

GOVERNING BOARD			
Date of Meeting	21 November 2018	Agenda Item No	10
Title	Minutes of Other Meetings		
Purpose of Paper	<p>To accept the following:</p> <ul style="list-style-type: none"> • Minutes of the Audit Committee meeting held on 23 May 2018. • Minutes of the Health and Wellbeing Board meeting held on 20 June 2018. • Minutes of the Primary Care Commissioning Committee meeting held on 16 May 2018. 		
Recommendations/ Actions requested	Accept		
Engagement Activities – Clinical, Stakeholder and Public/Patient	N/A		
Item previously considered at	N/A		
Potential Conflicts of Interests for Board Members	N/A		
Author	Various		
Sponsoring member	Dr Elizabeth Fellows, Chair of Governing Board		
Date of Paper	13 November 2018		

**Minutes of a Meeting of the Audit Committee held on Wednesday 23 May 2018,
13:00pm - 15:00pm in the Committee Room,
NHS Portsmouth CCG Headquarters, Civic Offices,
4th Floor, 1 Guildhall Square, Portsmouth**

Summary of Actions

Agenda Item	Action	Who	By
7b	Anti-Fraud, Bribery and Corruption Work Plan 2018/19 –Ensure sign off from Michelle Spandley	Vicki Puttock	Sept 2018
8a	Approve Annual Report/Annual accounts 2017/18 amend the CCG enquiries email address on page 130 and edit the page numbering from page 54 onwards prior to submission and publication	Vicki Puttock/Mel Tourres	23 rd May 2018
9a	Information Governance Update Staff briefing on GDPR to be arranged	Justina Jeffs/Hayley Matthews	Sept 2018
9b (1)	Corporate Risk Register Review the QSEG approach to high risks to ensure alignment of risks through the whole committee system and ensure these are escalated if needed.	Justina Jeffs	Sept 2018
9b (2)	Corporate Risk Register Amend the wording the description of risk for 18/19 Efficiency Savings (QIPP)	Justina Jeffs	Sept 2018
9c	Register of Procurement Decisions Amendments to Columns 2 and 3 of the ETTF Pre project work there to include missing text.	Justina Jeffs	Sept 2018
9d	Register of Gifts/Hospitality New register created for the 2018/19 financial year	Justina Jeffs	Sept 2018
9e	Audit Committee Annual Report 2017/18. Amendments to point 3.3 to ensure clarity of scrutiny items discussed	Justina Jeffs	Sept 2018

Present:

Julie Cullen - Registered Nurse Representative
Graham Love - Lay Member
Jackie Powell - Lay Member
Andy Silvester - Lay Member (Chair)

In attendance:

Will Barnard - Internal Audit, TIAA Ltd
Jennison Baskerville - Local Counter Fraud Specialist, Hampshire and Isle of Wight Security Management Service
Sophia Brown - External Audit, Grant Thornton
Jane Cole - Deputy Chief Finance Officer
Dr Linda Collie - Chief Clinical Officer (GP)
Simon Cooper - Deputy Director (Medicines Optimisation) (Item 10)
Justina Jeffs - Head of Governance
Hayley Matthews - Information Governance Manager, CSU (Item 9a)
Tosin O Orekoya - Associate, Grant Thornton
Vicki Puttock - Business Development Officer (Minutes)
Michelle Spandley - Chief Finance Officer

1. Apologies and Welcome

Following introductions, apologies were received from Dr Nick Moore, Iain Murray, Giles Parratt, Innes Richens and Karen Travers.

2. Register and Declarations of Interest

No interests were declared. Justina Jeffs highlighted that there had since been an amendment to the register and this would be produced for the next Audit Committee meeting.

3. Minutes of the meeting held on 7 March 2018

The Audit Committee agreed the minutes an accurate record of the meeting.

3a Summary of Actions

The summary of actions from the last meeting were discussed and reviewed as follows:

Agenda Item	Action	Who	By	Progress
5b (130917)	External Audit Progress and Sector Briefing Report Circulate slides/notes from the Good Governance Institute and the World Health Innovation Summit team work for dissemination, due to the absence of a report. - Ongoing	Iain Murray	May 2018	Completed
6a (131217)	Internal Audit Update 2017/18 Circulate the final Primary Care Commissioning report - Resend to Jackie Powell	Justina Jeffs	May 2018	Completed
9c	Register of Procurement Decisions Include the end date for each procurement decision for the purpose of the Audit Committee and not for publication on the website.	Justina Jeffs	Sept 2018	In Progress - Justina Jeffs working with procurement to secure dates
9e	Conflicts of Interests Training - resend the training instructions to Julie Cullen	Justina Jeffs	May 2018	Complete
9f	Annual Governance Statement - Members to send comments on the statement to Justina Jeffs.	All	April 2018	Complete
9f	Annual Governance Statement – Ensure meeting invite for the Review of the Draft Annual Report and Accounts on the 2 nd May has been sent to required attendees	Vicki Puttock	April 2018	Complete

4. Deferred Items

There were no deferred items

5. External Audit**5a Audit Findings Report**

Sophia Brown presented the Audit Findings Report for 2017/18 which summarised Grant Thornton's audit conclusion in relation to the CCG's financial position, value for money arrangements and statutory duties. Sophia Brown was pleased to note that subject to

outstanding queries being resolved (page 3) they anticipated issuing an unqualified audit opinion following today's Audit Meeting (appendix C).

Sophia Brown said the audit concluded that with regards to significant risks identified there were no issues to bring to the attention of the CCG. With regards to risk 3 (page 6) audit work in this area was complete and there no identified issues in respect of the purchase of secondary care. Page 7 detailed the assessment of the Accounting Policies and it was highlighted that these were green for each of the three accounting areas. The Auditors had not identified any material uncertainty about the CCG's ability to continue as a going concern.

Sophia Brown highlighted the sound financial position the CCG in terms of Value for Money (page 11) after consideration of outturn position, delivery of QIPPs, budget planning, and savings identification. The auditors were satisfied that the CCG had proper arrangements in all significant areas to ensure it delivered value for money in its use of resources. The progress made in working with partners across Hampshire and the Isle of Wight STP was acknowledged. Sophia Brown said the CCG were doing well, but the challenge within the local system and the emerging pressures within CHC were acknowledged. In relation to the CHC, Jackie Powell noted that CHC does appear frequently as a cost pressure and whilst the CCG has a handle on this, asked whether this would be a pressure that was going to grow. Jane Cole responded that it was hard to predict, costs were increasing as were the complexities of the patient needs but the number of placements were the same.

Andy Silvester, on behalf the Audit Committee, expressed his thanks to the Auditors for their work. An expression of thanks was also given to the CCG's Finance Team for their work and contribution to this audit report and provided another excellent example of good work. Sophia Brown thanked the Finance Team and highlighted that a 'wash up' meeting following the audit would take place to agree any future learning.

The Audit Committee accepted the contents of the External Audit Finding Report 2017/18

6. Internal Audit

a. Internal Audit Update 2018/19 and recommendations

Will Barnard presented an update on the Internal Progress Report 2018/19 which gave a summary of progress against the 2018/19 approved Internal Audit Plan. Two draft reports had been issued for the audits of Cyber Security and Conflicts of Interests. Will Barnard indicated the remaining report; Delivery of QIPP Workstream is at the planning stage and the fieldwork is scheduled for May 2018. It was noted that there were no Priority 1 recommendations outstanding, but in other recommendations target risk scores and target implementation dates had yet to be uploaded to the Corporate Risk Register across all areas, this was in progress and an update would be given to the Committee in the Autumn. Jackie Powell asked whether the CCG had settled on an agreed implementation date to be included in the Corporate Risk Register. Justina Jeffs responded that it had been discussed at Clinical Executive Committee but still needs to be agreed.

Briefings

The briefings produced by the CCG's Internal Auditors, to inform the Audit Committee of general issues affecting the health sector, were previously circulated to Audit Committee members, some of which were discussed earlier in the meeting.

b. Assurance Review of Assurance Framework and Risk Management

Will Barnard presented the final report for the Assurance Review of Assurance Framework and Risk Management. The review was carried out during February 2018 and the findings indicated that the CCG were in favourable position. Will Barnard identified that 6 areas had been assessed as priority 3 (pages 4-5) – a routine control issue where action should be taken. There were 3 issues that had been rated as a priority 2; one of which regarded the earlier mentioned inclusion of target risk scores and implementation dates. The remaining were operational matters:

- *Responsibility to be assigned for each risk on the Corporate Risk Register to the respective Executive Director and to include responsibility for reporting to the Governing Body.*
- *Corporate Risk Register – Risk to achievement be identified and recorded against each strategic objective.*

c. Internal Audit Annual Report 2017/18 and Head of Internal Audit Opinion

Will Barnard presented the updated Internal Audit Annual Report and Internal Audit Opinion 2017/18. The annual report summarises the outcomes of the reviews TIAA Ltd have undertaken on the CCG's framework of governance, risk management and control. The report is designed to assist the Governing Body in making its annual governance statement. The overall Head of Internal Audit Opinion for 2017/18 is reasonable assurance and the CCG has adequate and effective management, control and governance processes to manage the achievement of its objectives (Annex A). Will Barnard highlighted that of the seven reviews undertaken, five areas were assessed that some of the internal control arrangements provided reasonable assurance. The remaining two were assessed as providing substantial assurance.

It was noted that the 2017/18 audit plan was for 90 days of internal audit coverage for the year, however the 10 days for the QIPP Delivery of Workstreams audit has been carried forward to the 2018/19 plan at the CCG's request. Graham Love asked whether QIPP ought to be included on the 2018/19 plan. Will Barnard responded that it remains on the 17/18 plan as the CCG wanted to defer however it will be showed as a carry forward on this year's plans and will be brought to the Autumn Audit Committee.

Andy Silvester, on behalf the Audit Committee, expressed his thanks to the Auditors for their work. An expression of thanks was also given to the CCG's Finance Team for their work and contribution to this audit report

The Audit Committee noted and accepted the contents of the Internal Audit Progress Report 2018/19 and Recommendations, the Assurance Review of Assurance Framework and Risk Management and the Internal Audit Annual Report and Head of Internal Audit Opinion for 2017/18.

7. Local Counter Fraud Services

7a Anti-Fraud, Bribery and Corruption Annual Report 2017/18

Jennison Baskerville presented the Anti-Fraud, Bribery and Corruption Annual Report for 2017/18. It was noted and included in the annual report that a fraud awareness survey had been issued to 37 CCG employees and 18 responses had been received. The survey showed that 94% of staff knew that they had a Local Counter Fraud Service (LCFS) and 100% of staff had seen information from the LCFS relating to fraud. It was highlighted that 89% of staff would report a suspected fraud; Andy Silvester asked whether there were any barriers to the remaining 11% which suggests they would not. Jennison Baskerville

responded that potentially some staff may be concerned about confidentiality, so the message of assurance and duty of candour will continue to be conveyed.

Jennison Baskerville drew attention to the Self-Review Tool which enables the CCG to measure anti-crime work against the standards. The Tool was completed by the LCFS and authorised by Michelle Spandley. For 2017/18 the overall ratings were green. Two outcomes were rated as amber; however these were not a cause for concern.

The Audit Committee noted and accepted the contents of the Anti-Fraud, Bribery and Corruption Annual Report 2017/18

7b Anti-Fraud, Bribery and Corruption Work Plan 2018/19

Jennison Baskerville presented the Work Plan for 2018/19 which disclosed the proposed activities to be undertaken for the period 1 April 2018 to 31 March 2019 which will assist the CCG in meeting the standards in the four key areas of work in line with the NHS Counter Fraud Authority national standards for commissioners. Jennison Baskerville outlined that page 7 onwards detailed the activities to be undertaken to meet the standards and an anticipated target date had been included. The document would be populated with updates to any of the activities. Jennison Baskerville drew attention to page 7 which details the risk assessment which considers the risk exposure of the organisation to each of the most common areas of fraud that can occur and link back into the activities within the plan.

Action: Vicki Puttock to arrange sign off of the work plan by Michelle Spandley

The Audit Committee noted and accepted the contents of the Anti-Fraud, Bribery and Corruption Work Plan 2018/19

8. Financial Matters

8a Approve Annual Report/Annual accounts 2017/18

Jane Cole presented final copies of the Annual Report and Annual Accounts 2017/18 for NHS Portsmouth CCG, for formal approval. A review meeting was held on the 2 May 2018 at which changes were suggested and incorporated. Additionally the Committee were asked to approve the Letter of Representation which sets out that the CCG has undertaken all its duties, the letter will be formally signed by Dr Linda Collie following the meeting today. Andy Silvester highlighted that all members had previously read the report and had an input into the content and therefore there were no new disclosures.

Action It was noted that there needed to be a minor amendment to the CCG enquiries email address on page 130 to ensure that the correct address is used throughout the report. Additionally the page numbering requires editing from page 54 onwards prior to submission and publication.

The Audit Committee noted and approved the Annual Report/Annual Accounts 2017/8 and the Letter of Representation.

8b Use of the NHS Portsmouth CCG Trust Seal

Michelle Spandley informed the Committee that the CCG Seal had been used for an extension to the Section 75 Agreement for the Health and Care Portsmouth Commissioning Team (previously the Integrated Commissioning Service) which was signed on the 4 April 2018 by Dr Linda Collie as Chief Clinical Officer, witnessed by Dr Elizabeth Fellows, CCG Chair and Suzannah Rosenberg, Director of Quality and Commissioning.

The Audit Committee accepted the use of the CCG Seal.

8c Record of Chair's Actions for noting

None to declare to the Committee.

The Audit Committee noted the nil declaration.

8d Single Tender Waiver Register

Justina Jeffs presented the Single Tender Waiver Register to provide members with information of recent decisions for the Committee to note. Two additions have been made to the register:

- Tier 3 weight management service
- Enteral feeds and ancillary devices used in the administration of enteral feeds.

Justina Jeffs responded that Tiers 1 & 2 Weight Management were commissioned by Public Health and the CCG were responsible for Tier 3. The current contract with PHT is due to expire at the end of September 2018, the direct award ensures no gaps in service for patients and the service can resume as business as usual.

The Audit Committee noted the new Single Tender Waiver items.

9. Governance Matters

a. Information Governance Update

Hayley Matthews spoke to this report. Highlights from the report include:

- The CCG submitted the annual return to the Information Governance Toolkit for 2017-18. The CCG achieved level 2 compliancy in all required areas. 16 out of 25 areas achieved level 3. The overarching compliancy score for the CCG was 88%
- There were 2 external and 2 internal breaches recorded by the CCG since the last update. Each organisation has been contacted and have accepted the breach occurred. Each CCG staff member involved reported it appropriately.
- There have been no Data Subject Access Requests.
- Two Privacy Impact Assessments have been approved: Consented evaluation of Integrated Personalised Commissioning on a cohort of mental health service users and Use of Patient Connect on the GP Clinical System.
- The CSU have developed guidance to ensure the CCG is compliant with the new General Data Protection Regulations (GDPR) and an action plan is being worked through by the IG Lead.

Andy Silvester thanked Hayley Matthews for her work on GDPR for the CCG. Members suggested it would be beneficial for staff to have a briefing on the GDPR.

Action – Justina Jeffs and Hayley Matthews to organise

The Audit Committee noted the contents of the Information Governance Update

b. Corporate Risk Register

Justina Jeffs introduced the Corporate Risk Register. It was highlighted that work on including targets dates was ongoing. Jackie Powell noted that at the last meeting a number of risks had been removed from the Corporate Risk Register but these would still be under review with the Quality and Safeguarding Executive group as they relate to quality risks at Portsmouth Hospitals NHS Trust, however these need to be routinely reviewed if they remain high risk. Justina Jeffs responded that the Corporate Risk Register was the overall high level register but individual committees are responsible for the discretion of risks written within its portfolio, some risk may always remain high but well managed.

Action - The risk regarding PHT was reviewed 3 months ago however Justina Jeffs agreed to review the QSEG approach to high risks to ensure alignment of risks through the whole committee system and ensure these are escalated if needed.

Action – Justina Jeffs to amend the wording the description of risk for 18/19 Efficiency Savings (QIPP)

The Audit Committee accepted and approved the contents of the Corporate Risk Register

c. Register of Procurement Decisions

Justina Jeffs introduced the Register of Procurement Decisions to the Committee. It was noted that lead names for each procurement had been removed from the register and replaced with job titles. It was noted that there had been no new procurements agreed, however the front sheet provided members with an update on a number of procurements in process. Jane Cole queried why a lead had been named for procurement in process on the front cover sheet, Justina confirmed this was in error and would be removed.

Jackie Powell highlighted that contract values had been included for all procurements except Tier 4 bariatric Surgery and Assisted Conception (IVF) Services, and asked whether there is an anticipated budget. Jane Cole responded there is an indicative value not an actual value therefore it has not been included.

It was noted that in Columns 2 and 3 of the ETTF Pre project work there appeared to be text missing.

Action – Justina Jeffs to make amendments to the relevant columns.

The Audit Committee approved the Register of Procurement Decisions and publication on the CCG website subject to the above amendments being made.

d. Register of Gifts/Hospitality

Justina Jeffs presented an updated gifts and hospitality register informing members that there had been no new gifts and hospitality approaches made to the CCG from the last meeting in March. It was noted that new Gifts and Hospitality Policy was approved by the Clinical Executive Committee in March 2018. Michelle Spandley highlighted that the current register has declarations included from 2016 and asked now that we were in a new financial year, would the register be updated to reflect this. Justina Jeffs agreed to update the register for the 2018/19 year.

Action Justina Jeffs to make amendments to the 2018/19 Gifts and Hospitality Register.

The Audit Committee noted the Register of Gifts & Hospitality and approved its publication on the CCG's public website.

e. Audit Committee Annual Report 2017/18.

Justina Jeffs presented the Audit Committee Annual Report 2017/18 which provides an overview of the purpose and work of the Audit Committee for the 2017/18 financial year and will be presented to the Governing Board for approval.

Jane Cole suggested it would be helpful to make item 3.3 within the report clearer so that it highlights the subjects that were discussed as scrutiny items.

Action – Justina to amend the wording to 3.3 of the report.

The Audit Committee reviewed and approved the Audit Committee Annual Report 2017/18.

10. Scrutiny Item – Prescribing Rebates

Simon Cooper presented a summary of the Prescribing Rebate Summary for 2017/18 to the members. Rebate schemes are contractual arrangements offered by pharmaceutical companies or third party companies which offer financial rebates on GP prescribing expenditure for particular branded medicines or prescribable products. Individual CCGs need to reach a decision regarding whether it will enter into these rebates or local discount schemes.

Simon Cooper highlighted that NHS Portsmouth CCG entered into five rebate agreements for 2017/18 with pharmaceutical companies across a range of prescribed medications. A sixth rebate for a respiratory inhaler for the treatment of asthma has now ended. The total sum received by the CCG for 2017/18 is approaching £150,000. Simon Cooper drew attention to the Portsmouth CCG Rebate Policy, which summarises the main points for consideration and outlines a process for assessing and managing these schemes.

The Audit Committee noted the update on the Prescribing Rebates 2017/18 and the Prescribing Rebates Policy.

11. Any Other Business

None declared

12. Dates and Times of future meetings

The next meeting will be held on Wednesday 13 September 2018, 1.00pm – 3:00pm, in the Committee Room, NHS Portsmouth CCG Headquarters.

Audit Committee - Attendance Log

Member Name	May 2018	Sept 2018	Dec 2018	March 2019
Andy Silvester (Chair)	✓			
Julie Cullen	✓			
Graham Love	✓			
Dr Nick Moore	A			
Jackie Powell	✓			

A - Apologies

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING of the Health and Wellbeing Board held on Wednesday, 20 June 2018 at 11.00 am in Conference Room A, Civic Offices, Portsmouth.

Present

Councillor Matthew Winnington and Dr Linda Collie (in the Chair)

Councillor Gerald Vernon-Jackson CBE
Councillor Luke Stubbs
Councillor Rob Wood
Councillor Leo Madden (non-voting member)
Sarah Austin
Innes Richens
Dr Jason Horsley
Dr N Moore
Patrick Fowler
Alison Jeffery
Andy Silvester

Officers Present

Kelly Nash, Jo York and Alan Knobel

40. Apologies for absence, Declarations of Interest and Introductions (AI 1)

Apologies for absence had been received from Mark Cubbon, David Williams and Dianne Sherlock.

Declarations of Interest - Councillor Wood made a declaration when the Mutiny event was mentioned as his daughter works for Motiv8, but this is non prejudicial or pecuniary.

41. Membership Update (for information) (AI 2)

The 4 City Council appointments were noted of Councillors Matthew Winnington, Gerald Vernon-Jackson, Rob Wood and Luke Stubbs. (Councillor Leo Madden remains a non-voting member as Chair of Health Overview and Scrutiny Panel.)

42. Minutes of Previous Meeting - 21 February 2018 (AI 3)

Councillor Madden pointed out minutes 37, page 3, "Holding to Account by HWB" should refer to "if it was seen that a **body**" which was agreed as a correction.

Subject to this amendment the minutes were agreed as a correct record.

43. Joint Health and Wellbeing Strategy Monitoring Framework (AI 4)

Dr Jason Horsley presented his report which looked at comparators for England and with similar CCG areas. Whilst the life expectancy figures were going in the right direction there was more work to be focussed on smoking. He pointed out that alcohol related hospital admissions were now amber as there was a good service at the hospital, but that this did not necessarily imply that Portsmouth did not have a significant problem with alcohol-related harm.

Arising from questions the following arose:

- Depression and dementia were not rated as good or bad as Portsmouth is generally good at detecting these and it is important to capture rates of identification as much as prevalence of conditions.
- It is difficult to provide concrete indicators for mental health as the datasets are not as mature as for physical health, so those suggested are more generally proxy indicators.
- Under 18 pregnancies - the rate had started to rise at a time when there had been changes to the sexual health services and could be affected by availability of contraceptives (and specialist implant services) as well as educational aspirations. Alison Jeffery responded that school standards were improving (shown by Ofsted inspection results) but school attendance figures need to be addressed (1 in 5 secondary pupils having less than 90% attendance in recent figures) and this is also a worrying indicator about perceptions around education and value. It was agreed that consideration should be given to including school attendance indicators within the Framework.
- It was noted that some of the sample groups, such as for the U18 pregnancies and looked after children, are very small and that can drive fluctuations, so they need to be considered in the context of a trend over time. Public Health England had over 100 indicators so this report was looking at areas where focus was being made on making a difference.
- There was concern at the high level of 10-24 year olds being admitted to hospital due to self-harm. Dr Horsley would check whether poisoning was included as well as alcohol.

RESOLVED that the current Portsmouth position on the indicators presented be noted.

44. Delivering the Portsmouth Blueprint Commitments - Progress Report (AI 5)

Jo York presented the paper on the delivery of the Portsmouth Blueprint Commitments 3 years in of a 5-10 year Sustainable Transformation Programme (STP). She highlighted areas of particular note in providing local delivery of the 7 commitments, which included:

- Establishing acute home visiting service and the imminent change to the GPs out of hours service (giving access to patient notes)
- Engagement with the voluntary sector in supporting people to stay well
- Bringing together of back office functions
- Use of SystmOne by GP practices, a shared system that Adults Services could also use
- A joint estates strategy for the city and more co-location of teams
- New model of care - multi speciality community provider
- Improvements to emergency care via access to 24 hour primary care out of hours service
- More integration of health and social care teams and close links to Education as well as to the voluntary sector

In response to questions the following points were raised

How evaluation of projects can be made public - Jo York responded that the purpose of the Blueprint was to bring together the strategic programmes into a context for both the public and staff. Evaluation was taking place with colleagues in the SE Hants area on outcomes and also with Healthwatch.

It was acknowledged that the public do not always understand the different parts of the health service, and debate took place regarding the SE Hants model approach and decision making systems. The integrated model of care is circled around QA Hospital so it needs to be incorporated in the model but a home/community/family first approach is also being taken. Sarah Austin reported on examples of successful bridging services such as in mental health.

The high level of access to triage services was noted - this is used in most GP surgeries to give the appropriate referrals e.g. to physio.

Members asked about the current situation on hospital discharge figures. Sarah Austin reported that the situation and figures were being analysed by the A&E Board and for the next winter to be dealt with satisfactorily the rates would need to be 92% occupancy and 8% empty beds, and to get there complex discharges needed to be further reduced from current levels of 250 (May 2018), currently fluctuating 140-170 between Hants and Portsmouth. The Portsmouth target is 49 which is achieved by close work with social care

which had kept the acute trust on 'Green' status most days since Easter, which was an extraordinary position in recent years. The ambition was to reduce the target further down to 30 Portsmouth patients waiting for discharge, which would give the QA Hospital enough flexibility in the system for the winter. The intention was not to cancel operations and for elective surgery to take place. This included a model of resilience and putting together neighbourhood teams to help stop people going into hospital in the first place.

It was reported that the SystmOne used by GPs was not compatible for Childrens Services and this was a provider issue (a new Mosaic system would be used by Childrens Services).

It was noted that a mental health assessment unit had been approved and capital works would take place at QA Hospital in the autumn.

Whilst the Equalities Impact Assessment (EIA) had been a preliminary EIA undertaken 3 years ago, and new ones were done for new services coming on line, but the existing overall EIA could be revisited by Jo York.

RESOLVED that the Health and Wellbeing Board noted the progress made through the adults' delivery element of the Health and Care Portsmouth Programme to deliver the Portsmouth Blueprint.

45. Drug Related Harm (AI 6)

a) Report on Drug Related Harm

Alan Knobel presented his report. There are 1427 heroin and cocaine users in Portsmouth and there is a disproportionate level of drug related harm and crime in the city. The most recent statistics showed 55 drugs related deaths over 2 years (see paragraph 4.1). The average age of those dying was 35 years for men and 37 for women, which is a young age to die. The average age of drug related deaths has been increasing though with older drug users now dying of other health complications linked to long-term drug use.

Public Health England had undertaken cost and benefits analysis of drug treatment:

"for every £1 spent on young people's drug and alcohol treatment there is a lifetime benefit of £5-£8

And

For every £1 spend on adult treatment £2.50 is saved in crime and NHS costs"

The report set out the reductions in numbers accessing treatment since 2014/15 and the reduced level of investment in these services. A separate alcohol pathway had been set up away from the drug users settings, and there is a young persons drugs service.

Paragraph 4.3 set out drug related acquisitive crime figures in the City 2013-17.

Results from the a survey carried out in schools in 2014/15 found 4.7% of 15 year olds had used cannabis within the last month (see section 5.1). The national picture is that drug misuse is seen in 38% of serious case reviews and currently there is a significant unmet need regarding parental drug and alcohol dependency.

The spending levels on drugs were set out - on average a heroin user spends £1,400 month, and the crime committed by heroin/crack users (not in treatment) can cost £26,074 per year. The link to reducing crime levels through the provision of treatment was explored in the report, and Alan also referred to the links with long term unemployment, mental health and housing needs. The trend for drug related harm was increasing in Portsmouth at a time when preventative services and funding have been reduced.

b) Fentanyl Briefing

Dr Jason Horsley as Director of Public Health gave a verbal update on the potential harm that could be caused with Fentanyl (a strong opioid medication) being 400x the strength of heroin and gave an overview of the rise in drug related deaths experienced in USA and Canada (first detected 2012). There is a danger of contamination in recreational drugs and from a clinical point of view it needs more antidote to treat users. This had so far only been implicated in a few deaths in UK - mitigating factors here include lower level of opioids in the health care system and free access to rehab treatment. However there are economic drivers so there is a concern it will get into the UK system and enforcement cannot stop the supply and testing regimes will be needed at a time when spending on drugs services has been reduced.

Areas to explore included:

- Drugs consumption rooms
- Better testing user supplies
- Giving heroin assisted therapy

Increasing the supply of Naloxone also has challenges for emergency workers. There is a nasal spray that is being developed but it is likely to be more expensive and the approval processes for its use are not completed yet.

RESOLVED that the contents of the report and verbal update be noted.

46. Dates of next meetings (for information) (AI 7)

The previously agreed dates of 3rd October and 28 November were noted. A further date of 13 February 2019 was also agreed (this would be circulated to members). Meetings to be 10am until 12 noon.

The meeting concluded at 1.05 pm.

Dr Linda Collie
Joint Chair

APPROVED

Minutes of the Primary Care Commissioning Committee meeting held on Wednesday 16 May 2018 at 1.00pm – 2.45pm in Conference Room A, 2nd Floor, Civic Offices, Portsmouth

Summary of Actions

Agenda Item	Action	Who	By
4.	Risks Provide an overarching risk register at regular intervals.	T Russell	As required
5.	Personal Medical Services (PMS) contract variations <ul style="list-style-type: none"> • University Surgery - Provide student health needs assessment update for the September meeting. • General – All concerns regarding practice sustainability will be included on the Primary Care Operational Group Risk Register. 	T Russell T Russell	September As required

Present:

Margaret Geary	- Lay Member (Chair)
Roger Batterbury	- Healthwatch Portsmouth Vice-Chair
Dr Linda Collie	- Clinical Leader/Clinical Executive (GP)
Dr Annie Eggins	- Clinical Executive (GP)
Dr Jason Horsley	- Director of Public Health, Portsmouth City Council
Dr Jonathan Lake	- Clinical Executive (GP)
Jackie Powell	- Lay Member
Jo York	- Director (New Models of Care)
Mark Compton	- Deputy Director of Transformation
Suzannah Rosenberg	- Director of Quality and Commissioning
Terri Russell	- Deputy Director of Primary Care
Michelle Spandley	- Chief Finance Officer

In Attendance

Justina Jeffs	- Head of Governance
Lisa Stray	- Business Assistant

Apologies:

Dr Julie Cullen	- Registered Nurse
Andy Silvester	- Lay Member
Innes Richens	- Chief of Health & Care Portsmouth

1. Apologies and Welcome

Margaret Geary welcomed members to the meeting, noted the apologies as above and reminded those present of the following:

- The meeting is not a public meeting and therefore no participation from members of the audience would be allowed during the formal business of the Committee.
- The CCG undertakes primary care co-commissioning under delegated powers from NHS England.
- In order to support the management of any conflicts of interests, the Chair is a lay member of the CCG.

- The Chair will determine action to be taken where members declare a conflict in line with the CCG's policies.
- The Clinical Executive lead for Primary Care, Dr Linda Collie, will be allowed to participate in discussions for such items unless they are directly about her practice.

2. **Declarations/Conflicts of Interest**

Dr Linda Collie and Dr Jonathan Lake as GPs working in practice and as members of the Portsmouth Primary Care Alliance, declared a conflict of interest for Agenda items 5 and 7. Margaret Geary, as the Chair, agreed that the conflicted members could participate in the discussion but not in any decision-making.

Justina Jeffs informed the Committee that updates had been received against the Register of Interests and these changes would be included in the Register for the next meeting.

3. **Minutes of Previous Meeting**

The minutes of the Primary Care Commissioning Committee meeting held on Wednesday 21 March 2018 were approved as an accurate record.

An update on actions from the previous meeting was provided as follows:

Agenda Item	Action	Progress
7.	Primary Care Commissioning Quality and Innovation Scheme (CQUIN) Amendments to the Primary Care CQUIN. <i>Post meeting Note: The Chair agreed and approved the revised Primary Care CQUIN specification.</i>	Completed
8.	Integrated Primary Care Service Bring back for approval at the next meeting.	Item on agenda

4. **Risks**

Margaret Geary reported no new risks escalated from the Primary Care Operational Group. Committee Members requested that the overarching risk register is brought to the Committee at regular intervals.

Action: Terri Russell

5. **Personal Medical Services (PMS) contract variations**

Dr Linda Collie and Dr Jonathan Lake as GPs working in practices in the city, and practice representatives of the Committee working within Primary Care declared a direct conflict of interest with information contained within this paper. Margaret Geary, as the Chair, agreed that the conflicted members could participate in the discussion but not in any decision-making.

Terri Russell took members through the proposed GP partnership changes for PMS contracts.

Committee members approved the following contract variations for:

Southsea Medical Centre

- Dr Stone left on 2 February 2018
- Dr Klemenz is due to leave on 30 June 2018

Devonshire Practice

- Dr Bella Caiger will be retiring on 21 June 2018.

Although the practice has successfully recruited a part-time salaried GP, there are no plans to recruit additional nurse practitioners. Terri Russell reported that the investment in Healthcare Support Workers has been implemented through the resilience programme.

Dr Jonathan Lake questioned the way the role of nurse practitioners has been considered against that of the practice nurses. Terri Russell stated that these roles are different however emphasised that for this purpose, the skill mix and staffing levels concerns where the responsibility is transferred to.

University Surgery

- Dr Lawson will be retiring on 30 June 2018
- Dr Klemenz will be joining on 02 July 2018

Committee members previously discussed the significant difference between the GP to patient ratio of this practice, compared to others across the city due to the population served by the practice.

A previous retirement notification for Dr Lawson had not been agreed at the Primary Care Operational Group meeting in December 2017, due to significant number of patients per GP ratio. Terri Russell reported that this was due to the surgery effectively becoming a single handed practice if Dr Lawson left. The practice has since confirmed they have been successful in their recruitment of a new GP partner, and have developed an action plan with support from the Primary Care team.

Dr Jonathan Lake suggested that in order to provide additional assurance for the Committee, it would be useful for members to have an overview of the student population needs which is reflected in workforce. Terri Russell will provide an update for the September meeting.

Action: T Russell

Portsdown Group Practice

- Dr Kipgen will change role from salaried GP to GP partner as of 1 April 2018 which has no impact on GP to patient ratios for the practice.

Committee Members highlighted the following:

- Michelle Spandley stated that sustainability has been raised a number of times and questioned how the Primary Care Team are made aware of the potential impact of workforce changes. Suzannah Rosenberg replied that practices data is reviewed by the team and scrutinised through the Primary Care Operational Group.
- Dr Linda Collie commented that larger patient numbers in practices present a higher risk.
- Mark Compton raised a concern around resilience of smaller practices, and questioned the need to do something different. Terri Russell confirmed that the resilience programme is being rolled out across practices and there is good communication between practices and the Primary Care Team.
- Dr Linda Collie asked if there were examples where we currently support each other e.g. shared IT and processes which could be rolled out.
- Jo York suggested considering support from the Portsmouth Primary Care Alliance.

- Mark Compton asked how the CCG and this Committee could influence future business model e.g. Multispeciality Community Provider.

All concerns will be included on the Primary Care Operational Group Risk Register.

Action: T Russell

The Primary Care Commissioning Committee agreed the recommendations in principle, subject to additional assurance around ratios in practices.

6. Primary Care Commissioning Committee Work Programme 2018/2019

Terri Russell presented the Primary Care Commissioning Committee Work Programme 2018/19.

The Primary Care Commissioning Committee approved the Annual Committee Work Programme.

7. Integrated Primary Care Service Contract

Dr Linda Collie and Dr Jonathan Lake as GPs working in practices in the city, and practice representatives of the Committee working within Primary Care declared a direct conflict of interest with information contained within this paper. No decision is required at this time by the Committee, and therefore, Margaret Geary, as the Chair, agreed that the conflicted members could participate in the discussion but not in any decision-making.

Jo York spoke to a paper that provided an update on the progress of procuring and mobilising the Integrated Primary Care Service. The continuation of all services joined together will be the 1 July 2018.

Committee members were asked to review the report which included:

- Revised service go-live date
- Suitable assurance to grant authorisation to pursue to contract signature for the provision on Integrated Primary Care between the CCG and Portsmouth Primary Care Alliance (PPCA).

Jo York advised members that due to the change in the go live date, existing contracts had been extended resulting in financial implications for the CCG.

Committee members raised the following:

- Margaret Geary questioned whether this had an impact on Key Performance Indicators. Jo York confirmed that mechanisms have been in place throughout the process to identify risks, including those relating to performance.
- Mark Compton reported that the Portsmouth Primary Care Alliance will deliver this service between 6.00am and 8.00pm. Primary Care will be able to deliver the demand more effectively resulting in a positive impact for quality.
- Jo York reported that we would expect to see more patients earlier in the evening period. The PPCA will continue to deliver this service until 10.00pm, and then handover will be to Partnering for Health Limited (PHL).
- Roger Batterbury asked what changes patients will see on the 1 July when the phased transition is implemented. Jo York answered that the hours will be extended and patients will have simplified access. 111 will still be an access point and reduce times for out of hours for a more coherent patient care.
- Dr Linda Collie highlighted that patients will not need to explain their medicines record, as this will be all ready when they arrive.

- Committee members congratulated Jo York's team on their hard work, and highlighted this has been a huge success for the GPs in the city.

The Primary Care Commissioning Committee approved the report that granted authorisation to pursue to contract signature, for the provision of Integrated Primary Care between the CCG and Portsmouth Primary Care Alliance.

8. Annual Report to NHS England

Terri Russell presented the report that covered all aspects of Primary Care commissioning activities. Committee members were asked to receive the report.

The Primary Care Commissioning Committee received and noted the report.

9. NHS England Policy and Guidance Book

Terri Russell spoke to the Policy and Handbook that underpinned the contractual management of Primary Medical Care Services, which provided additional assurance regarding appropriate governance. The link to the Policy Guidance had been sent previously to members for their information. Terri Russell confirmed that the work presented to the Primary Care Commissioning Committee was based on the Policy Guidance which was stated in the Committee papers where relevant.

The Primary Care Commissioning Committee noted the NHS England Policy and Guidance Book.

10. Minutes of Other Meetings

The minutes of the following meetings were presented for acceptance by the Committee:

- Minutes of the Primary Care Operational Group meeting held on 12 March 2018

The Primary Care Commissioning Committee accepted the minutes.

11. Any Other Business

No further business to discuss.

12. Date of Next Meeting

The next Primary Care Commissioning Committee meeting to be held in public will take place on 18 July 2018 at 1.00pm – 2.45pm in Conference Room A, 2nd Floor, Civic Offices.

Member Name	May 2018	Jul 2018	Sept 2018	Nov 2018	Jan 2019	Mar 2019
Dr Linda Collie	✓					
Mark Compton	✓					
Dr Julie Cullen	A					
Dr Annie Eggins	✓					
Patrick Fowler						
Jo Gooch						
Dr Jason Horsley	✓					
Justina Jeffs	✓					
Dr Jonathan Lake	✓					

Jackie Powell	✓					
Innes Richens	A					
Terri Russell	✓					
Suzannah Rosenberg	✓					
Tracy Sanders						
Andy Silvester	A					
Jo York	✓					
Michelle Spandley	✓					
Lisa Stray	✓					
Margaret Geary	✓					
Roger Batterbury	✓					

✓ - Present

A – Apologies