West Hampshire
Clinical Commissioning Group

Primary Care Commissioning Committee

Date of meeting		**28 February 2019**	
Agenda item	**3**	**Paper No**	**PCCC19/002**

Minutes of the Previous Meeting – 1 November 2018

Key issues	The draft minutes of the 1 November 2018 meeting of the West Hampshire CCG Primary Care Commissioning Committee are attached for review and comment.
Strategic objectives / perspectives	This paper addresses the following CCG strategic objectives: • Ensure safe and sustainable high quality services • Work in partnership to commission health and social care collaboratively • Establish local delivery systems • Ensure system financial sustainability This paper supports the above by ensuring there are robust systems of internal control, governance and external validation' which demonstrate: • Openness and transparency in the organisation's decision making processes and • That there is robust discussion in relation to any issues of concern.
Actions requested / recommendation	**The Primary Care Commissioning Committee is asked to:** • **Receive and agree the Minutes of the meeting held on 1 November 2018.** • **Discuss any matters arising from the Minutes that are not covered by the Action Tracker.** • **Note that the approved Minutes of the Primary Care Commissioning Committee will be submitted to the next CCG Board meeting held in public.**
Principal risk(s) relating to this paper	Not applicable.
Other committees / groups where evidence supporting this paper has been considered	Not applicable.

Financial and resource implications / impact	There are no financial or resource implications arising from this paper.
Legal implications / impact	There are no legal implications arising from this paper.
Data protection impact assessment required?	Not applicable.
Public / stakeholder involvement – activity taken or planned	Not applicable.
Equality and diversity – implications / impact	As a record of what was discussed/agreed at a meeting, minutes do not have an equality impact.
Report author	Terry Renshaw, Governance Manager
Sponsoring director	Rachael King, Director of Commissioning, South West
Date of paper	21 February 2019

Primary Care Commissioning Committee (Draft)

Minutes of the West Hampshire CCG Primary Care Commissioning Committee Meeting held on Thursday 1 November 2018 at 9.00am in the Boardroom, Omega House, and 112 Southampton Road, Eastleigh, SO50 5PB

Present:	Caroline Ward	Lay Member, New Technologies and Digital **(Chair)**
	Ian Corless	Head of Business Services/Board Secretary
	Jenny Erwin	Director of Commissioning Mid-Hampshire
	Simon Garlick	Lay Member, Governance
	Mike Fulford	Chief Finance Officer and Deputy Chief Officer
	Judy Gillow	Lay Member, Quality
	Heather Hauschild	Chief Officer
	Adrian Higgins	Medical Director
	Rachael King	Director of Commissioning: South West
	Ellen McNicholas	Director of Quality, Board Nurse
	Heather Mitchell	Director of Strategy and Service Development
	Helen Pardoe	Secondary Care Board Member
	Alison Rogers	Lay Member Strategy and Finance
In attendance:	Beverley Goddard	Director of Performance and Delivery
	Sarah Schofield	Clinical Chairman
	Terry Renshaw	Governance Manager
Apologies:	Sallie Bacon	Director, Public Health

Summary of Actions

Minute Ref:	Action	Who	By
5.3	**GPFV Work Programme** • Include specific reference to the governance reporting routes in terms of monitoring quality, delivery and outcomes. • Raise with Referral Support Service poor patient experience for frequent fliers in terms of being allocated to another consultant's clinic on e-referrals. • For Q3 report identify measurables and how trajectories are achieving in order to provide. assurance.	RK RK RK	ASAP ASAP 20.02.19
6.2.2	**PMS Contract Change** – In future reports include reference as to reason why change has been requested.	RK	ASAP

Minute Ref:	Action	Who	By
9.3	**Primary Care Finance Report** – Include in next report detail around cluster resourcing.	MF	20.02.19

1.	**Chairman's Welcome**
1.1	Caroline Ward welcomed all present to the seventeenth meeting in public of the Primary Care Commissioning Committee since responsibility was delegated to the CCG in April 2015. She noted the apologies for absence and highlighted that this was a meeting being held in public, rather than a public meeting.
1.2	It was confirmed that the meeting was quorate.
2.	**Declaration of Interests** ***(Paper PCCC18/056)***
2.1	Caroline Ward reminded Committee members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of NHS West Hampshire Clinical Commissioning Group.
2.2	No additional conflicts of interest were identified as a result of these declarations and the business of the meeting commenced with no requirement for Committee members to absent themselves from proceedings. Attention was drawn to the fact that should a conflict arise at any point during the meeting members will need to declare this fact.
2.3	**AGREED** **The Primary Care Commissioning Committee:** • **Agreed to note the updated Register of Interests for Committee members.**
3.	**Minutes of the Last Meeting** ***(Paper PCCC18/057)***
3.1	Caroline Ward asked Committee Members to confirm the minutes of the meeting held on the 30 August 2018 as a correct record of proceedings. She explained that she had received no amendments in advance of the meeting.
3.2	**AGREED** **The Primary Care Commissioning Committee:** • **Approved the Minutes of the meeting held on 30 August 2018 as being a correct record and commended them for signature by the Chairman.**
3.3	**Matters Arising** There were no matters arising from the minutes that are not covered by the action tracker.

4.	**<u>Action Tracker</u>** ***(Paper PCCC18/058)***
4.1	Caroline Ward referred the Committee to the action tracker.
4.2	The following update was provided: • **Ref No 31 WHCCG GPFV 2018-19 Work Programme** – It was reported that the finalised cluster lead job description has been shared with the Committee. **Complete**.
4.3	**AGREED** **The Primary Care Commissioning Committee:** • **Reviewed the Action Tracker.** • **Agreed that the one action is now complete and can be closed.**
5.	**<u>WHCCG General Practice Forward View 2018-19 Work Programme</u>** **(*Presentation)***

5.1	Adrian Higgins and Rachael King presented the 2018-19 GP Forward View Work Plan Quarter 2 Progress Update: On opening the presentation Adrian Higgins drew particular attention to:
	• Progress to date against the agreed key priorities for delivery in 2018-19 in line with the five key components of the integrated care model and key enablers:
	  • Supporting people to stay well
	  • Proactive joined up care for those with ongoing or complex needs
	  • Better access to specialist care
	  • Integrated urgent and emergency care service 24/1
	  • Effective step up, step down, nursing and residential care.
	• Health and Care Clusters covering populations of 30,000 – 70,000 which are the foundations of the new integrated care model. There are 14 Clusters in West Hampshire. Clusters:
	  • Understand local need
	  • Understand their resources
	  • Have strong clinical and operational leadership.
	  • Work together to provide services that meet local need.
	  • Are rooted in the communities they serve.
	• Cluster Leadership:
	  • General Practice:
	  • Job description developed; recruitment is underway for Cluster Clinical Leads, 2 sessions per week.
	  • 9 Cluster Lead/s appointments progressed, 7 South West: 2 Mid-Hampshire. Post holders to commence November/December 2018.
	  • Cluster Leads will be directly employed by WHCCG and will report to the Locality Clinical Directors. Post tenure will be 2 years.
	  • Further work is being undertaken with remaining 5 Clusters:
	  • South West – Waterside and Chandlers Ford
	  • Mid Hampshire – Andover, Winchester Rural South and East
	  • Southern Health – Designated lead per Cluster : Integrated Services Matron
	  • Hampshire County Council – Designated lead per Cluster.

	Cluster Leadership and Organisational Development support being progressed including peer support networks.
	• Cluster Plans:
	  • Will be a core component of Locality Plans
	  • Priorities are to be informed by Cluster level population needs data.
	  • Priorities and outcomes are to be agreed by the Clusters to ensure 'bottom-up approach' and commitment to delivery. This will build on work already undertaken and in progress.
	It was reported:
	  • That a Joint LMC/WHCCG Webinar and Cluster workshop had been held in October.
	  • That Commissioning managers have been assigned per Cluster to support and facilitate Cluster development, core offer to all Clusters.
	  • In terms of strengthened partnership working early signs are positive.
	• The Cluster Governance Framework was outlined and attention was drawn to:
	  • Clusters plans developed with support of commissioning managers with defined priorities and outcomes for delivery.
	  • Cluster plans reviewed and agreed by Locality Clinical Director and Director of Commissioning
	  • Delivery of Cluster Plans via Cluster Delivery Group with standard Terms of Reference
	  • Monthly monitoring and progress reports to Locality Groups and Local Delivery System New Models of Care Groups.
	  • Bi-monthly report, as part of the Local Delivery System Reports, to Clinical Cabinet, WHCCG Board and Local Delivery System boards.
	  • High Level summary to Primary Care Commissioning Committee as part of the GPFV work programme.

5.2	Rachael King provided the following progress update:
	• **Better Access to Care**:
	  • Target is 90% of Practices using econsult by March 2019.
	  • 34 Practices (69%) using econsult, with 16,774 econsults submitted between April 2018 to September 2018. 10,064 estimated GP appointments saved.
	  • Average 2,795 econsults submitted per month; (increase from 1,710 per month 2017-18)
	  • Training programme offered to all Practices, 30 attended. Further 3 Practices to commence December 2018.
	  • Communications campaign implemented to raise public awareness. Benefit is that 70% of people were able to resolve health concerns without visiting their practice.
	• **Transformation – Referral Support Service** -Currently in mobilisation phase **:**
	  • Improved patient care – Ensuring patients are seen at the right place, first time. (212,000 GP referrals per year)
	  • Reduction in new GP referred outpatient appointments by 7.5%, evidence from the Bristol Model, and associated diagnostics, follow-ups and day cases, supporting delivery of outpatient transformation QIPP.
	  • Optimises opportunities utilising agreed pathways, advice and guidance requesting and improves communication.
	  • Recognises primary care pressures and supports the sustainability of general practice

	• Supports continuous professional development through peer review and education, national requirement. • Phased roll-out over 18 months across West Hampshire commencing October 2018 • Full year, recurrent, investment £900k; gross savings £1.5m • **Infrastructure- Estates:** • **Eastleigh Health and Wellbeing Hub:** • £2.2m ETTF capital funding secured. • Proposed development of a health and wellbeing centre in Eastleigh providing joined up care closer to home. Outline Business Case approved by WHCCG. A refreshed Outline Business Case approved by WHCCG which was submitted to NHS England on the 28 September 2018. • **Andover Health and Wellbeing Hub**: • £6.4m ETTF capital funding secured. • Options appraisal completed. Outline Business Case submitted. • Completion of ETTF capital schemes by March 2020. • **ERS Highlight Repor**t Attention was drawn to the following actions completed this period: • Hard paper switch off completed for UHS and HHFT on 3 September 2018, meaning all local providers are now 'e-RD only'. • Completed major training event with medical secretaries from 20+ practices and attendance from local providers and commissioners. • CSU working through payment authentication process, including measures to allow ad-hoc commissioner/provider exceptions. Thanks were extended to Claire Parker for overseeing this programme.
	In concluding the presentation attention was drawn to the difference this will make for Patients and General Practice which include: • Greater collaborative working supporting joined up care. • More flexible access to help and support • General Practice at the centre of integrated care, less duplication and more efficient use of resources. • More time to focus on those patients with complex need. • The ability to provide high quality care and a better patient experience • Ability to recruit and retain staff, greater range of professionals and new ways of working, including digital • Part of a thriving community which provides a network of community and voluntary support • A sustainable future.
5.3	As a result of discussion: • It was questioned in respect of the digital programme: • As to what is being done in terms of tracking cost savings/efficiency. It was stated that there are no financial issues and learning is being shared to embed new ways of working. • What communications are being shared within our local population and practices in terms of good news stories? It was reported that the benefit of econsult is being promoted by GP practices and good practice is being shared. There is a communications plan aimed at increasing utilisation and there are regular discussions at locality meetings.

- Why the target is set at 90% of Practices using econsult by March 2019 and is it acceptable to have 10% of our patient population who do not have access. It was reported that:
  - The 90% target is an STP target and the local ambition is to achieve 100%.
  - WHCCG has fully funded all our Practices and work is progressing to encourage the remaining 12 Practices to use econsult.
- Reported that Locality Clinical Directors are working with 'high using Practices' to promote service and share best practice.
- Reported that monthly utilisation data is shared across WHCCG. Practices and Patient Participation Groups are sighted on this programme.

- It was reflected that good progress has been made in terms of Cluster development and appointment to the roles of Cluster Leads. In respect of the roles that are still vacant is there confidence that appointments will be made. It was responded that the issues are different in each Cluster and in respect of the :
  - South West – Recruitment is progressing well.
  - Mid Hampshire – This is impacted by issues around the configuration of Clusters within the rural area as Practices are spread out and it is more difficult to see the benefits of Clustering.

  A work shop will be held in November and Nigel Watson, LMC will speak to the concept and vision, this will also be facilitated by Lorne McEwan, Locality Clinical Director, Winchester.
- Clarification was sought around the processes in place should a conflict of interest arise. It was reported that there is a robust governance framework in place in which it is clear how conflict of interest will be handled and recorded
- Questioned in terms of the Cluster leadership and organisational development support being progressed will this include Southern Health leads and Local Authority leads. It was responded that the intention is to 'marry' people with their respective peers as part of the induction process.
- Clarification was sought around whether Clusters will remain separate or be aligned in respect of Clinical Governance monitoring of quality, delivery and outcomes and whether there will be links established with Board Sub-Committees. It was agreed that the governance framework will include specific reference to the governance reporting routes in terms of monitoring quality, delivery and outcomes within their delegated arrangements.

ACTION: Rachael King

- Highlighted in respect of e-referrals there is the potential for 'frequent fliers' to be dropped into another consultant's clinic on the e-referral system rather than referring them to a consultant who has seen them before. This can result in poor patient experience. It was agreed that this will be raised with the Referral Management Service.

ACTION: Rachael King

- Stated that in terms of the report structure it is difficult to identify the measurable for 2018-2019 and how far trajectories are achieving in order to obtain assurance. It was agreed that this will be included within the Quarter 3 report.

ACTION: Rachael King

5.4	**AGREED** **The Primary Care Commissioning Committee** • **Received the presentation** • **Agreed the actions outlined at paragraph 5.3**.
6.	**Operational Report** ***(Paper PCCC18/059)***
	CCG Wide
6.1	**Special Allocation Scheme (SAS)**
6.1.1	Rachael King reported that Mid Hampshire Healthcare took over the contract in June 2018. Significant issues were experienced in terms of level of demand and behaviour/manner of patients presenting so the decision to serve 3 months' notice was taken and the service ceased at the end of September 2018. An alternative provider has been identified and agreement has been reached with Partnering Health Limited (PHL) to provide the SAS service, jointly across Portsmouth CCG, Fareham and Gosport CCG and West Hampshire CCG areas, using the same service specification. Each CCG will have a separate APMS contract with PHL with an end date of March 2020.
6.1.2	The new provider and funding was approved on the 20 September 2018 under an Urgent Decision Making Process, due to timescales involved and the need for continuity of a service for patients on the scheme. Patients have been informed of the change of provider and the new service commenced on the 1 October 2018.
6.1.3	As a result of discussion concern was expressed that face to face is only being offered at Portsmouth. It was highlighted that there are plans to further expand the service and it is likely that in the meantime some patient dis-satisfaction may be encountered. Therefore the service will be kept under review.
	South West
6.2	Forest Gate Surgery Primary Medical Services (PMS) Contract Change
6.2.1	It was reported that: • PMS Contracts require CCG approval of changes to partnerships in the contract. • Forest Gate Surgery in Totton (patient list size 13,471 at Oct 2018) has requested that the Primary Care Commissioning Committee approve the following change to the Partnership contract • The removal of Dr Maha Ahmad from the Forest Gate PMS contract with effect from 30 April 2018 (late notification). All sessions have been covered with a salaried GP. It is recommended that the change in partnership be approved.
6.2.2	As a result of discussion it was requested that future reports include reference as to reason why change has been requested. **ACTION: Rachael King**

6.3	**AGREED** **The Primary Care Commissioning Committee:** • **Noted the update on the Special Allocation Scheme.** • **Approved the removal of Dr Maha Ahmad from Forest Gate surgery primary medical services (PMS) contract.** • **Agreed the action outlined in paragraph 6.2.2**
7.	**<u>Primary Care Commissioning Risk Register</u>** ***(Paper PCCC18/060)***

7.1	Rachael King introduced paper PCCC18/060 and explained that the Primary Care risk register has been updated to include identified risks and mitigating actions. Attention was drawn to the following high risks:
	• GP recruitment and retention, mitigated by the ongoing review and production of a workforce strategy.
	• Practice development in Winchester, mitigated by regular contact with the practice and a decision by the practice to sign the Head Lease and progress the scheme. This risk has been reduced.
	• Transition to Capita (Primary Care Services England) mitigated by feedback from regular meetings held by NHS England and the Local Medical Committee. It was reported:
	  • The CCG met with the Regional Manager for PCSE on 25 June 2018 where it was confirmed that progress has been made in some but not all areas.
	  • The transition process for the transfer of paper medical records when a patient moves surgery is now in place and issues which have resulted in a delay in the transfer have now been resolved. The majority of issues with the supplies function which enables Practices to order items such as prescription pads have now been resolved, with the only outstanding issue being a shortage of General Data Protection Request (GDPR) forms which are being urgently printed. Transition is in process for the performers list online but issues remain with GP pensions. The new CEO of PCSE is meeting regularly with the NHS England central team who hold the contract.
	  • Locally, practices have been asked to submit any ongoing issues for individual resolution and escalation and 42 specific issues have been raised by 13 practices across West Hampshire CCG. These primarily relate to GP pension issues. The information has been sent to the Regional Manager for a direct response to the Practices and a progress update is expected by WHCCG at the next meeting with PCSE in October 2018.
	• ETTP due diligence timescales mitigated by locality working groups and Primary Care Steering Group oversight, detailed timelines with milestones and regular reviews.
	• Lack of capital for area hub development mitigated by applications submitted to wave 4 STP capital funding.
	• Clinical leadership for cluster development mitigated by proposal for dedicated Cluster Clinical Leads.
	• IT Assets not clearly identified mitigated by a formal review of the service with an action plan including a full audit and the issue of a performance notice to the contractor.
	• GP remote connection outdated support mitigated by existing security solutions. Practices are being transitioned to an alternative solution.

	• Out of hours IT support mitigated by a CSU contract variation identified to cover Mon-Fri 7.30am-8pm and Sat 8am -1pm. Service Specification to include Delivery of the Primary Care Strategy mitigated by locality plans.
7.2	It was requested that the following risks are removed: • 127 – Confirmation has been received that all PMS contracts are now signed. • 530 - Special allocation scheme; a new provider contract is now in place.
7.3	**AGREED** **The Primary Care Commissioning Committee:** • **Noted the Primary Care Risk Register, the identified high risks and mitigating actions.** • **Agreed the removal of number 127, non agreement of PMS contracts and number 530 Special Allocation Scheme.**
8.	**<u>Primary Medical Care Commissioning and Contracting: Internal Audit Framework for Delegated CCGs</u>** ***(Paper PCCC18/061)***

8.1	Rachael King introduced paper PCCC18/061 and explained that the Primary Medical Care Commissioning and Contracting: Internal Audit Framework for delegated CCGs was published in July 2018.
	
	It was reported:
	• Where NHS England delegates its functions to CCGs, it still retains overall responsibility for obtaining assurances that its functions are being discharged effectively. While NHS England's CCG Improvement and Assessment Framework reports CCG performance in key areas, including primary care, it does not provide specific assurance on the management of delegated primary medical care commissioning arrangements.
	• In agreement with the NHS England Audit and Risk Assurance Committee, the following is required from 2018-19:
	  • **Reported self-assessment of compliance with published primary medical care policies from each lead commissioner.** This is managed through the annual Primary Care Activity Report collection.
	  • **Report published by each delegated CCG covering the outcomes achieved** through their delegated responsibilities and the way in which assurances have been gained locally, particularly where innovative approaches are taken**.** This will be achieved through the amendment of the CCG annual governance statement template.
	  • **Internal audit of delegated CCGs primary medical care commissioning arrangements** to provide information to CCG's that they are discharging NHS England's functions effectively, and in turn to use this information to provide aggregate assurance to NHS England and facilitate NHS England's engagement with CCG's to support improvement.
	• The Delegation Agreement entered into between NHS England and CCG's sets out the terms and conditions on how delegated primary medical care functions are to be exercised. The scope of the internal audit framework is designed around this by monitoring these functions through the natural commissioning cycle:

	• Commissioning and procurement of services • Contract oversight and management functions • Primary care finance • Governance (common to each of the above areas) • The audit framework is to be delivered as a 3-4 year programme of work to ensure this scope is subject to annual audit in a managed way and within existing internal audit budgets. • In recognition that CCG's audit plans for 2018-19 may have been settled on in advance of the publication of the framework, CCG's should review their internal audit plans to accommodate this. If 2018-19 plans cannot be changed, CCG's should ensure this audit is included in their plans for 2019-20 at the latest. To implement the framework CCGs will need to plan and undertake a series of internal audits to ensure all areas in scope of this framework are audited by March 2021. If commencing with audit plans in 2019-20, the audit framework must be completed by March 2022. • Follow-up audits for areas of no assurance will need to be planned for in addition. • Delegated CCG's who conducted an audit of their primary medical care commissioning arrangements in 2017-18 may count this towards their implementation of this framework providing the audit and its objectives are in the scope of the framework and the outcome is (retrospectively) reported in line with this framework. • It should be noted that West Hampshire CCG undertook an Assurance Review of Primary Care as part of the 2017-18 internal audit plan. The review was published in February 2018 with a rating of 'Reasonable Assurance'. The report was received by the Audit Committee with three recommendations: • The CCG to reflect on and carry out an assessment as to whether it has achieved the four key benefits set out when it originally took on Primary Care Commissioning. • The PCCC to discuss ways of encouraging external bodies to attend its meetings. • The CCG to review what steps are necessary to avoid the appearance of potential conflicts of interest involving the PCCC where decisions are made in Part II of the meetings. • The internal audit framework requires the outcome of each audit to be reported to the CCG Audit Committee. The CCG Primary Care Commissioning Committee will have a lead role in discussing and agreeing the report. The outcome will be reported in the CCG's annual report and governance statement and discussed with NHSE's local team as appropriate.
8.2	As a result of discussion: • The Committee supported the following approach: • 2018-19 – Amendment to the Audit Plan to incorporate a follow-up to the recommendations from the 2017-18 audit. PCC Governance and primary care finance scheduled for Quarter 4. • 2019-20 – Commissioning and Procurement of Services, and contract oversight and management functions. • 2020-21 Governance Review. • It was agreed that the internal auditors are to be asked to look at the new framework and compare it with the previous Assurance Review of Primary Care and prepare a paper for the 12 November 2018 meeting of the Audit Committee

	in order that consideration can be given to the extent of the audit requirements in this and future years in order to agree any adjustments to the Audit Plan 2018-19.
8.3	**AGREED** **The Primary Care Commissioning Committee:** • **Agreed the approach outlined in paragraph 8.2.**
9.	**<u>Primary Care Finance Report – Month 6</u> *(Paper PCCC18/062)***
9.1	Mike Fulford introduced paper PCCC18/046 and explained that: • The budget for Delegated Primary Care for 2018-19 is £70,522k. • Across all Primary Care funding streams the budget is £175,759k
9.2	It was noted that: • We are required to deliver a 1% surplus on the Primary Care Delegated budget. • A GMS uplift of 1% has been announced. The national pay award came in at 2% which presents a financial pressure on the budget and we now need to look at opportunities to manage cost pressures. • Medicines Management YTD expenditure is showing an `underspend of £602k. This is due to achievement of QIPP and growth being lower than anticipated. The forecast is an underspend of £621k as per the PPA forecast.
9.3	As a result of discussion it was agreed to include within the next report detail around cluster resourcing. **ACTION: Mike Fulford**
9.4	**AGREED** **The Primary Care Commissioning Committee:** • **Noted the month 6 finance report 2018-19.** • **Agreed the action outlined at paragraph 9.3.**
10.	**<u>Any Other Business.</u>**
10.1	**<u>Terms of Reference</u>** It was noted that in order not to duplicate the WHCCG Board, Locality Clinical Directors at this point in time will not be invited to join this Committee. It was reported that we are required to review our constitution and all our Board and Sub-Committee in Quarter 4. The Clinical Chairman and Director of Performance will attend meetings as 'observers'.
11.	**<u>Risks Arising From Discussion of Agenda Items To Be Included on The Primary Care Risk Register</u>** - There were no new items identified on this occasion.

12.	**<u>Date of Next Meeting</u>**
12.1	The next meeting of the Primary Care Commissioning Committee is scheduled for: • Thursday 28 February 2018, 9.00am to 11.00am, Boardroom, Omega House, 112 Southampton Road, Eastleigh SO50 5PB.
13.	**The Committee approved a resolution 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. *[In accordance with section 1 (2) Public Bodies (Admission to Meetings) Act 1960].***