they could not use the client resources for anything else, for example, ophthalmology.

There was an eliminating mixed sex accommodation breach at Lancashire Teaching Hospitals in October. No sanctions would be applied during this period.

Mrs Williams made reference to E.coli and Mrs Barnsley informed members that a new risk had been added to the Risk Register and work was taking place in looking at employing a health practitioner.

**RESOLVED: That members receive the report.**

- (b) **GP Referrals – Month 7** - Mrs Barnsley spoke to a circulated report and informed members that they were still seeing an overall reduction in GP referrals to the acute services and GP referrals into tier 2 services. Overall, for secondary care in tier 2 in total there was a slight increase and this was currently being monitored.

**RESOLVED: That members receive the report.**

- (c) **Contracts Dashboard – Month 7** – Mrs Barnsley spoke to a circulated report and informed members that we were still seeing an increase in non-elective admissions. Reference was made to out-patient procedures at LTH and Mrs Barnsley would provide Mrs Williams with further information around this.

**ACTION: JB**

**RESOLVED: That members receive the report.**

- (d) **2017/18 QIPP Programme** – Mrs Barnsley spoke to a circulated report which provided an update of the progress and development of the QIPP schemes identified in 2017/18 also showing the status and risk adjusted forecast for each scheme. She explained that whilst the risk adjusted forecast had increased by £227,000 from the value of £5,628,000 reported in the previous month to the Finance and Performance Committee, there still remained a concern about the volatility of the demand management schemes. This month had seen an improvement in savings for the non-elective scheme, no change to referrals and a reduction in savings for Procedures of Limited Clinical Value

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(POLCV). The activity data continued to be analysed further to establish the cause of the movements. Mrs Barnsley made reference to GP Plus non-elective schemes and the GP Plus contract relating to the POLCV. Members were informed that a potential saving to the CCG of £645,000 was based on each practice achieving a 25% reduction in levels of procedures that could be categorised as POLCVs. The month 7 data showed a £107,000 decrease in forecast savings compared to the previous month with the full year forecast now projecting a saving of £475,000 and with the 90% risk adjustment applied this currently sits at £428,000. Further work was underway to ensure adherence to both the referral triage and prior approval processes. Mrs Barnsley made reference to Spire Fylde Coast Hospitals and a saving of £1.1m against the original plan had been banked for the year to date position as we had made savings on the underperformance at Spire. In respect of trauma and orthopaedic Mrs Barnsley was of the opinion that this should be attributed to the RightCare MSK scheme. Work was taking place in reallocating the QIPP saving.

Whilst we were focusing on the Fylde Coast perspective on QIPP there would still be Blackpool CCG QIPP schemes to be monitored during 2018/19.

Mr Edmundson made reference to sustainability and commented that schemes on a Fylde Coast basis could have a longer lead in time and he would wish them to be started as early as we can. Further discussion would be held at the next meeting of the Finance and Performance Committee.

**RESOLVED: That members receive the report.**

(e) **Financial Position – Month 8** – Mr Harrison spoke to a circulated report and highlighted the following:

- The CCG had met its planned financial targets.
- Financial position at month 8:
  - £0.181m in year surplus which was on target with the plan
  - Year-end forecast showed an achievement of £0.27m surplus
  - 2017/18 cumulative surplus £4.21m
- Running cost expenditure was £113,000 under budget
- Better Payment Practice Code – NHS 100% - non NHS 99.6% by number of invoices

Mr Harrison made reference to the key risks which related to:

- Continuing healthcare and complex cases
- Acute contract over performance
- Mental health out of area placements
- Prescribing (NCSO – no cheaper stock)
- QIPP delivery
- Net risk position - £0.2m (month 6 £0.5m)

Mr Harrison commented that the risks relating to continuing healthcare and complex cases appeared to have slowed down. We continue to have mental health out of area placement costs attributed to us. With regard to prescribing, there is no cheaper stock and this was a significant pressure in the system nationally and there might be a pressure of £1.1m for Blackpool alone. Dr Rudnick asked if pharmacies benefit from the more expensive drugs and it was commented that there should not be any mark up as they are meant to be a neutral cost adjustment from what any pharmacies earn from the NHS. Dr Doyle commented that this related to the adjustment to tariff from Category M medicines.

***Mrs Rispin left the meeting.***

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Mr Harrison also took members through the month 8 highlights which showed a majority of green forecast positions, year to date with the exception of the delivery of the QIPP target which was showing amber.

**RESOLVED: That members approve the month 8 financial position noting the planned surplus achieved, the allocation received was in line with the plan and noting the key risks.**

**GB07/18 Corporate Objectives and Risks – Governing Body Assurance Framework**

Mr Bonson spoke to a circulated document and update summary report on the risks within the Governing Body Assurance Framework. Work continued to take place in streamlining the process for updating the Governing Body Assurance Framework and Risk Register. A Project Officer within the CCG is working with managers liaising with them directly and the full Risk Register is then submitted to the Executives and Deputies Team and then the committees for discussion and review.

Mr Bonson reminded members that a comparison was being undertaken in respect of the Risk Registers across the three Fylde Coast organisations relating to mortality and stroke following which, other areas within the Risk Registers would be reviewed.

Mrs Williams sought clarification regarding the heat map that used to be provided and sought clarification as to whether a decision had been made by the Governing Body not to produce this anymore. Mrs Barnsley commented that that style of document was difficult to populate and that a piece of work had recently been undertaken to streamline the format of the Governing Body Assurance Framework/Risk Register. The new style report provided similar information to the heat map. Dr Doyle commented that either document would suffice for the purpose of advising members to monitor risks.

Mrs Williams made reference to Corporate Objective 1.2 relating to dermatology and asked for more detail to be included. It was commented that detailed comments would be taken through the committee route however, the information contained within that particular risk would be reviewed and updated.

***Post Meeting Note – Following the request that further detail be provided around this risk, the controls and action plan sections had since been updated and the GBAF re-published on the CCG's website.***

**RESOLVED: That members receive the Governing Body Assurance Framework noting the work that continued to take place and the discussions held at various committees for reviewing and updating the risks.**

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**GB08/18 Commissioning Development in Lancashire and South Cumbria**

- (a) **Draft Commissioning Development Framework** - Mr Bonson spoke to a circulated report and informed members that a draft of the Commissioning Development Framework was presented at a system-wide workshop at the end of November and had been circulated for wider discussion and comment prior to being presented to the Joint Committee of CCGs on 11 January 2018. Due to timings of meetings, the document had been submitted to the Joint Committee prior to the Governing Body. The outcome of the discussion was to support the good work that had been undertaken recognising that it was a work in progress.

Mr Bonson took members through the main document and informed them that the Joint Committee of CCGs endorsed the recommendations recognising that further discussion was required and ongoing work was taking place. They are working in supporting the direction of travel. It was stressed that it was important that the STP has Lancashire County Council on board recognising that Blackburn with Darwen and Blackpool CCG are coterminous with their local authorities, it is important that Lancashire County Council has a policy across the whole of Lancashire. Dr Doyle provided an update around this and explained that discussions were taking place regarding which areas can be undertaken easily without political difficulties. It was recognised that there are other areas that we may never all agree on and we would have to understand the differences. Mr Edmundson sought clarification as to what the implication would be for Blackpool. If commissioning services on an LDP level, he asked whether we would have to “tread water” whilst others catch up. He particularly asked what the implication for Blackpool was and did not want us to be “dumbed down”. He sought clarification as to what the role of the CCG was at county and local level. Dr Fairhead made reference to a link that she had read about ACOs being illegal and that there being no patient consultation and a judicial review had been made. It was also commented that Lancashire County Council is not taking account of what is needed locally and reference was made, for example, to Children’s Services. It was recognised that a number of people are pushing for judicial review on anything that is accountable. It was also commented that there was a very confused picture around Accountable Care Systems.

It was recognised that there are some areas that we are not so good at in relation to performance and other areas that we are better at. We have brought financial performance back on track and delivered and other areas were not too many miles away. Dr Doyle further commented that we are only looking to commission across the whole patch where it makes sense to do so. She reminded colleagues that we spend millions of pounds across eight CCGs all doing the same work across eight CCG governing bodies. Mr Edmundson would want us to look at reconciling the tiers of work.

Dr Doyle made reference to the discussion regarding Children’s Services within Lancashire County Council. They had gone out to tender for the service approximately one year ago and Virgin Healthcare had won the contract. Those risks have been raised and the meeting would be held with the Council to see what we can do to mitigate those risks. There is very little that we can do about this and it is not specifically about Lancashire County Council.

Mr Harrison commented that a practical example would be mental health commissioning development and that this work would be carried out for the best service for patients.

**RESOLVED: That members receive the report.**

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- (b) **Mental Health Commissioning Development: Mobilisation and Next Steps** – Mr Bonson spoke to a circulated report and informed members that as part of the work undertaken on the Commissioning Development Framework discussed previously, mental health commissioners had been considering how services should be commissioned in the future. The report appended with the papers was considered by the Joint Committee of the CCGs on 11 January 2018 and the report was supported as a work in progress recognising that there was further discussion required with commissioning (management and clinical) levels, particularly relating to the described levels of commissioning services.

Mr Brown commented that it would be useful if the overall report brought in the patient and public perspective however, Mr Harrison disagreed with this comment and stated that the first stage would be to determine the methods by which we undertake the work and then the second stage would be to undertake the work. Mr Brown agreed that the first stage is around the levels of commissioning process and then the second stage would be around the detailed level where we need to involve the patient and public. The actual commissioning of designing services is patient and public.

Mr Bonson made reference to Table 1 within the report relating to the proposed future commissioning approach and expected key benefits. Table 1 provided information on the locally determined position to meet local patients/population needs on the neighbourhoods and ACP basis and then collective commissioning for ACP and ACS and finally specialist commissioning/NHS England on a scale greater than Lancashire and South Cumbria. Good work was taking place and would support the direction of travel. Work would take place in looking at other services in going forward.

Mr Harrison asked members to be mindful that there is a £24m increase in mental health provision in Lancashire and this was noted.

**RESOLVED: That members receive the report.**

**GB09/18** **Skin Lesions Policy**

Mrs Barnsley spoke to a circulated document and highlighted the proposed changes to the Skin Lesions Commissioning Policy which had been proposed by GP clinicians to ensure that the policy is more robust and provided both primary and secondary care clinicians with a clear set of treatment guidelines. The policy had been reviewed by the Clinical Leadership Team on 9 January 2018 for recommendation to the Governing Body.

**RESOLVED: That members approve the Skin Lesions Policy.**

**GB10/18** **Minutes/Action Notes of Meetings and Associated Documents**

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

- i) **Ratified Minutes of the Blackpool CCG Finance and Performance Committee and Fylde and Wyre CCG Finance and Performance Committee Held on 31 October 2017** – Mr Edmundson informed members that the two committees met at the same time and whilst there were some items of common interest, there were other areas where this was not the case. If issues are of common interest then there would be a benefit of having a committees in common meeting however, he commented that we were a long way to go with routine monitoring and reporting.

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

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- ii) **Update from the Meeting Held on 28 November 2017** – Items had been submitted to the Governing Body as appropriate.

**RESOLVED: That members note the update.**

- iii) **Information Governance Policy** – The Secretary informed members that the Information Governance Policy had been submitted to the Finance and Performance Committee for recommendation to the Governing Body. There had been a request to extend the policy until such time as GDPR is implemented from May 2018. The Secretary advised members that there were some minor amendments within the policy.

**RESOLVED: That members approve the Information Governance Policy and agree to the extension until such time GDPR is implemented following which, the policy would be reviewed again.**

**(b) Quality and Engagement Committee:**

- i) **Ratified Minutes of the Meeting Held on 12 September 2017** – Dr Augustine made reference to the discussion held at the meeting regarding the MSK Service and that the first appointment through the MSK Service was currently after Christmas (this was mentioned at the September meeting of the committee). Mrs Barnsley would ask Mrs Newton to respond to Dr Augustine directly.

**ACTION: JB**

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

- ii) **Update from the Meeting Held on 14 November 2017** – Mr Brown informed members that a separate discussion would be held with Governing Body members regarding mortality, stroke and E.coli as requested by the committee. Mr Brown informed members that the Committee had agreed to the request that Mrs Williams be appointed as Chair of the PPI Forum to 31 March 2018.

**RESOLVED: That members receive the update from the meeting.**

- iii) **Health and Wellbeing Management – Mental Wellbeing and Resilience Procedure and Employees and Managers Guidance on Managing Mental Wellbeing and Resilience** – Mrs Barnsley spoke to two circulated documents that had been through the various committee routes as highlighted within the covering report. The document related to CCG employees only.

**RESOLVED: That members approve the procedure and guidance documents.**

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

- i) **Ratified Minutes of the Meeting held on 3 October 2017:**

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

- ii) **Update from the Meeting Held on 5 December 2017** – The Chairman highlighted the items discussed at the meeting (papers available on the CCG's website). Particular reference was made to the report relating to practice boundary changes and discussion would be held with practices in order to have a consistent approach. Initially, the report related to a request from Glenroyd Medical Centre regarding practice boundary changes however, it had since come to light that discussions were required with all practices. Dr Williams asked why a workshop needed to be held around this and Dr Green also commented that there was no appetite for this. Mr Brown commented that the practice had had sustainability issues and that other practices could also have issues. Consideration would need to be given as to how to facilitate the discussion on a

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wider basis. Dr Williams made reference to patient choice commenting that patients can register where they wish to. Dr Doyle commented that there is a capacity to deliver the service and practice boundary changes were likely to happen at other practices in the future. Dr Doyle and Mr Bonson had talked to colleagues at Glenroyd Medical Centre at length about this and it is important that all GPs within Blackpool CCG consider this in going forward. Mr Edmundson commented that the boundary changes were the starting point for discussion and there could be implications for other practices in going forward. The problems they were trying to resolve affects all practices and this was noted.

**RESOLVED: That members receive the update from the meeting.**

iii) **Amendment to the Terms of Reference and Membership** – The Secretary informed members that the Primary Care Commissioning Committee had approved an amendment to the Terms of Reference in respect of tabled papers (inserted paragraphs 17 and 18).

**RESOLVED: That members note the amendment to the Terms of Reference and Membership of the Primary Care Commissioning Committee**

(d) **Audit Committee**

i) **Ratified Minutes of the Meeting Held on 9 October 2017**

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

ii) **Update from the Meeting Held on 7 December 2017** – Mr Edmundson commented that the items discussed were as per the Audit Committee timetable and he had no issues to draw out for Governing Body members’ attention.

**RESOLVED: That members receive the update from the meeting.**

(e) **Joint Committee of CCGs – Minutes Held on 2 November 2017:**

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

**GB11/18 Any Other Business**

There were no issues.

**GB12/18 Date, Time and Venue of Next Meeting**

The next meeting would be held on Tuesday, 6 March 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** .....