

**GOVERNING BODY
TUESDAY 18 SEPTEMBER 2018
10:00 – 12:50
STAFFORD MEETING ROOM CONFERENCE ASTON MEETING SUITES
ASTON UNIVERSITY
CONFIRMED MINUTES HELD IN PUBLIC**

Members:

Name	Abv	Role/Organisation
Dr Peter Ingham	PI	Clinical Chair
Dr Zafar Ali	ZA	Governing Body GP Lead (West Locality)
Dr Rizwan Alidina	RA	Governing Body GP Lead (East Locality)
Dr Sonia Ashraf	AS	Governing Body GP Lead (Central Locality)
Dr Manir Aslam	MA	GP Sandwell & West Birmingham CCG
Anita Bhalla	AB	Independent Member
Stephen Beck	SB	Independent Member
Dr Clare Elliott	CE	Governing Body GP Lead (South Locality)
Dr John Davenport	JD	Governing Body GP Lead (Solihull Locality)
Qulsom Fazil	QF	Independent Member
Sir Tony Hawkhead	TH	Independent Vice-Chair
Karen Helliwell	KH	Director of Integration
Paul Jennings	PJe	Chief Executive
Philip Johns	PJ	Chief Finance Officer
Julie Jones	JJ	Independent Member
Dr Richard Mendelsohn	RM	Chief Medical Officer
Rhod Mitchell	RM	Independent Member
Mr Stan Silverman	SS	Secondary Care Consultant
Dr Olav Van Loon	OVL	Governing Body GP Lead (North Locality)

In Attendance:

Name	Abv	Role/Organisation
Julie Bishop	JB	Minute taker
Gemma Coldicott	GC	Head of Communications and Engagement
Rebecca O'Connor	ReoC	Head of Governance
Wayne Harrison	WH	Assistant Director of Public Health, Birmingham City Council

Minute No:	Item:
059/18	<p>Welcome and Introductions:</p> <p>The Chair welcomed everyone to the meeting particularly Julie Jones, Independent Member (Chair of Finance and Performance Committee) and Wayne Harrison (representing Becky Pollard) who were attending for the first time today.</p> <p>The Governing Body introduced themselves to the members of the public who were in attendance.</p>
060/18	<p>Apologies:</p> <p>Apologies for absence were received from Carmel O'Brien Chief Nurse, Paul Sherriff</p>

Minute No:	Item:
	<p>Director of Organisational Development and Partnerships, Rachel O'Connor, Director of Planning and Delivery and Becky Pollard, Interim Director of Public Health, Birmingham City Council.</p> <p>The Chair confirmed the meeting was quorate.</p>
061/18	<p><u>Declarations of Interest</u></p> <p>The Governing Body received and noted the Register of Members' Interests.</p> <p>The Secondary Care Consultant, Mr Stan Silverman advised he had recently made an amendment to his declaration of interest. This was not pertinent to today's agenda and would be reflected in the Register of Interest presented at the next meeting.</p> <p>The following declarations of interest were made in respect of today's meeting.</p> <p>All Governing Body GPs present declared an interest in item 072 Development of the Birmingham and Solihull Universal Patient Offer to General Practice, However, conflicts of interest in respect of the paper had been considered in advance of the meeting and it was agreed that as the paper focussed solely on process and timescales, that there was no conflict of interest arising at this point.</p> <p>In the longer term, as the offer becomes more fully defined and progresses through the CCG assurance process, conflicts of interest may become apparent.</p> <p>There were no further declarations of interest pertinent to the agenda.</p>
062/18	<p>Public Questions;</p> <p>There were no public questions received prior to the meeting. The public were advised that public questions should be submitted in advance of the next Governing Body meeting in October.</p>
063/18	<p>Minutes of the last meeting:</p> <p>The minutes of the meeting held on 3 July 2018 were agreed as a true and accurate record of the meeting.</p>
064/18	<p>Minutes from the Annual General Meeting:</p> <p>The Governing Body received the minutes from the Annual General Meeting held on 11 July 2018.</p>
065/18	<p>Action log:</p> <p>The meeting received the updated action log. The closed actions would be removed from the register. The action log was updated to reflect the discussions at the meeting.</p>
066/18	<p>Report of The Chief Executive:</p> <p>The Governing Body received the Chief Executive's update.</p> <p><u>Special Educational Needs and Disability (SEND) Review:</u> Between 25 and 29 June 2018, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Birmingham to judge the effectiveness of the City in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.</p>

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	<p>The Local Authority SEND report was published 10 September 2018. The findings were not unexpected and build on recognised areas of inadequate practice. Birmingham's Children's Trust, the Council and the CCG recognised that they needed to work together to address highlighted issues at pace.</p> <p>In response a board was established, and a joint action plan was being developed. A response was required within seventy days.</p> <p>A meeting with the Department of Health and Department of Education was taking place in October.</p> <p>This triggered a response from the CCG to find a way to address the significant number of inspections by regulatory bodies such as CQC/Ofsted.</p> <p>The CCG convened a meeting to take place in November, chaired by Sir Tony Hawkhead, Vice Chair to include Children's Service leads from Birmingham and Solihull. It was pointed out that there were pockets of excellence across the City from which we could learn from.</p> <p>The theme from the inspections was the lack of an overarching approach or joined-up strategy.</p> <p>There was now a well aligned partnership developing and the next step was to turn it into a shared vision and outcomes.</p> <p><u>Locality Directors</u> Appointments had been made to the East and North, and Solihull localities; both candidates were expected to be in post by November.</p> <p><u>NHS long-term plan</u> It was anticipated that this would be published mid-November. It was a statement of intent regarding resources.</p> <p>Healthcare spending pressures continued as growth outstrips resource. It was a challenging time for the NHS.</p> <p>From a local perspective the intention was to progress integrated working and to engage with the joint commissioners within the local authority to identify inefficiencies and opportunities to generate resources to improve care for patients.</p> <p>The Chief Executive advised that a proposal would be presented to the Governing Body in November.</p>
067/18	<p>Report of Clinical Chair: The Governing Body received the Chair's update.</p> <p><u>Governing Body Objectives</u> Key focus had been on meeting with members and setting a clear set of objectives. Dates were arranged for members who had not yet met with the Chair. Good progress had been made.</p>

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	<p><u>Engagement</u> The Chair had been appointed as Vice Chair of both the Birmingham and Solihull Health and Wellbeing Boards. This provided a unique viewpoint on the functioning and running of the two councils and an opportunity to share best practice across both (Solihull dashboard).</p> <p>Drop in sessions have been organised for GPs to have the opportunity to meet with the Chair and he is scheduled to attend the locality meetings.</p> <p>Future planning would include regular practice visits. A visit to the Lordswood Practice took place on Monday 17 September.</p> <p><u>Good News</u> SDS MyHealthcare Virtual Service CQC Inspection rated as 'Outstanding'.</p> <p>Shortlisted HSJ Awards 2018</p> <ul style="list-style-type: none"> ▪ SDS MyHealthcare Virtual Community Clinics in collaboration with other NHS, Health & Social Care providers. <p>Shortlisted General Practice Awards 2018</p> <ul style="list-style-type: none"> ▪ Hall Green Health for GP team of the year; ▪ SDS MyHealthcare and Goodrest Croft, both shortlisted for diabetes. <p>The winners would be announced 30 November 2018.</p> <p>Results of NHSE GP Patient Survey 2018 (published by NHSE):</p> <ul style="list-style-type: none"> ▪ Firs Surgery was rated as number five in the top ten in England. <p>Practices rated in the top ten in the West Midlands.</p> <ul style="list-style-type: none"> ▪ Kingsbury Road Medical Centre; ▪ Selly Park Surgery; ▪ West Heath Surgery; ▪ Cofton Medical Centre; ▪ Arden Medical Centre. <p>National NHSE visit to Hall Green Health <i>"The work that the Hall Green team had done to use technology to vastly improve their understanding of demand and use it to create greater ownership across the whole team of the way they improve access for patients was extremely impressive".</i></p> <p>Thank you from a Member practice supported by CCG Primary Care Team <i>"Honestly, I am not sure how thank you, will be sufficient enough to express our gratitude. You all are amazing. The support you provided us was quite frankly immeasurable. We are grateful to all of you for seeing us through this really difficult time, giving up your time and energy to do it and going over and above your roles. From all of us at the practice - Thank you from the bottom of our hearts".</i></p>
068/18	<p>Feedback from the Localities: The Governing Body received the reports as read. The purpose of the report was to inform the Governing Body on matters arising and key points of escalation within the six</p>

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	<p>localities. There was no report from Western Birmingham this month, as the locality was hosting the spotlight session.</p> <p>There were no matters identified for escalation to the Governing Body arising from the localities, other than assurances as to the work undertaken.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • RECEIVED the reports for ASSURANCE.
069/18	<p>Western Birmingham Locality Spotlight:</p> <p>The Locality Lead, Dr Zafar Ali gave a presentation on the Western Birmingham Locality to the Governing Body which highlighted the key issues, demography, challenges and successes in the locality. In particular:</p> <ul style="list-style-type: none"> • Higher deprivation; • Higher unemployment; • Poor housing; • Childhood obesity; • Comparatively younger population; • Higher percentage of Black and minority ethnic (BME) community; • Premature deaths from Cardiovascular Disease (CVD), respiratory disease; • Higher prevalence of Mental Health, depression, drug addiction, crime and diabetes. <p>The Governing Body acknowledged that a range of factors common to many deprived areas contributed towards poor outcomes in health, for example: poor housing and local environments, limited social networks, income poverty and worklessness, poor local transport and access to services and low educational attainment, drug and alcohol misuse.</p> <p>The Governing Body had a lively discussion. Key points included:</p> <p>It was important to mobilise opportunities from commercial initiatives such as HS2 and the Commonwealth Games.</p> <p>The increase in takeaway outlets in poorer areas reinforced inequalities in diet and childhood obesity, making it more difficult to make healthy food choices. The Independent Member, Dr Fazil questioned whether there should be restrictions on the number and location of outlets in deprived areas.</p> <p>The Assistant Director of Public Health advised that child obesity was a priority not only for Birmingham but nationally too.</p> <p>Opportunistic screening for diabetes and CVD to address the inequalities resulting in greater premature mortality and hence shorter life expectancy amongst the most deprived groups.</p> <p>Infant mortality was often attributed to either a birth defect or premature delivery. The Governing Body discussed the impact of genetics and promoting awareness of genetic risk. Barriers to early presentation for continuous antenatal care, especially by BME women was also a factor that contributed to infant mortality in socially deprived women.</p>

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	The Governing Body thanked the Locality Lead, Dr Ali for a thought provoking and informative presentation.
	For decision
070/18	<p>Section 75 Solihull Integrated Commissioning:</p> <p>The Director of Integration presented the report to the Governing Body to delegate authority to the Chief Executive to sign off the Section 75. This is a legal agreement between the CCG and the Local Authority to establish a pooled budget to fund the Integrated Commissioning Team and residential services for people with learning disabilities.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • AGREED to delegate authority to the Chief Executive to sign the Solihull Integrated Commissioning Section 75 agreement following final Director approval at the Solihull Integrated Commissioning Board.
071/18	<p>Communication and Engagement Strategy:</p> <p>The Head of Communications and Engagement presented the two-year strategy which was designed to support the CCG to reach its objectives. It set out the CCG's approach to communication and engagement; both within the organisation, and externally with its stakeholders.</p> <p>She was mindful that it was a two-year strategy but advised that there was scope for flexibility. It was evidence based and included feedback from CCG lay advisors for patient and public involvement, CCG GP locality leads, patient representatives from Birmingham and Solihull and Healthwatch Birmingham.</p> <p>The strategy makes a clear commitment to partnership working, supporting a single conversation with local people and stakeholders, in collaboration with STP partners.</p> <p>Key discussions which the Head of Communication and Engagement agreed to consider included:</p> <p><u>Stronger local values.</u></p> <p>The Governing Body was informed that this was work in progress. The CCG, as part of its organisational development work, had engaged with staff and HR through coffee morning/afternoon tea forums. The outcomes from this piece of work would drive the CCG values.</p> <p><u>Organisational drivers</u></p> <p>The organisational drivers would be included in the executive summary, as well as the main document.</p> <p><u>KPI evaluation linked to the strategy</u></p> <p>This was a good suggestion and would be considered.</p> <p><u>Endorse social media</u></p> <p>The 'blogs' had been very positively received and it was agreed that there was an opportunity to extend wider to include 'blogs' from clinical staff and the leadership team.</p> <p>It was agreed to have a more integrated approach and proactively promote social media for example by utilising 'Week at a Glance'.</p>

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	<p>The strategy was very well received by the Governing Body.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • APPROVED the Communications and Engagement Strategy
	<p>For Assurance</p>
072/18	<p>Development of the Birmingham and Solihull Universal Patient Offer to General Practice:</p> <p><i>Declarations of interest applied to this item. All Governing Body GPs present declared an interest.</i></p> <p>Note:</p> <p>All Governing Body GPs present declared an interest in item 072 Development of the Birmingham and Solihull Universal Patient Offer to General Practice. However, conflicts of interest in respect of the paper had been considered in advance of the meeting and it was agreed that as the paper focussed solely on process and timescales, that there was no conflict of interest arising at this point.</p> <p>In the longer term, as the offer becomes more fully defined and progresses through the CCG assurance process, conflicts of interest may become apparent.</p> <p>The Director of Integration, supported by Rhona Woosey, Senior Care Transformation Manager, presented the report to the Governing Body to provide an update to ensure they were assured by the process being followed for the development of the enhanced service offer to Birmingham and Solihull (BSol) CCG General Practice.</p> <p>The report included the timelines for consultation and engagement prior to the service progressing through the assurance process for sign off in December 2018.</p> <p>The report described how the service priorities and contractual and performance framework were being determined. It concluded with a proposed timeline for consultation and engagement with internal and external stakeholders before signing off through the assurance process in time for implementation by the 1 April 2019.</p> <p>The Governing Body was referred to the report and key highlights included:</p> <p>It was agreed that when the CCGs merged they would each continue to deliver their own enhanced service frameworks for a period of 12 months to stabilise care for patients.</p> <p>Through a review of current enhanced service arrangements, it has been identified that 28 services or good practice interventions currently being delivered across CCG legacy schemes fell outside the existing strategic local and national priorities of the CCG.</p> <p>Seven strategic service areas had already been identified for inclusion within the Universal Offer because of their acknowledged priority within the local Birmingham and Solihull Sustainability Transformation Partnership (STP) Plan to deliver joined up out of hospital place-based care and Multi-Disciplinary Team (MDT) working to the BSol population.</p> <p>It was accepted that not all of these additional 28 services could be retained within the scope of the Universal Offer made to Primary Care. Therefore, a prioritisation process</p>

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	<p>was undertaken to help determine which of these services or good practice interventions should be carried forward into the Universal Offer for delivery from April 2019.</p> <p>Sandwell and West Birmingham (SWB) CCG enhanced service model was considered to ensure a close alignment of services for West Birmingham patients living on the geographical borders of SWB CCG.</p> <p>There was an ongoing commitment to be open and transparent with the membership during the developmental phase to make sure that practices were well briefed upon the options for service delivery. Through this process, feedback was encouraged, and the views of the membership were taken account of within the design process.</p> <p>It had been agreed as a draft service principal that practices would have to deliver all of the components of the scheme if they wished to sign up to the Universal Offer. However, in doing this there was flexibility for practices to sub contract certain elements of the scheme to other providers if they wished to do so. The contractual term for the scheme would be for two years to allow emerging new models of care time to develop</p> <p>There were several questions from the Governing Body:</p> <p>The Secondary Care Consultant asked if there were plans to monitor the quality and safety outcomes to make sure it would improve care for patients. It was confirmed that a process for the monitoring of quality and safety outcomes for the service was currently being developed and this was being undertaken with support offered by the Business Intelligence and Public Health Teams.</p> <p>The Governing Body was asked if there were members who could advise on qualitative metrics for delivery.</p> <p>How would variations across the patch be supported. It was confirmed that it aligned to STP priorities identified by the STP refresh.</p> <p>Would there be a 'sense' check after twelve months? It would continually be monitored and evaluated as part of the contract.</p> <p>What would happen to the services not included in the Universal Offer? It was advised that these would cease unless a business case for continued delivery was put forward that outlined a specific rationale for the service to continue to be commissioned through an alternative contracting route. It was recognised that Birmingham and Solihull operated very differently.</p> <p>The Governing Body commended the report and the hard work undertaken.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • RECEIVED the progress update for ASSURANCE.
073/18	<p>Finance Report 2018/19:</p> <p>The Chief Finance Officer presented the Month 4 (July 2018) finance report which was considered by the Finance and Performance (F&P) Committee 21 August 2018.</p>

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	<p>At this stage in the financial year, the CCG was forecasting to meet its control total of an in-year deficit of (£3.591m) which had been agreed by NHSE. The in-year deficit had been agreed as the CCG(s) have built up cumulative surpluses in prior years.</p> <p>Key risks included:</p> <ul style="list-style-type: none"> • Continuing Healthcare (CHC) Programme Costs had abated due to a small underspend; • Learning Disability cost pressures; spike in numbers, behind on trajectory discharging patients and costs remained within the system. However, inroads were being made to discharge patients into the community; • Prescribing – cost pressures arising from out of stock medication which was a national issue; • QIPP. <p>The Independent Member, Stephen Beck questioned the impact of ‘Brexit’ and access to medicines.</p> <p>The advice from NHSE was very clear there would not be an increase in ordering of medicines and no more than a six-week supply was allowed.</p> <p><u>QIPP</u> The September F&P committee would include a deep dive on medicines management performance. A deep dive on urgent care performance would also be undertaken by F&P jointly with the Quality and Safety Committee in September.</p> <p>The risks had been mitigated with the release of the CCG contingency.</p> <p>The draft Financial Plan for next year was being presented to the Governing Body in October.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • RECEIVED the report for ASSURANCE.
074/18	<p>Performance Report: The Chief Finance Officer presented the performance summary which was considered by the F&P Committee 21 August 2018.</p> <p>The full paper was shared with the Governing Body as part of the papers (Pack B).</p> <p>Key risks included:</p> <p><u>A& E four-hour target</u> A&E performance at University Hospitals Birmingham (UHB) remained a concern. Pressures year to date remained with attendances, ambulance conveyances and conversion to admission.</p> <p>A review of Good Hope A&E as part of winter planning was due to be undertaken.</p>

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	<p>NHSE suggested to the CCG a review of the model at University Hospital North Midlands NHS Trust (UHNM) who had seen an improvement in their A&E performance trajectory.</p> <p>To prepare for winter, the winter planning meetings were being reinstated. The national Winter Plan had not yet been published. The flu vaccination programme was being proactively promoted.</p> <p>There was a discussion about how the flu vaccination programme would be driven locally. Public Health England sends out the communications centrally. It was driven locally by internal communication to encourage staff to be vaccinated. The Head of Communication and Engagement advised that once the information was received further detail would be shared.</p> <p>Regarding adjuvanted trivalent flu vaccine problems with the ordering processes at some practices to ensure enough stock to vaccinate over 65s, plans were in place for each of these practices.</p> <p><u>Referral to Treatment (RTT)</u> Although the Royal Orthopaedic Hospital (ROH) had improved, it remained unlikely that the RTT target would be met at year end.</p> <p><u>62-day Cancer</u> ROH had improved but not at the pace anticipated.</p> <p>The Governing Body was advised that waiting lists was an issue across the Country. Theatre capacity was a challenge.</p> <p>The Chief Executive referred to an excellent piece of work introduced at ROH to use theatres efficiently. It was a good example which could be duplicated,</p> <p>The Independent Member, Stephen Beck referred to the issue with spinal surgery at ROH.</p> <p>The Chief Finance Officer advised that it was in part due to lack of intensive care bed capacity; there had been some improvement, but it had been an issue for several years.</p> <p>The Secondary Care Consultant added that it was complex surgery with risks and there was a lack of surgeons undertaking it. ROH would also be under pressure with out of area referrals.</p> <p>All risks were closely monitored by the F&P Committee.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • RECEIVED the report for DISCUSSION and ASSURANCE.
075/18	<p>Emergency Preparedness, Resilience and Response (EPRR) Annual Report: The Head of Governance presented the report. NHS organisations' self-assessment returns against the 2018 Core Standards were due for submission to NHSE by 31 August 2018.</p>

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	<p>Category 1 related to providers i.e. ambulance service. The CCG was category 2 whose responsibility was to ensure providers had robust plans in place.</p> <p>The CCG completed the exercise which was reviewed by the Accountable Emergency Officer and Executive Management Team and signed off by the Chief Executive.</p> <p>The CCG had made changes and improvements to its EPRR and BCM arrangements including introduction of a two-tier CCG on-call manager/director rota and updating of policies.</p> <p>The Governing Body was referred to section 3 of the report namely:</p> <p>The BCM/EPRR team will be prioritising the following actions:</p> <ul style="list-style-type: none"> • Further training of senior managers new to the on-call rota due September 2018; • Ratification of the CCG's updated suite of EPRR/BCM policies and procedural documents due October 2018; • Loss of premises / communications test exercise due 31 October 2018; • Testing of incident co-ordination centre arrangements, including IM&T due January 2019; • To remain sighted on existing and emerging risks highlighted by local, LHRP and the national risk registers, including the possible impact of a no-deal 'Brexit'. <p>The Governing Body:</p> <ul style="list-style-type: none"> • RECEIVED the report for ASSURANCE; • APPROVED the priorities outlined in section 3 above.
Committee Reports	
076/18	<p>Committee Reports & Escalations:</p> <p>The purpose of the report was to inform the Governing Body of the findings and escalation of concerns from the Committees:</p> <ol style="list-style-type: none"> a. Finance & Performance b. Primary Care Commissioning c. Commissioning Investment & Disinvestment d. Western Birmingham Joint Commissioning <p><u>Quality & Safety Committee</u></p> <p>The Chair gave a verbal update. There had been two meetings since the last Governing Body meeting. Key highlights included:</p> <p><u>Joint Quality & Safety and Finance & Performance Committee Deep Dive -Transforming Care Programme</u></p> <p>The Finance and Performance and Quality and Safety Committees held a deep dive into the progress being made by the Transforming Care Partnership (TCP) for people with Learning Difficulties and Autism.</p> <p>Actions jointly agreed by the meeting:</p>

Minute No:	Item:
	<ol style="list-style-type: none"> 1. Continued support for the work the CCG Chief Nurse was doing in this area. 2. Welcoming the input of Julie Jones into the programme to address the issues around housing. 3. The need to improve engagement with medical leaders in the organisations providing inpatient services to discuss the Transforming Care programme and National priorities for the care of this client group; the need to reduce reliance on inpatient services; how these providers can change their model of care to help achieve the aims of the TCP and improve alignment with the nine guiding principles. <p><u>Healthcare Safety Investigation Branch (HSIB)</u> A report was published outlining the issues that contribute to an inappropriate hip prosthesis being inserted. The recommendations can be viewed in full at the HSIB website but are largely focussed on actions for manufacturers, regulators and professional bodies to improve packaging and surveillance of joint replacement surgery.</p> <p><u>Workforce Race Equality (WRES)</u> The latest WRES showed that Black and Ethnic Minority (BME) staff were more likely to experience bullying and harassment at work and feel that they do not have opportunities for promotion and development at work.</p> <p>The merger of the three CCGs was a stressful time for staff. The Governing Body agreed that it was essential that staff were supported, and wellbeing issues addressed.</p> <p>An annual staff survey can help gauge how staff feel especially in time of change.</p> <p>There were no further matters escalated to the Governing Body, other than assurances as to the work undertaken by the Committees.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • RECEIVED the report for ASSURANCE.
	<p>For Information</p>
077/18	<p>The following items were taken as read. They were circulated to the Governing Body via Pack B:</p> <ol style="list-style-type: none"> a. Western Birmingham Locality Birmingham Heath Profile 2017/18; Ladywood District Profile 2017/2018; Perry Barr District Profile 2017/2018. b. Communication and Engagement Equality Analysis c. Performance Report Detailed Performance Report. d. Report of the Quality & Safety Committee June and July 2018 approved committee minutes.
078/18	<p>Any Other Business: There was no further business.</p>

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079/18	<p>Reflections of the Meeting: The Governing Body was reminded to complete the committee/board survey as the feedback was valuable to run the committees/board operationally.</p> <p>There was support for the 'spotlight on the locality'. The Western Birmingham presentation was very interesting and thought provoking.</p>
	<p>Date of the Next Meeting: The next meeting would be held on Tuesday 2 October 2018 Sycamore Suite, The Beeches Conference Centre, 76 Selly Oak Road, Bournville B30 1LS at 10am until 1pm. Members of the public were welcome to attend the meeting.</p> <p>The Chair thanked everyone for their contributions and discussions. The members of the public were thanked for attending the meeting. The Chair closed the meeting held in public at 12.50pm.</p> <p>The remainder of the meeting was held in closed session, having regard to the confidential nature of the business transacted, publicity on which would be prejudicial to the public interest.</p>

Signed
Dr Peter Ingham (Chair)

Dated