

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on **TUESDAY 9TH JUNE 2015 1pm**
Boardroom, Arthouse Square

PRESENT:

VOTING MEMBERS:

| | |
|-----------------------|---|
| Dr Nadim Fazlani | Chair/GP |
| Prof Maureen Williams | Lay Member – Governance/Deputy Chair |
| Dave Antrobus | Lay Member – Patient Engagement |
| Dr Simon Bowers | GP/Clinical Vice Chair |
| Moira Cain | Practice Nurse |
| Dr Janet Bliss | GP |
| Dr Maurice Smith | GP |
| Dr Shamim Rose | GP |
| Dr Monica Khuraijam | GP |
| Katherine Sheerin | Chief Officer |
| Dr Donal O'Donoghue | Secondary Care Doctor |
| Tom Jackson | Chief Finance Officer |
| Dr Rosie Kaur | GP |

NON VOTING MEMBERS:

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

IN ATTENDANCE:

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|--------------|---|
| Cheryl Mould | Head of Primary Care Quality & Improvement |
| Tony Woods | Head of Strategy&Outcomes |
| Carole Hill | Head of Communications |

Ray Guy
Tony Okotie
Stephen Hendry

Retired Practice Manager
Healthwatch Liverpool
Senior Corporate Services
Manager
Minutes

Paula Jones

APOLOGIES:

Jane Lunt
Dr Fiona Ogden-Forde
Phil Wadeson

Head of Quality/Chief Nurse
GP
Director of Finance, NHS England
Sub Regional Team

Dr Fiona Lemmens
Kim McNaught
Derek Rothwell
Samih Kalakeche

GP
Deputy Finance Director
Head of Contracts & Procurement
Director of Adult Services &
Health, Liverpool City Council
Head of Operations & Corporate
Performance

Ian Davies

Public: 8

PART 1: INTRODUCTIONS & APOLOGIES

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

1.1 DECLARATIONS OF INTEREST

There were no declarations made specific to the agenda.

1.2 MINUTES & ACTION POINTS FROM THE LAST MEETING

The minutes of the previous meeting on 12th May 2015 were agreed as an accurate record of the discussions that had taken place subject to a correction on page 5 to refer to ADHD rather than ADH. The minutes of the Extraordinary meeting on 28th May 2015 were also approved as accurate with no changes – there were no matters arising.

1.3 MATTERS ARISING from 12th May 2015 not already on the agenda:

- 1.3.1 Action Point One – the Head of Strategy & Outcomes updated the Governing Body that a performance management system was being worked on to ensure the correct flow/measurement of outcomes from the Governing Body through to the committees. The Matchworks Locality Chair had been working with the Corporate Services Senior Manager on a framework which would be seen later on the agenda in the Performance Report.
- 1.3.2 Action Point Two – it was noted that the cover sheet for the reporting from committees had been updated.
- 1.3.3 Action Point Three – it was noted that the Extraordinary meeting of the Governing Body to receive the annual report and accounts had been held.
- 1.3.4 Action Point Four – it was noted that the first meeting of the Primary Care Commissioning Committee had taken place on 19th May 2015.
- 1.3.5 Action Point Five – the Chief Officer informed the Governing Body that the 360 degree feedback would be discussed at future meeting along with Good Governance Survey which had been sent to practices.
- 1.3.6 Action Point Six – the Chief Officer noted that, given that there was no one in attendance from NHS England, the NHS England feedback on emergency out of hours dental access would be deferred to next meeting and agreed to chase this up with NHS England.

PART 2: UPDATES

2.1 Feedback from committees – Report No GB 39-15:

- Healthy Liverpool Programme Leads Board 12th May 2015 –the Chief Finance Officer fed back to the Governing Body:
 - ✓ the agenda had the incorrect date for the next meeting which was not 9th June 2015.
 - ✓ Living Well/Physical Activity Business Case was approved.
 - ✓ Liverpool Healthy Lung – approved for further to work to develop a Business Case.
 - ✓ Presentation made on vision of a digitally enabled health system – approval given for Business Case to be developed.
- Quality Safety & Outcomes Committee – the Lay Member for Patient Engagement/Committee Chair fed back to the Governing Body:
 - ✓ Nursing Revalidation was discussed and the potential additional pressures on nursing staff. The Practice Nurse member added that the Health Education North West Workforce Tool Audit report had revealed that 45% of the workforce were over 50 and therefore there was a serious risk that older nurses would not bother with the additional hassle of revalidation. There was a worrying gap in support and guidance for Nurse Clinicians and there was work on-going by two of the Practice Nurses in the Localities to develop an appraisal process. The Chief Officer referred to the Cheshire & Merseyside future workforce needs (including GPs) which were a key risk to delivering Healthy Liverpool and highlighted the intention to carry out further workforce analysis/needs

assessment and focus on bringing in local people to local jobs and retain good staff. It was the intention of the CCG to use a workforce consultant who had carried out similar work in the past.

- ✓ Quality Strategy – it had been noted that it lacked patient engagement and a final draft was to come back to the August committee meeting for agreement.
- ✓ Sign Up to Safety Campaign – it was approved for Liverpool CCG to sign up to the campaign. The five areas were: Put Safety First, Continual Learning, Be Honest, Collaborate and Be Supportive.
- Finance Procurement & Contracting Committee 26th May 2015 – the Chief Finance Officer fed back to the Governing Body:
 - ✓ Use of Outsourced support to the Healthy Liverpool Programme – national policy was that a Business Case was required for outside consultancy costs – this would be reviewed and brought back to the Governing Body over the next few months.
 - ✓ Contracting process – all contracts had now been signed for 2015/16.
 - ✓ Procurements – procurement process levels to be assessed re value for money and to be brought back to the Governing Body once a clear approach was developed.
- Primary Care Commissioning Committee 19th May 2015 – the Lay Member for Patient Engagement/committee Chair fed back to the Governing Body:
 - ✓ This was the first meeting of the new Primary Care Commissioning Committee.

- ✓ Transition Working Group to oversee transfer of responsibility from NHS England to Liverpool CCG had been established and would report formally back to each Primary Care Commissioning Committee meeting.
- ✓ APMS Contract - the NHS England Evaluation Matrix was discussed and it was agreed that it needed to be refined and would be brought back to the June meeting which was open to the public.
- ✓ Terms of Reference were approved.
- Committees In Common 6th May 2015 – the Chief Officer fed back to the Governing Body:
 - ✓ Purpose of the committee was to keep neighbouring CCGs, Local Authorities and NHS England informed and involved with Healthy Liverpool, in particular decisions re hospital services.
 - ✓ Feedback given from Patient Listening Event.
 - ✓ Presentation from “Healthier Together” in Manchester.

The NHS Liverpool CCG Governing Body:

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

2.2 Feedback from the Merseyside CCG Network 3rd June 2015 – Report No GB 40-15

The Chief Officer noted that there was no one present who had attended the June 2015 meeting and therefore there was no feedback other than the reporting template.

The NHS Liverpool CCG Governing Body:

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

2.3 Chief Officer's Update

The Chief Officer updated the Governing Body:

- ✓ Two new Governing Body members had been welcomed at the last meeting (Drs Ogden-Forde and Khuraijam) and congratulations on re-election given to Drs Bowers, Bliss, Rose and Fazlani as well as Moira Cain, Practice Nurse. This month congratulations were due to Drs Webster and Rose who had been elected as Locality Chairs for Matchworks and Liverpool Central Localities respectively. Dr Elkin had volunteered to be the additional representative from Liverpool Central Locality.
- ✓ Extraordinary Meeting had been held on 28th May 2015 – Dr Fazlani had been re-appointed unopposed as the Governing Body Chair and was thanked by the Chief Officer for having led the CCG with courage, wisdom and kindness.
- ✓ The Chief Officer, Chair, Chief Finance Officer, Lay Member for Governance/Deputy Chair and the Lay Member for Patient Engagement had attended the NHS Confederation Meeting the previous week held in Liverpool. This had presented an excellent opportunity for networking and building support for the work of the CCG. The Health Secretary gave a keynote address reinforcing long term efficiency savings, as outlined in the Five Year Forward View and the need to find £22bn of efficiency savings and reinforce the £8bn of investment promised by the Government. A tough line was going to be taken on procurement and over the next five years. Re Co-Commissioning, Specialist Services and Social Care

were hinted at, there would certainly be joint working with the Local Authority. CCGs would be required to deliver what they were supposed to do, with a new performance framework based around population outcomes. Liverpool CCG had a stand at the event which attracted a great deal of interest in Healthy Liverpool.

- ✓ There would be an Annual General Meeting in July 2015.
- ✓ The Panorama programme had been re-scheduled to 13th July 2015.

The NHS Liverpool CCG Governing Body:

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

2.4 NHS England Sub-Regional Team Update

There was no representative available to give an update.

2.5 Public Health Update - Verbal

The Interim Director of Public Health updated the Governing Body:

- ✓ Public Health England had released the Health Profile 2015 – although Liverpool's position was low, given the work that was on-going there was possibility for great improvement. However certain areas Liverpool was better than the national level, being statutory homelessness, hospital stays for self-harm, incidence of Tuberculosis and recorded Diabetes. The Head of Strategy & Outcomes emphasised that the Public Health Profile was a snapshot at any one particular time.
- ✓ Legal Highs – a new government bill was being proposed which would help a great deal.

- ✓ The Welsh Government was considering banning e-cigarettes in enclosed spaces so this was an area to watch and see how things developed.
- ✓ COPD/Self Care would feature at the GP Marketplace.
- ✓ Campaign to increase bowel screening to launch around August 2015.
- ✓ £200m of previously Public Health ring-fenced monies to be cut from Local Authority budgets – there needed to be plans drawn up now.
- ✓ The Public Health Memorandum of Understanding was already on the Agenda for June 2015.

The Lay Member for Governance/Deputy Chair asked if there were any trends in self-harm, the Head of Strategy & Outcomes responded that this was highest amongst young men and agreed to supply her with more information outside of the meeting.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

2.6 Update from Health & Wellbeing Board

There had been no meeting prior to the 9th June 2015 Governing Body.

PART 3: STRATEGY & COMMISSIONING

3.1 CCG Performance Report – Report No GB 41-15

The Senior Corporate Services Manager presented the Performance Report to the Governing Body to report on the CCG's performance in the delivery of quality, performance and financial targets for the last month of financial year 2014/15 and first in 2015/16. He highlighted:

- North West Ambulance Service – Green at CCG level but still under pressure at provider level.
- Referral to Treatment – Green at CCG level but at Provider level Liverpool Heart & Chest Hospital continued to fail the 18 week target – agreement was in place with NHS England Specialised Commissioning while the backlog was dealt with.
- Cancer Waiting Times – these were all green with the exception of 62 day wait from urgent GP referral to first definitive treatment and 62 day wait for first definitive treatment following consultant decision to upgrade patient priority.
- Diagnostics – Green overall but Alder Hey still breached.
- A&E Waits – Green at CCG level but still issues at provider level at the Royal and Aintree re Type 1 performance.
- Stroke Performance had improved. A short term investment would be made in Summer 2015 at the Royal and Aintree focussing on patient flow across the whole stroke pathway.
- Mental Health Measure – the April data was not available and would ready for the next report.

- Mixed Sex Accommodation – Green for the first time in a long while as no breaches in 2015/16 and the CCG continued to work with Trusts.
- Healthcare Acquired Infection – incidences of C Difficile were within the monthly plan of 11 at 9 cases in April. Annual plan for 2015/16 was 138. Re MRSA the case confirmed in April was categorised as community but assigned against the Royal.
- Serious Incidents Report – the CCG was 100% compliant against for the 48 hours reporting target for April.
- There were no Never Events to report.
- Serious Incidents - target for submission of investigation reports with 45 day national timescale – the CCG had not done well in 2014/15, however the target had been changed to 60 days for 2015/16.
- CCG Quality Premiums – the Business Intelligence Team was developing performance tables for the Quality Premium which would be available from July 2015. The twelve ambitions for 2015/16 were approved at the May 2015 Governing Body.
- Care Quality Commission – the Liverpool Women’s Hospital report had been released a couple of weeks ago. The report was positive and improvements had been made as part of the inspection follow up. The Care Quality Commission had requested actions for the Trust to take to improve and the Trust was to submit a report describing the actions to be taken to meet these requirements.
- Care Quality Commission GP Practice Visits – three visits had been postponed. One report had been published re Belle Vale which had been very positive. It was pointed out that the list of the three practices for which visits had been postponed was incorrect and the SSP practice was

Robson Street not Mere Lane which was not an SSP practice.

- Care Quality Commission Hospital Monitoring Intelligence Reports – profiles of all local acute trusts and their relevant analysis would be included in the Performance Report from July 2015.
- Financial Position - £842m allocation for 2015/16

The Governing Body commented as follows:

- A GP Member commented that even though this was showing as Green it was felt at GP level that there were delays to accessing diagnostics that resulted in patients' conditions worsening and presenting at hospital. As such we needed to keep on top of this.
- The Lay Member for Patient Engagement referred to the extension of the deadline for Serious Incident report turnaround from 45 to 60 days and the Senior Corporate Services Manager agreed to discuss this with him outside of the meeting.
- The Matchworks Locality Chair noted the challenge of communicating the Quality Premium to practices.

The NHS Liverpool CCG Governing Body:

- **Noted the performance of the CCG in delivery of key national performance indicators and the recovery actions taken to improve performance.**

PART 4: STRATEGY & COMMISSIONING

4.1 Healthy Liverpool Phase 3 Update – Report no GB 42-15

The Chair introduced the Healthy Liverpool Phase 3 Update Paper to the Governing Body referring to the NHS Confederation Conference and the challenges given to do things differently in order to deliver sustainability – this was a worldwide challenge to health economies. For the next five years there would be stability in the structure but the challenge would remain great. It was time to deliver and the delivery method would be Healthy Liverpool.

The Chief Finance Officer continued noting that the Healthy Liverpool Programme Strategic Direction Case would come to the Governing Body in September 2015. Healthy Liverpool was now in Phase 3, Phase 1 had been the Launch (May to November 2013) and had facilitated the alignment of health economy wide views; Phase 2 (December 2013 to October 2014) had been the Planning Phase, Phase 3 from November 2014 had been citywide engagement. Phase 3 had been made up of four areas: engagement, new management arrangements, governance structure and investments.

1. Engagements:

- Public Listening Event at St Georges Hall on 27th March 2015.
- Proposals from Voluntary Sector/3rd Sector with activity to be undertaken by end of August 2015.
- Engagement with residents via Roadshows between June and August 2015
- Online engagement portal was in development – it would be called Liverpool Talks Health and the link would be sent out.
- Specific engagement programmes

2. Management Arrangements:

- Programme Office established.
- Integrated programme organisation, each programme having a Senior Management Team Lead, a Clinical Director and a Programme Manager.
- The Programme Management Office would provide support.

3. Governance:

- Terms of Reference set out for the Healthy Liverpool Programme Board in Appendix 4.
- Appendix 5 contained the Health Liverpool Programme Governance and Decision-making structure with each workstream having its own board.

4. Investments:

The Governing Body had approved the following Strategic Financial Objectives in March 2014:

- Support delivery of the outcome focused Healthy Liverpool Programme;
- The Liverpool Health Economy is clinically and financially sustainable in 5 years' time;
- Create an environment and platform for transformation;
- Enable a minimum of 10% of the CCG's allocation to be invested in new ways of working;
- Support credible planning;
- Deliver the CCG's financial duties.

A two year investment programme for 2015/16 and 2016/17 had been developed totalling £56,229,714 over the two years. The bulk of the investments were in community and primary care.

A formal approach would be required and a new approval process was included.

It was highlighted that this was the third year of QIPP with savings of nearly £80m which had contributed to the availability of resource.

The forthcoming milestones and next steps were:

- Hospital Clinical Summit – July 2015
- Royal Liverpool Hospital FT application outcome – August/September 2015.
- Liverpool Community Health sustainability process.
- Strategic Direction Case to Governing Body in September 2015.
- Mayoral Health Summit.

The Governing Body commented as follows:

- The Lay Member for Patient Engagement noted that the use of red in the list of investments was misleading as red was associated with “fail” and the colour scheme should be changed.
- The Practice Nurse member recommended nurse membership of the Health Liverpool Programme Board.
- The Secondary Care Clinician felt that it could be made clearer on exactly what was being provided for the £38m in community investment so far.
- The More Independent Clinical Lead referred to the Integrated Programme Organisation in Appendix 3 and queried whether it had been agreed that there would be

an Integrated Programme Clinical Director. The Chief Officer confirmed that this had not been agreed.

- The Chief Officer noted that the Investment Requirements under Service Improvement were already familiar to Governing Body members and had high level approval. The Transformation Investment Requirements would need to come back with much more detail. The Chair noted the workforce requirement of the transformational plans and different skill sets required in hospitals, it was key to retain good staff and therefore needed to engage with the population and the workforce.

The NHS Liverpool CCG Governing Body:

- **Noted the findings from the Healthy Liverpool Public Listening Event;**
- **Noted the plans for further public, partner and stakeholder engagement over the summer of 2015;**
- **Approved the new management arrangements for the delivery of the Healthy Liverpool programme, including the establishment of an integrated programme management structure and a Programme Management Office;**
- **Approved the new Healthy Liverpool governance structure, including the establishment of a formal overarching programme Board and boards for each of the programmes;**
- **Approved the strategic investment programme for 2015/16 and 2016/17 and noted that the approval process for specific projects within the programmes will be reflected in a revised Scheme of Reservation and Delegation and Prime Financial Policies, to be presented to the Governing Body in due course.**
- **Noted that a Healthy Liverpool Programme Strategic Direction Case will be presented to the Governing Body in September 2015.**

4.2 Investment Cases – Transforming Community Services Neighbourhood Development fund – Report no GB 43a-15

The Long Term Conditions Clinical Lead/Governing Body Member presented an investment case to the Governing Body for £1,153,800 over two years to enable neighbourhood leadership (clinical and non-clinical) to secure implementation of the neighbourhood model as part of Healthy Liverpool. The investment case had been supported in principle by the Healthy Liverpool Leads and the Finance Procurement and Contracting Committee who had confirmed the procurement route. 18 Clinical and non-Clinical Leads were in place for up to two sessions per week for clinical leads and one for non-clinical.

The Secondary Care Clinician was keen to know the outcomes for the two year period. The Long Term Conditions Clinical Lead responded that the issue was the time to get something more tangible to show for this investment. The Practice Nurse member also asked how achievement would be measured. The Lay Member for Governance/Deputy Chair commented on the number of causal factors involved and noted the clear proxy measures identified to hold the investment to account so this was not perfect but quite robust. If it did not represent value for money then it would be redefined.

The More Independent Clinical Lead commented on the mention in the paper of supporting the development of a strategic approach to risk stratification and identification of a specific tool. The Head of Strategy & Outcomes noted the Risk Stratification was being developed by the Programme Management Office for Healthy Liverpool.

The NHS Liverpool CCG Governing Body:

- **Approved the investment of £1,153.800 over two years for neighbourhood clinical and non-clinical leadership**

4.3 Children's Health Summit – Report no GB 44-15

The Governing Body Clinical Lead for Children/Clinical Vice Chair presented a paper to the Governing Body summarising the goals and outcomes of the Children's Summit event held in March 2015 and the plan for Liverpool to become a Child Friendly City. He noted that the Governing Body Non-Voting Local Authority member was now responsible for Children. Historically the work with Children in the Local Authority had been reactive but now time had been spent trying to improve with the Children's Trust Board reviewing the outputs from the Summit which in turn fed into the Health & Wellbeing Board.

The "Due North" report evidence had noted the impact of investing in early years bring extreme benefit later on but it was extremely difficult to make the necessary investment in a time of austerity. The purpose of the paper was to drive new conversations around Children in Liverpool re health. The Children's Health Summit had brought together all Children Stakeholders in the city and there had been universal support for Child Friendly City status. It was necessary to define what the joint Children's budget was and the first meeting to do this would take place the following week involving the CCG Chief Finance Officer and the Local Authority Director of Finance.

The Liverpool City Council Nonvoting Member stressed that Liverpool CCG was not bailing out Children's Services rather the needs of the two organisations would align in partnership to benefit all children in the system through maximising input from health and social care.

The Governing Body Clinical Lead for Children/Clinical Vice Chair noted in response to a query from a GP Member that the Task Group set up to oversee this was looking at all issues including the legal aspect. The GP Member added that there should be a link to the Family Courts and it was confirmed by the Non-Voting Liverpool City Council member that this was being looked at.

The Chief Officer completely support the proposal – in the context of Healthy Liverpool and a person centred, sustainable and outcomes focussed system.

The NHS Liverpool CCG Governing Body:

- **Understood the rationale for the Summit and the evidence base behind the case for change**
- **Understood the strategic link between the vision and aims of Healthy Liverpool and development of a Child Friendly City**
- **Supported Liverpool becoming a Child Friendly City**

4.4 Public Health Memorandum of Understanding – Report no GB 45-15

The Director of Public Health presented a paper to the Governing Body presenting the Memorandum of Understanding and associated Work Plan for noting and approval – this established a framework for relationships between Liverpool City Council and Liverpool CCG with regards to healthcare public health advice and support to Liverpool CCG. She noted that this was a national document which had been customised. The Consultant in Public Health Medicine co-ordinated Public Health input into the CCG's business. End of Life had been added to Healthy Ageing in the Work Plan. The Workplan could change to accommodate changes and developments. She asked for any gaps identified/queries to be emailed to the Consultant in Public Health Medicine.

The Practice Nurse member asked about training packages and support which should link into the programmes to avoid duplication.

The NHS Liverpool CCG Governing Body:

- **Noted and approved the Memorandum of Understanding and associated Work Plan.**

Part 5: Performance

5.1 Healthy Liverpool Programme – Governance Implications – Changes required to Scheme of Reservation and Delegation and Prime Financial Policies – Report no GB 46-15

The Chief Finance Officer presented a paper to the Governing Body detailing the steps required following changes to the investment processes to maintain operational progress towards the objectives of the Healthy Liverpool Programme, ensuring decisions were made within the procedural boundaries and delegation of the Scheme of Reservation and Delegation and Prime Financial Policies. The Liverpool CCG Constitution had three Appendices: Appendix A Standing Orders, Appendix B Scheme of Reservation and Delegation and Appendix C Prime Financial Policies. The existing and proposed processes were provided in Appendices 1 and 2 of the paper. As a result the proposed changes the limits and process for investment decisions differed from those currently reflect with the Scheme of Reservation and Delegation and Prime Financial Policies. In response to a question from the Lay Member for Governance/Deputy Chair it was confirmed by the Chief Officer that as these were appendices to the Constitution changes could be made without having to go member practices and submit the changes to NHS England for approval.

The Chief Finance Officer tabled slightly revised appendices to the paper, the difference being in the investment process approval thresholds for the Investment Business Cases which were: less than £100k per annum, greater than £100k and less than £1m per annum and greater than £1m per annum for both Transformational and Service Improvement investments. Investments of less than £100k would be signed off by the Senior Responsible Officer and the Clinical Lead, £100k to £1m Finance Procurement & Contracting Committee (and Primary Care Commissioning Committee if required) and greater than £1m needed to come to the Governing Body for final approval.

However significant Transformational changes had involvement first from the Healthy Liverpool Programme Board approving the Strategic Outline Case before Individual Business Case was developed and going to Senior Responsible Officer/Clinical Lead, Finance Procurement & Contracting Committee/ Primary Care Commissioning Committee and or Governing Body for approval so for transformation there was a second check.

The revised documents would be taken to the July 2015 Audit Risk & Scrutiny Committee and then to the August Governing Body for sign off.

The NHS Liverpool CCG Governing Body:

- **Noted the required amendments and proposed process for changes to the CCG Scheme of Reservation and Delegation including timescales**
- **Approved the suspension and amendment to current delegated limits and processes around investment decisions for the Healthy Liverpool Programme.**

6. QUESTIONS FROM THE PUBLIC

No written question had been received in advance from the public. However Mr S Semoff asked if Liverpool CCG was completely aligned with all National Institute for Clinical Excellence ('NICE') Guidelines with regards to Stroke.

The Chair responded to the question stating that as will all areas of NICE Guidance the CCG was compliant with all statutory guidance and that NICE Guidelines formed part of the CCG's commissioning plans

7. ANY OTHER BUSINESS

None.

8. DATE AND TIME OF NEXT MEETING

Tuesday 14th July 2015 at 1pm Boardroom Arthouse Square