

GOVERNING BODY MEETING – TUESDAY 24 MARCH 2015

MINUTES TO BE RECEIVED

Title of Meeting	Network of Lancashire Clinical Commissioning Groups
Date of Meeting	18 December 2014 29 January 2015
Status (ratified/draft)	Ratified
CCG Representatives	Dr Tony Naughton Peter Tinson

Summary of key issues discussed:

18 December 2014

- Presentation on the Advancing Quality Programme
- Update on the IPA Programme
- Discussion on the new NHS England structure
- Update on progression of Healthier Lancashire
- An update on Lancashire County Council's revised budget proposals. The Network identified four areas of concern and agreed to submit a combined CCG response following the consultation.
- The revised terms of reference for the Lancashire Medicines Management Group (LMMG) were discussed and it was agreed that a formal appeals process would be included.
- The final memorandum of understanding between Lancashire County Council Public Health and Lancashire CCGs was presented. The proposed model will embed a large number of public health capacity at LCC within CCGs for the delivery of the core public health offer.
- North West Ambulance Service performance was discussed.
- Discussion on Primary Care Co-commissioning.

29 January 2015

- Presentation regarding the clinical research network North West Coast
- Representatives from Monitor Competition and Co-operation delivered a presentation and a wide ranging discussion followed during which certain themes emerged to be taken forward.
- The network agreed to a proposal for establishing a partnership with Lancaster University to advance health, healthcare and productivity across Lancashire and Cumbria.
- The terms of reference and membership of the Collaborative Commissioning Board was discussed.
- The Network nominated Dr Tony Naughton as a candidate for the position of vice-chair of the Lancashire Health and Wellbeing Board following Dr Bowman's retirement at the end of March 2015.

Matters requiring action by the Governing Bod		
Details:	By whom:	Timescale:
There are no matters for action by the Governing Body.		

Recommendation

The Governing Body is asked to review and note the contents of the minutes.

**Dr Tony Naughton
Clinical Chief Officer**

Meeting held on Thursday 18 December 2014, 09:00 to 12:30
Meeting Room 1, First Floor, Preston Business Centre,
Watling Street Road, Fulwood, Preston PR2 8DY

Present:

Dr Chris Clayton (Chair) – Blackburn with Darwen
 Dr Mike Ions – East Lancashire
 Dr John Caine – West Lancashire
 Dr Tony Naughton – Fylde and Wyre
 Dr Gora Bangi – Chorley and South Ribble
 Dr Amanda Doyle – Blackpool
 Dr Alex Gaw – Lancashire North
 Mr Andrew Bennett – Lancashire North
 Mrs Jan Ledward – Greater Preston/Chorley
 and South Ribble
 Mr David Bonson – Blackpool
 Mr Peter Tinson – Fylde and Wyre

In Attendance:

Mrs Linda Riley - LCSU
 Mr Carl Ashworth – LCSU
 Ms Karen Sharrocks - Greater Preston/Chorley
 and South Ribble
 Mr Roger Parr – Blackburn with Darwen
 Mrs Lucinda McArthur – West Lancashire (Item 8)
 Ms Cath Hill – AQUA (Item 2)
 Mr Iain Fletcher – Blackburn with Darwen (Item 3)
 Ms Kathryn Chester – Greater Preston/Chorley
 and South Ribble (Minutes)

1. Welcome, Apologies for Absence and Declarations of Interests

Dr Chris Clayton welcomed everyone to the meeting. Apologies for absence were received from Dr Ann Bowman, Ms Sam Nicol, Mr Mike Maguire and Ms Debbie Nixon. There were no declarations of interests in relation to agenda items.

2. Advancing Quality Programme

Dr Clayton welcomed Ms Cath Hill to the meeting. Ms Hill gave a presentation regarding the delivery of quality improvement.

Highlights of the presentation included:

- The Advancing Quality Programme will provide North West CCGs with a strategic advantage through measuring and publishing meaningful and comparable measurements for all major pathways of care for every provider, enabling variations in quality and safety to be reduced, health professionals to see how they are performing compared to others, and patients to make informed choices.
- Advancing Quality supports improving outcomes through engaging clinicians and clinical teams in continuous improvement, public sharing of results, the alignment of provider and commissioner on measures which deliver improved outcomes, robust data collection, commissioning cost effectiveness, and reduced mortality.
- The Advancing Quality Programme has been operating in the North West for 18 months. Achievements for Lancashire include 180 deaths averted, 4619 bed days saved, and savings of £891,402.
- The number of clinical conditions supported by Advancing Quality has increased from 8 to 14. The 6 new supported clinical conditions are alcohol related liver disease, diabetes, COPD, acute kidney injury, sepsis, and hip fracture.
- From April 2015 Advancing Quality will be expanding into primary care, initially with 5 conditions: asthma, atrial fibrillation, COPD, diabetes, and heart failure. CCGs can participate in all 5 conditions or prioritise locally.
- Advancing quality is funded from commissioning costs and not management/running costs. The running costs for 2014 will be reduced by 31% due to a 100% take up by CCGs.
- Some input will be required at a local level to implement Advancing Quality into GP practices, with additional data fields added to existing systems. Data collection will be at minimal levels, working with GP experts.
- AQUA offered to return to Network meeting and present results every 6 months.

- GP practices to sign up to the Advancing Quality Programme between January and March 2015, with roll out commencing from April 2015 in 2 waves.

Action

- Invite Cath Hill/AQuA to Network meeting to present update in June 2015.

3. IPA Update and Confirmation of the Clinical Lead for IPA

Dr Clayton welcomed Iain Fletcher, Head of Corporate Business at Blackburn with Darwen CCG to present an update on the IPA Programme.

Highlights of the presentation included:

- The IPA Programme Board membership and governance arrangements have been revised.
- The IPA Programme will be focussed on operational delivery and assurance, with 5 task and finish groups established.
- The IPA Programme Board has a clear purpose, and aims and objectives, which include working in partnership with the CSU and Local Authorities, and working towards a pan Lancashire approach where appropriate.
- The 5 task and finish groups need to progress, move forward and deliver results as soon as possible.
- CSU are considering appointing a solicitor for Court of Protection cases across Lancashire. This will be more cost effective than hiring a solicitor when required.
- There are safeguarding issues for CHC and complex cases, due to a gap in the system. Registered nurses at nursing homes have been acting as case managers for patients in their care. This needs to cease due to a conflict of interests. Individual CCGs need to close this gap with their community provider. NHS England is taking the lead for this area.
- Information and data has now been collected regarding the CHC process.
- Regarding the governance arrangements for the IPA Programme Board, it was agreed that further updates on progress are to be presented to the CCB with the next update in February 2015, and leadership issues to be referred to the Network on a needs basis.
- Resources are required to support the IPA Programme, and clinical input is required for the task and finish groups.
- JL and IF to meet to review terms of reference.

Action

- IF was asked to identify the clinical input required for the task and finish groups and programme board itself.
- JL and IF to meet to review terms of reference.

4. NHS England Update

The new NHS England structure was discussed. It was agreed that the Network should celebrate successes and achievements, and these should be collated prior to the Network meeting with Mr Graham Urwin. The Network also agreed to write a thank you letter to Mr Richard Jones, and a welcome letter to Mr Graham Urwin.

Reference was made regarding the Network submitting an entry to the Health Service Journal Awards. Further details required.

Actions

- Network members to submit successes and achievements by email to Ms Kathryn Chester prior to the meeting with Mr Graham Urwin.
- Letters to be prepared by Ms Kathryn Chester and emailed to Mr Richard Jones and Mr Graham Urwin.
- Ms Karen Sharrocks to provide an update on the Health Service Journal Awards.

5. Healthier Lancashire

Apologies were received from Ms Sam Nicol who would have presented this agenda item.

The Network provided feedback on the progression of Healthier Lancashire to date:

- It was felt that Healthier Lancashire should not be another public health strategy and should concentrate more on workforce, IT, and in and out of hospital issues.
- The in and out of hospital groups are not making sufficient progress.
- The purpose document should be more of a scope document.
- It was agreed that a collective Network response should be submitted to provide feedback. CCGs to provide individual feedback and a collective statement will then be prepared and submitted to Healthier Lancashire.
- The final draft of the purpose document is due to be published on 19th December. It was agreed to request for this to be delayed to allow the Network to review it before it is circulated.

Actions

- CCGs to email Ms Kathryn Chester with feedback on the Healthier Lancashire purpose document.
- Dr Chris Clayton to email Sam Nicol requesting the publication of the Healthier Lancashire purpose document is delayed to allow the Network to review it first.

6. LCC Revised Budget Proposals

Mr Peter Tinson provided an update on the LCC revised budget proposals.

There are four areas of concern:

- Adult social care staffing
- Adult social care
- Public health and wellbeing
- CAMHS

The Network would like further information regarding the budget proposals for these areas, and also children and young people.

The Network agreed to submit a combined CCG response following the consultation, and CCGs are to email Peter Tinson directly with feedback.

Action

- CCGs to email Peter Tinson with feedback on the LCC revised budget proposal.

7. Lancashire Medicines Management Group (LMMG) Terms of Reference

Dr Tony Naughton presented revised terms of reference for the LMMG, and asked the Network to ratify these proposed changes.

Following correspondence from a pharmaceutical company challenging an LMMG recommendation, the group agreed that it was appropriate to introduce a formal appeals process into LMMG's terms of reference. This brings LMMG's arrangements in line with those in other large area prescribing committees in the North West.

The Network approved this amendment to the LMMG terms of reference.

It was noted that the Lancashire Medicines Management Group has been very successful with national recognition, and Communications should be contacted to celebrate this work.

Action

- Communications to be contacted regarding celebrating the success of the LMMG

8. Public Health Operating Model – Memorandum of Understanding

Dr Clayton welcomed Mrs Lucinda McArthur to the meeting to present the final draft of the memorandum of understanding between Lancashire County Council Public Health and Lancashire CCGs.

- The new public health operating model is proposed to start in April 2015, and feedback and agreement on the MoU is sought from the Network.

- Lancashire County Council is expected to lose a significant number of public health staff, making achieving the MoU very challenging. Some items within the MoU may no longer be possible due to the reduction in LCC budget.
- The proposed operating model will embed 40% of the accredited public health capacity at LCC within CCGs for delivery of the core public health offer. These staff may also, in the remainder of their time, be fulfilling county level functions.
- 40% of the remaining non accredited public health capacity will also be embedded locally with CCGs for the delivery of the core public health offer. These staff will be locality focussed for the remainder of their time.
- Infection prevention and control expertise will be embedded within CCGs for a minimum of 2 days per week.
- The Network has asked to view the public health governance arrangements, and has queries regarding resourcing and the budget.

Action

Public health governance arrangements to be reviewed at a future Network meeting.

9. Minutes of Network Meeting held 27 November 2014

An amendment to agenda item 9 (Minutes from Other Meetings) was requested regarding the involvement of East Lancashire CCG in the community equipment tendering process. Minutes to be updated and circulated to Network for approval.

Action

Agenda item 9 on November 2014 Network minutes to be amended, and updated minutes to be circulated to Network for approval.

10. Matters Arising and Action Sheet

The Chairman sought and obtained confirmation that the actions from the previous meeting were either complete or in hand.

11. Minutes from Other Meetings

The draft minutes from the Collaborative Commissioning Board held on 2 December 2014 were noted.

12. Any Other Business

12.1 North West Ambulance Service

In the past week the performance of the ambulance service has been seriously compromised, and it will not be possible to meet targets. Clinical safety will be the priority over the Christmas period, as this is also a risk. Extra funding will not make a difference in the short term as there are not enough trained staff available. CCGs need to try and reduce demand for ambulances. Handover times at hospitals also need to improve, as they are taking too long.

Blackpool CCG to visit the 10 worst North West Acute Trusts which include Morecambe Bay and East Lancashire, to implement a relieving room at A&E to provide the same service as what the ambulances would do while waiting outside.

All 111 providers are to be given clinical re-triage for every green call, which could avoid 70% of hospital admissions. Finance is available for this from NHS England.

12.2 Tele-stroke

Ms Jan Ledward presented a paper providing a summary update on the tele-stroke lead provider proposals:

East Lancashire Hospital Trust and Blackpool Teaching Hospital Foundation Trust were asked to review their original proposals and costs. They were asked to provide further information in respect of benefits realisation, and a financial breakdown as to how the additional costs will improve outcomes and patient experience.

This information has now been provided, and the recommendation is to award East Lancashire the Lead Provider role. It is felt that the East Lancashire proposal will sustain the tele-stroke

service over the 2 years remaining on the contract. Decision made to award contract to East Lancashire.

The intention is to reconsider the service specification in line with the stroke review work, and to re-tender the service more widely within the next 2 years.

12.3 Primary Care Co-commissioning

The Network has concerns regarding budgets and funding for primary care co-commissioning. It was agreed that the process around administering the budgets will be complex, as the money will remain on the Area Team ledger. This matter will be discussed at a meeting with CFO's on 19th December, and a national webinar is due to take place on this subject.

12.4 Collaborative Commissioning Board

It was agreed that the governance, terms of reference and membership of the Collaborative Commissioning Board should be reviewed and clarified. A gateway approach for the CCB was suggested with referral to governing bodies when required.

Action

CCB governance, ToR, and membership to be reviewed at the January 2015 Network meeting.

12.5 Lancashire Constabulary

Lancashire Constabulary have been invited to the January 2015 Network meeting, to discuss collaboration opportunities between the police and NHS.

13. Date of Next Meeting

Thursday 29 January 2015 09:00 to 12:30, Meeting Room 231, Preston Business Centre

**Meeting held on Thursday 29 January 2015, 09:00 to 13:00
Meeting Room 231, Second Floor, Preston Business Centre,
Watling Street Road, Fulwood, Preston PR2 8DY**

Present:

Dr Chris Clayton (Chair) – Blackburn with Darwen
Dr Mike Ions – East Lancashire
Dr John Caine – West Lancashire
Dr Tony Naughton – Fylde and Wyre
Dr Gora Bangi – Chorley and South Ribble
Dr Ann Bowman – Greater Preston
Dr Amanda Doyle – Blackpool
Dr Alex Gaw – Lancashire North
Mr Andrew Bennett – Lancashire North
Mrs Jan Ledward – Greater Preston/Chorley
and South Ribble
Mr David Bonson – Blackpool
Mr Peter Tinson – Fylde & Wyre
Mr Mike Maguire – West Lancashire
Mrs Debbie Nixon – Blackburn with Darwen

In Attendance:

Dr Dinesh Patel – Greater Preston
Mr Carl Ashworth – LCSU
Mr Gary Raphael – Blackpool
Mr Iain Stoddart – Fylde & Wyre
Mr Paul Kingan – West Lancashire
Mr Mark Youlton – East Lancashire
Mrs Jill Truby – Lancashire CCGs Network
(Minutes)
Dr Umesh Chauhan – (item 2)
Ms Jacquie Primohamed – (item 2)
Ms Julie Mugarza – (item 2)
Ms Nona Ahamat – Monitor (item 6)
Mr Luke Dealtry – Monitor (item 6)
Mr Scott Clune – Monitor (item 6)
Miss Sam Nicol – (item 8)

1. Welcome, Apologies for Absence and Declarations of Interests

Dr Gora Bangi welcomed everyone to the meeting. Apologies for absence were received from Mr Roger Parr, Mr Iain Crossley, Mr Kevin Parkinson, and Mrs Linda Riley. There were no declarations of interests in relation to agenda items.

2. Clinical Research Network North West Coast

Dr Bangi welcomed Dr Umesh Chauhan, Ms Jacqui and Ms Gillian Mugarza to the meeting. Ms Jacquie Primohamed gave a presentation regarding the clinical research network North West Coast.

Highlights of the presentation included:

- The Clinical Research Network in the North West Coast has been operational since 1 April 2014. The new network was set up following a national transition programme when over a 102 local clinical research networks were restructured. This has delivered 15 regionally based networks.
- The CRNL North West Coast is a 'network' that comprises of 43 partners consisting of 23 NHS Trusts and 20 Clinical Commissioning Groups. The Royal Liverpool & Broadgreen University Hospitals NHS Trust hosts the network.
- The NIHR Clinical Research Network: North West Coast helps to increase the opportunities for patients to take part in clinical research, ensures that studies are carried out efficiently, and supports the Government's Strategy for UK Life Sciences by improving the environment for commercial contract clinical research in the NHS in the North West Coast area.
- How can practices work in collaboration and share resources?
- Statutory duty to undertake research.

It was agreed that there was a need to promote this research programme.

Members asked what this meant for Lancashire CCGs in particular and Dr Chauhan agreed to develop a Lancashire plan to bring back to the March meeting.

Action

- Dr Chauhan to develop a Lancashire plan for presenting back to the Network in March.

3. Minutes of Network meeting held on 18 December 2014

The minutes of the meeting held on 18 December 2014 were accepted as an accurate record subject to the following amendments:

Agenda item 3 IPA Action to read "IF was asked to identify the clinical input required for the task and finish groups and programme board itself. Plus: "JL to meet with IF to review terms of reference"

Agenda item 12 Tele-stroke - Include "Decision made to award contract to East Lancashire"

4. Matters arising and action sheet

The Chairman sought and obtained confirmation that the actions from the previous meeting were either complete or in hand.

5. Minutes from other meetings

The draft minutes from the Collaborative Commissioning Board held on 13 January 2014 were noted.

6. Competition and Co-operation – Monitor

Dr Clayton welcomed Ms Nona Ahamat, Sector Involvement Manager, Cooperation and Competition, Mr Luke Dealtry Inquiries lead, and Mr Scott Clune Legal Advisor, from Monitor to the meeting. Ms Nona Ahamat opened discussion by explaining the role of Monitor.

Core responsibilities

1. Making sure public providers are well led
2. Making sure essential services are maintained
3. Making sure the NHS payment system promotes quality and efficiency
4. Making sure procurement, choice and competition operate in the best interests of patients

Day-to-day responsibilities include:

- a supporting function
- discussing how regulated issues are faced on the ground
- to publish guidance and support material
- to be an informal advice function

Enquiries come from CCGs, local area teams, and local authorities regarding any concerns or queries. They use case scenarios to understand best use of regulations and undertake a number of studies (i.e. walk in centres and community services) and clarify framework and rules around contracts. Mrs Nixon reported that Blackburn CCG had used Monitor's check list which they had found to be really helpful.

A wide ranging discussion followed where members asked how Monitor helps develop markets. Ms Nona Ahamat gave APP and audiology as examples, where they gained commissioning and providers experience and shared some learning. Meeting need of population and quality expected. Mr Mark Youlton asked about using CVS in relation to voluntary sector providers as they have robust processes in place and this would tie in with the wider voluntary sector. They have also explored patient choice in GP services, examining choice and what works well for the patient. They surveyed patients on the basis of why they choose their GP and captured feedback. Members were interested in patient interest versus public interest test. Ms Ahamat clarified that NHS England oversees GP regulations, and CQC oversees how patients choose. Duty under regulations to meet needs of patients. Commissioning doesn't happen in vacuum. The NHS is moving and changing. Patients are at the heart of Monitor, who completely takes into account national policies and local health economies.

Patients generally choose GPs based on location and opening hours rather than services offered.

Members asked what the process was when providers made complaints against commissioners without their knowledge. Monitor responded that they generally check that providers have spoken locally to commissioners and understand the nature of the decision made.

Dr Amanda Doyle referred to an investigation on the Blackpool coast around patient choice where no communication had been made with the CCG accountable officers or GPs in the area before the report had been produced. Dr Ann Bowman asked how Monitor benchmark? Monitor asks for evidence to show CCGs are proactive on choice and if not what steps are being taken. They take steps to ensure patients are given choice and what steps CCGs take to ensure the complaint doesn't recur.

Dr Clayton summarised that there are certain themes emerging to take forward. Relevance of Monitor and expertise of Monitor especially as tide of NHS moving away from competition and co-operation, public interest v patient interest and market development. On behalf of the Network, Dr Clayton thanked Ms Nona Ahamat, Mr Luke Dealtry and Mr Scott Clune very much for an informative discussion and considered that this would be an on-going conversation.

7. Any other business

7.1 Lancashire/Cumbria Partners for Health proposal

Mrs Jan Ledward presented a paper which outlined the case for establishing a partnership with a highly-distinctive focus and approach to advance health, healthcare and productivity across Lancashire and Cumbria. Lancaster University is a UK-leading, globally-recognised university which houses excellence in research, innovation and teaching, which actively enables engagement of all its faculties and disciplines in the broad area of health, and which works within a strong ethical and moral framework to fulfil its responsibility to societal wellbeing and growth. The proposed model will build upon Lancaster University's established networks, partnerships and inter-organisational relationships, and will draw upon recognised strengths within other local organisations and sectors. Following discussion all CCGs agreed to the proposal.

Action:

- Dr Tony Naughton to take forward.

7.2 CAMHS SRO

In relation to the CAMHS programme it was agreed that the first phase should recommend the programme and propose how leadership for the programme might be delivered. The outcomes of the review and recommendations for implementation would be taken to the April CCB. Discussion ensued around role of SROs in general.

Action:

- The outcomes of the review and recommendations for implementation would be taken to the April CCB.

7.3 CCB Governance, Terms of Reference, and membership

Revised terms of reference and membership details were presented to the Network for approval. Members discussed the responsibilities of the Network and the CCB and agreed that there was some confusion around which committee does what. What goes where? Discussion on what was expected to be on the Network agenda took place. One of the objectives in the terms of reference for the Network states that this committee (the Network) would collaboratively commission efficient and effective health care across Lancashire; this is now the responsibility of the Collaborative Commissioning Board. Membership of the Collaborative Commissioning Board consisted of Local authority members, however it was noted that both Blackpool and Blackburn Council were not regular attendees at this meeting. Dr Doyle agreed to write to all Local Authorities to remind them of the expectation of attendance at CCB meetings. Members considered what the Network was responsible for and agreed that it should be a scrutinising body with a clinical focus. There was a need for more purposeful agendas with collective responses. It was agreed that Dr Bangi would work with Dr Clayton and Ms Karen Sharrocks around governance issues relating to both the Network and CCB agendas.

Action:

- Dr Bangi/Dr Clayton and Ms Karen Sharrocks to consider governance issues relating to both the Network and CCB agendas.

7.4 Cardiovascular Disease

Mrs Jan Ledward presented the terms of reference for a cardiovascular disease steering group, again seeking Network support and participation. Mr Carl Ashworth agreed to speak with Mrs Janet Ratcliffe about the CCB shaping this Network programme.

Action:

- Mr Ashworth to speak with Mrs Ratcliffe to take forward to CCB

7.5 Out of area registration

NHS England local area team had asked that the Network support out of area registrations. This would allow practices to provide a home visit to any patient residing within their traditional practice area, but registered with a practice out of area. Again it was agreed to defer to the CCB.

Action:

- Deferred to CCB from April.

7.6 Health and Well Being Board

It was proposed and agreed that the Network would nominate Dr Tony Naughton as a candidate for the position of vice-chair of the Lancashire Health and Well Being Board following Dr Ann Bowman's retirement at the end of March.

8. Healthier Lancashire

Mr Andrew Bennett was asked to open discussions following the meeting with the new director of Director of Commissioning Operations and recent email correspondence. Members generally were in agreement around the scope of Healthier Lancashire, that it should be led by the CCGs and managed by a Clinical Chief Officer.

Members discussed what they wanted to be achieved at the 5th February meeting. There was agreement to comprise governance arrangements, leadership arrangements etc., but they did not want a new governance structure set up; governance already exists within CCGs. It would be a commissioning led agenda. It was agreed this was the correct forum to engage other commissioners. Issues around capacity to manage the Healthier Lancashire team on a day-to-day basis were discussed. It was proposed and supported by all Lancashire CCGs that Dr Ions become clinical leader. Dr Ions will now replace Dr Clayton at the regular meetings held with Miss Sam Nicol and Prof Heather Tierney-Moore.

Dr Clayton welcomed Miss Sam Nicol to the meeting. Dr Clayton summarised what had been agreed and confirmed that CCGs want to take lead commissioner role. A really good mechanism was developing which will allow input into the wider commissioning environment to direct it. Commissioning leader Dr Mike Ions had been nominated and unanimously supported, with practical arrangements yet to be agreed.

Miss Nicol stated that she was delighted about proposal for CCG leadership. She confirmed that the 5th February would be framed based on conversations she had had with various CCGs. Dame Ruth Carnall had spoken to many CCGs so the day will start with feedback from Ruth. They would then set the scene as to how commissioning was positioned. This would be followed by planning - setting out key issues facing everyone, and the afternoon working as system to look at the "what" across local, sub-system and Lancashire.

Dr Doyle asked about the GP and Health and Wellbeing Board meetings coming up. Miss Nicol replied that the meeting with GPs was purely a conversation, about relationship building, to acknowledge effort and positively move forward.

The purpose of the arranged meeting with the Health and Wellbeing Boards was to give them an update on where we were and have conversation depending on outcomes of 5 February meeting. It was considered that the three Health & Wellbeing boards need to meet; however it was acknowledged that it was more challenging for Lancashire Health and Wellbeing board. Miss Nicol confirmed that there would be area team representatives at the meetings.

9. Calderstones – Dr Mike Ions updated members following an article in the Times newspaper.
10. **Date of Next Meeting**
Thursday 26 February 2015 09:00 to 12:30, Meeting Room 231, Preston Business Centre