<table>
<thead>
<tr>
<th><strong>Date of Meeting</strong></th>
<th>19 September 2018</th>
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</thead>
<tbody>
<tr>
<td><strong>Title</strong></td>
<td>Minutes of Other Meetings</td>
</tr>
<tr>
<td><strong>Purpose of Paper</strong></td>
<td>To accept the following:</td>
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<tr>
<td></td>
<td>• Minutes of the Clinical Strategy Committee meetings held on 4 April 2018, 4 July 2018 and 1 August 2018</td>
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<tr>
<td><strong>Recommendations/ Actions requested</strong></td>
<td>Accept</td>
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<tr>
<td><strong>Engagement Activities – Clinical, Stakeholder and Public/Patient</strong></td>
<td>N/A</td>
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<td><strong>Item previously considered at</strong></td>
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<td><strong>Potential Conflicts of Interests for Board Members</strong></td>
<td>N/A</td>
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<tr>
<td><strong>Author</strong></td>
<td>Various</td>
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<tr>
<td><strong>Sponsoring member</strong></td>
<td>Dr Elizabeth Fellows, Chair of Governing Board</td>
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<tr>
<td><strong>Date of Paper</strong></td>
<td>7 September 2018</td>
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Minutes of a Meeting of the Clinical Strategy Committee held on Wednesday 4th April 2018 at 1.00pm - 3.00pm in the Committee Room, CCG Headquarters, 1 Guildhall Square, Portsmouth PO1 2GJ

Summary of Actions

<table>
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<tr>
<th>Item</th>
<th>Action</th>
<th>Action for:</th>
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<tbody>
<tr>
<td>4 Matters Arising</td>
<td>SHIP 8 CCGs Priorities Committee Policy Statements: Katie Hovenden to feedback questions and comments raised by the CSC regarding policy update changes.</td>
<td>J Jeffs/K Hovenden</td>
<td>Next meeting</td>
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<td>8</td>
<td>MSK Triage in General Practice Business Case. M Compton and K Arthur to work out the time period and costings for a 52 week service.</td>
<td>M Compton/K Arthur</td>
<td>Next meeting</td>
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<td>9</td>
<td>Biosimilar Policy. S Cooper to share the data showing which departments at PHT have adopted the policy, and to request a breakdown of % of all specialties.</td>
<td>S Cooper</td>
<td>Next meeting</td>
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<tr>
<td>11</td>
<td>Weight Management Service. Public Health to attend CSC to give an update on Tier 1 &amp; 2 along with consultation feedback around June/July.</td>
<td>C Currie</td>
<td>July 2018</td>
</tr>
<tr>
<td>11</td>
<td>J Gagliardini to prepare/make arrangements for the procurement of a direct award for a 2 year, Tier 3 weight management service by the CCG.</td>
<td>J Gagliardini</td>
<td>Work in progress</td>
</tr>
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Present:
Dr Linda Collie (GP) (Chair) - Chief Clinical Officer
Jane Cole - Deputy Chief Finance Officer
Simon Cooper - Deputy Director of Medicines Optimisation
Michael Drake - Director of Planning & Performance
Alison Edgington - Director of Delivery SE Hants and Fareham & Gosport CCGs (for agenda item 10 only)
Margaret Geary - Lay Member
Justina Jeffs - Head of Governance
Graham Love - Lay Member
Dr Nick Moore (GP) - Clinical Executive Member
Dr Jonathan Price (GP) - Clinical Commissioning Lead
Innes Richens - Chief of Health and Care Portsmouth
Suzannah Rosenberg - Director of Quality & Commissioning
Terri Russell - Deputy Director of Primary Care
Michelle Spandley - Chief Finance Officer
Dr Kevin Vernon (GP) - Clinical Commissioning Lead

In attendance:
Linda Foster - Executive Assistant (Minutes)
Dr Annie Eggins - Clinical Executive Member
Debbie Bishop - Planning Manager
Mark Compton (Item 8) - Deputy Director of Transformation
Katie Arthur (Item 8) - Head of Primary Care Services, Solent NHS Trust
James Gagliardini (Item 11) - Commissioning Project Manager, Integrated Care Service
Claire Currie (Item 11) - Consultant in Public Health, Portsmouth City Council
1. **Apologies and Welcome**

Dr Linda Collie welcomed everyone to the meeting and introductions were made. Apologies were received from Dr Elizabeth Fellows, Dr Jason Horsley, Dr Jonathan Lake, Dave Scarborough, Dr Tahwinder Upile and Jo York.

The Agenda was re-ordered to accommodate attendees availability.

2. **Register and Declarations of Interest**

The Register of Interests was noted.

Declarations of Interest were declared for Agenda item 8; MSK Triage in General Practice Business Case, for the GPs present.

3. **Items for Any Other Business**

There were no items raised.

4. **Minutes of Previous Meeting**

The minutes of the Clinical Commissioning Committee held on Wednesday 7 March 2017 were approved as an accurate record; subject to the following amendment: The attendee list to be amended to include Carly Darwin.

The summary of actions from the Clinical Commissioning Committee held on Wednesday 7 March 2018 were discussed and reviewed as follows:

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<tr>
<th>Item</th>
<th>Action</th>
<th>Who</th>
<th>By</th>
<th>Progress/update</th>
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<tbody>
<tr>
<td>4</td>
<td>Amendments to the Minutes of CSC meeting on 14.2.18. as stated on page 2.</td>
<td>L Foster</td>
<td>March 18</td>
<td>Completed</td>
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<td>4</td>
<td>Matters Arising: SHIP 8 Priorities Committee Meeting Policy Statements No.27 and No.29. J. Jeffs to request again/follow up on the final versions from CSU. The policies to be brought to next CSC meeting.</td>
<td>J Jeffs</td>
<td>April 18</td>
<td>On Agenda – completed.</td>
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<td>4</td>
<td>Mental health Acute Beds Transformation. Business Case to be brought to CSC in July 2018</td>
<td>S Rosenberg</td>
<td>July 18</td>
<td>Work in progress.</td>
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<td>4</td>
<td>The Urgent Care Centre Plan to be brought to three CCGs for future consideration.</td>
<td>J York</td>
<td>Future mtg.</td>
<td>Work in progress.</td>
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<td>6</td>
<td>Transforming Care Partnership Programme – Supported Living Service. S. Rosenberg to progress a joint ‘good news story’ with the local authority &amp; CCG Communications Teams</td>
<td>S Rosenberg</td>
<td>April 18</td>
<td>Communications are being progressed with the LD Partnership Board.</td>
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<td>6</td>
<td>S. Rosenberg agreed to look into what services are available for prison leavers and to report back.</td>
<td>S Rosenberg</td>
<td>April 18</td>
<td>The gap is recognised by Solent NHS Trust, discussions taking place.</td>
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<td>7</td>
<td>The All Season Care Homes Flu Outbreak Antiviral Plan. S. Cooper to link with Public Health England regarding a recent outbreak In Season Flu at a Care Home, that had not been notified to CCGs.</td>
<td>S Cooper</td>
<td>Mar/April 18</td>
<td>The process for notification In Hours via Meds Management Team (CCG) Out of Hours via PHL. An Update/Guidance to be sent to practices this week.</td>
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<td>8</td>
<td>The Updated TORs for the Local Estates Forum Meetings and the Quality &amp; Safeguarding Executive Group Meetings to be brought to CSC as part of governance arrangements.</td>
<td>J Jeffs</td>
<td>June 18</td>
<td>Work in progress.</td>
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</table>
b) Matters Arising

The final versions of the SHIP 8 Priorities Committee Policy Statements below were returned to the Clinical Strategy Committee for approval and adoption.

- Liothyronine in hypothyroidism policy no 27 was approved.
- Pelvic organ prolapse surgery policy no 29 was not approved.

The Clinical Strategy Committee requested that feedback is made via Katie Hovenden at the next SHIP 8 Priorities Committee on 5 April 2018 as below:

- Policy no 29 - Question on how the criteria/guidelines were decided upon regarding the severity of prolapse before surgery is carried out.
- Comment raised that policy statements do not contain any information on what has been changed within the policy, and more information is required.

**Action:** J Jeffs/K Hovenden

5. Planning Update

Michael Drake updated the Committee members regarding Local Planning & Delivery for 18/19.

Portsmouth CCG has a savings requirement of £10.7m which need to be identified through demand management systems, Prescribing, CHC, Estates and Back Offices efficiencies and will be a challenge.

Work is taking place to develop project plans set out in the Operating Plan. The planning team are currently reviewing the identified projects and working with programme lead for timelines, and to understand the current stages of development.

The Operating Plan final submission is due 30th April; Urgent Care, New Models of Care and Planned Care are all a priority.

Feedback from NHS England on the first version of the CCG’s Operating Plan has been received. It has been Rag Rated as follows: Finance – Green, Activity – Green, Performance – Red and Other Commitments – Amber.

Michael Drake explained that the feedback rating was as expected and the reasons why were known and understood. Contract negotiations, projects, and a review of positions and performance will be included in the next submission.

A meeting is due to be held on 6th April between NHS England, NHS Improvement and the STP to discuss Control Totals.

Michelle Spandley advised that a System-wide Operating Plan is in development but was not required for submission.

**The Clinical Strategy Committee noted the information contained within the Planning Update and the associated risks.**

6. Medicines Management Update
Simon Cooper informed that there was 0.5% growth against planned 2.5% for the Portsmouth CCGs Prescribing Budget. Engagement with practices will result in significant savings carrying forward into the 18/19 financial year.

Prescribing changes as a result of OptimiseRx (a computerised decision software) integral with SystemOne allows for prescriber decisions to be reviewed at the point of prescribing, has provided a 3:1 ration of saving to investment.

Data for November 2017 shows that Portsmouth CCG currently achieving all Quality Premium Antibiotic Targets and likely to achieve targets at Financial Year-end.

There has been a drop in cost pressures for No Cheaper Stock Obtainable (NSCOs), however figures are misleading as several medications have re-entered Category M at a cost that is reflective of their previous NCSO cost, thereby continuing the overall cost pressure.

**Business Case for the Extension of the Care Homes Medicines Optimisation Team as part of the Pharmacy Integration Fund.**

With prior permission of the Chair, Simon Cooper tabled the above paper for consideration and approval by the Clinical Strategy Committee.

NHS England has written to all STP Boards to inform them of funding released from the Pharmacy Integration Fund to fund 240 new posts to improve Medicines Optimisation within Care Homes. The posts will be funded 100% in year one and 50% in year two with the expectation that savings created will allow for CCGs to fund the substantive post after that. It is expected that this role will fit into the current Care Homes Team within the Medicines Management Team. The paper contained 4 options for use of the funds.

The indicative allocation of funding for Portsmouth CCG is £37K for year one and £18,650 for year two.

Following a challenge, Simon Cooper confirmed that funding was from MCP funds.

At the Commissioning Board Meeting on 3rd April, the business case was given approval to take forward. However a warning was noted regarding beaurocracy associated with this funding from an STP point of view. Simon Cooper will feedback on this point and keep a watch over the issue.

Simon Cooper spoke to the presented options and concluded that the preferred option would be Option 4 – a band 5 pharmacy technician, to work closely with all 30 care homes in Portsmouth to improve medicines management systems within each care home. eg: to ensure storage and processes are correctly managed. This role could also provide development opportunity to support the Band 8A Pharmacists working in care homes allowing for more efficient use of the pharmacists time and clinical skills.

The Clinical Strategy Committee approved the preferred Option 4 - Band 5 Pharmacy Technician (1.1 WTE).

7. Draft Clinical Strategy Committee Work Programme 2018/19
Innes Richens explained that the draft work programme which detailed proposed work of the CSC through the year. The programme has been developed following the Board Development Session in February which determined local (Portsmouth) CCG priorities.

Innes Richens confirmed there is scope within the plan to include additional priorities in respect of Children’s Services and Elective Care. Primary Care, IT and Estates will be considered within individual Business Cases.

The work programme will be brought to each meeting and may need to be adjusted as we go through the year. Ad-hoc or one-off papers can be added to the plan for review by the Committee ahead of the next meeting.

The Committee suggested the items below for including in the work programme:

- Updates on Primary Care I.T. developments
- Updates on Estates developments
- APC Summaries
- Themed areas ie Primary Care, Mental Health, Children etc.
- Move the Annual Report

Any further suggestions for inclusion to be sent to Innes Richens or Justina Jeffs.

Graham Love questioned whether the August meeting should be reviewed based on attendance availability.

Innes Richens agreed to determine a course of action based on availability and agenda items.

A Clinical Strategy Committee Development Session will be held on 2 May 2018 to shape up the Work Programme. It will then be taken to the Governing Board for a decision.

8. **MSK Triage in General Practice Business Case**

Dr Linda Collie, Dr Annie Eggins, Dr Nick Moore, Dr Jonathan Price and Dr Kevin Vernon declared a conflict of interest with this agenda item as they are all GPs working within member practices in the City. The Chair agreed that the conflicted members could participate in the discussion but not in any decision-making.

Mark Compton provided the background around this pilot which has been in operation since 2016 under the MCP Programme Board. The detailed business case paper presents the findings of the pilot and recommends an extension of the pilot in 2018/19 to provide the service to all GP practices in the city.

The Clinical Strategy Committee is requested to approve the extension of the pilot, authorising the MCP Programme Budget to non-recurrent funds in 2018/19.

Katie Arthur, Head of Primary Care Services, Solent NHS Trust attended the meeting to support Mark Compton and the Business Case.
Katie Arthur explained that the Portsmouth Primary Care Alliance, Portsmouth CCG and Solent NHS Trust working together to provide the pilot service model in four GP practice surgeries has been very successful. The principles of the scheme need further consideration in order to ensure its viability for roll-out to a larger population of patients in Portsmouth.

Katie Arthur said that the IT System (SystmOne) used had been helpful. The service built on good relationships with primary care, and provided training for receptionists for the telephone triage to the MSK physios. Patients have been engaged and positive feedback has been received. However, the remote functionality requires implementation.

Innes Richens said that this is a good business case and that this model is the right way forward.

Demand management has been inconsistent, 1 in 1,000 per population originally. Exploratory work is being undertaken to try and understand what the population of Portsmouth really needs (true demand). The capacity model on page 18 was discussed.

Michelle Spandley noted that at the moment the model is based on only 42 weeks per year.

Katie Arthur explained that the remaining time was used for training and practice visits.

Dr Kevin Vernon asked if the service could be run for 52 weeks per year so that it can fully integrate with the clinical PHT model for a full time service.

Katie Arthur explained the 42 week model was due to affordability of the pilot. Increasing to 52 weeks would increase the cost.

Innes Richens said that the reality of demand needs to be assessed then it can be decided whether to extend to 52 weeks.

Dr Nick Moore asked what the plans were for roll-out to all practices.

Katie Arthur drew attention to the plan on page 20 of the business case, which lists the GP practices for which the MSK Triage Service can be extended to over the 18/19 period. All practices have been contacted and offered the service. Each practice requires 4 – 6 weeks training, any practices requiring additional support will be identified.

Michelle Spandley queried how this MSK Triage service interacts with the clinical MSK Service at PHT.

Katie Arthur responded that the two services ‘dove-tail’ and would not be any duplication of service. The DNA rate at PHT is 8 – 10%; however through this process (General Practice based triage) the DNA rate is only 1%.

Terri Russell advised that signposting work is underway with practices to build the programme on for MSK Triage and Social Prescribing.
The Clinical Strategy Committee approved to go forward with the business case with caveat to work out the time period and costings for a 52 week service.

Action: M Compton/K Arthur

9. **Biosimilar Policy**

Simon Cooper presented the Policy for the update of best value biologic products in Portsmouth and South Eastern Hampshire health economies. The paper informs the process for adoption of the best value products when they are made available for use and to ensure they are rapidly taken up within the local health economy.

Adoption of best value biologic products is expected in at least 80% of applicable existing patients within one year of being made available. There is no expectation for the patient to change therapy within 2 years of the switch.

This system-wide policy is commissioned by NHS England. Local CCGs have worked with PHT as early adopters of the policy with success and progress in some areas.

Michelle Spandley asked if there is a work programme to show which departments have or have not adopted the policy.

Simon Cooper agreed to share the data showing which departments at PHT have adopted the policy, and to request a breakdown of % of all specialties. It was noted that Gastro is high at 95%, Dermatology is quite high and Rheumatology is lower.

Action: S Cooper

Michelle Spandley asked if the biosimilar policy will be adopted for all new patients, which Simon Cooper confirmed.

The Clinical Strategy Committee approved the Biosimilar Policy.

10. **Implementation of an extended MSK Clinical Triage Service**

Alison Edgington presented the proposal paper to request a commitment in principal for Solent NHS Trust and Southern Health Foundation Trust to work together with combined CCGs budget of £5.1 million, to look at the feasibility of delivering an Extended MSK Triage Service. Each CCG share of funding would be £1.7 million.

Alison Edgington informed the Committee that there had been some challenge from NHS Solent, that more MSK Physiotherapists would be needed; however this has since been resolved. The commissioning team, Solent and Southern Health are working well collaboratively on a model closely aligned to that adopted in Southampton.

This service provides an opportunity to reduce the acute activity at PHT. Clarity is needed around the accuracy of finances and what areas of the pathway are being funded, the figures involved and to ensure there is no duplication of service ie not including into the data the GP Triage numbers.

Dr Jonathan Price commented that is a danger of duplication regarding access to Pain Clinics, (the referral process) and that this would not be popular with patients. He asked whether the pain clinic service might be recommissioned.
Suzannah Rosenberg advised that Katie Hovenden is leading on a piece of work exploring an Integrated Pain Service in discussion with health partners.

Michael Drake stated that this service has savings associated against it for 18/19. Solent and Southern Health are working together in determining the design of the service and savings, but there may be an impact on the ‘go live’ date if Solent and Southern are unable to deliver the service.

It was noted that data for Trauma and Orthopaedics is needed. Once all of the figures have been reviewed and worked up, a decision can then be made. The next step is to get an agreement in principle. It was noted that Southampton pays less per patient for the service provided by Solent.

The Committee discussed potential benefits of providing the MSK triage for rheumatology patients. It was noted that Southampton included rheumatology, so there may some learning from there, but this needs to be explored and may come in stages. Nationally it is a requirement to include, however Portsmouth want to start with Trauma and Orthopaedics first.

Dr Nick Moore questioned whether Spire may be ‘switched off’ ERS (PHT outsource to Spire)

Michelle Spandley said this would not be possible to do this due to Patient Choice; but commented that we need to know if the patient should still be triaged through to private providers.

Dr Kevin Vernon advised that both self and GP referrals have to go through triage.

Summary and Next Steps:

Alison Edgington to work with commissioners and finance colleagues to validate numbers and clarify the source of funding particularly from a Portsmouth perspective. Also, to feedback to commissioners the comments raised:

- How the service will interface with the chronic pain pathway (a more integrated approach avoiding duplication)
- Any impact on the Spire contract.
- How the service will interface with Rheumatology pathways.
- What effect the clinical triage will have on self-referrers to the service.
- To ensure the Portsmouth service is not diluted in any way.

The Clinical Strategy Committee approved in principle for Solent NHS Trust and Southern Health Foundation Trust to design a new service subject to the caveats above.

11. Weight Management Service

James Gagliardini, Commissioning Project Manager, Health and Care Portsmouth Commissioning and Dr Claire Currie, Consultant in Public Health attended the meeting to present the Review of Weight Management Services.

Following on from the review of Tiers 1 – 4 of weight management services last summer, a public consultation was carried out in January and February 2018. Which
included a public survey and a range of focus groups to ensure a rich mix of quantitative data was obtained.

This paper makes recommendations as to the future of Tier 3 weight management services contract in Portsmouth for which the CCG is responsible. The contract with PHT is for 100 patients per year, and there has been a steady increase in positive feedback from patients and staff regarding weighting times and satisfaction. Therefore the Integrated Commissioning Team seek approval to extend the current contract beyond its planned September 2018 end date by direct award to PHT for 2 years from October 1st 2018.

Public Health will be invited to attend this Committee to give an update on Tiers 1 and 2 along with consultation feedback around June/July 2018. It was noted that patients have to take part in six months of weight management which has strict criteria in order to prepare for Tier 3, and Tier 3 is the gateway for referral to Tier 4 (Bariatric Surgery).

**Action: C Currie**

James Gagliardini to prepare/make arrangements for the procurement of a direct award for a 2 year, Tier 3 weight management service by the CCG.

**Action: J Gagliardini**

The Clinical Strategy Committee approved, subject to procurement advice, for a direct award of a two year contract to PHT to continue the T3 Service.

12. Minutes of Other Meetings

The Minutes of the Local Estates Forum held on 19th February 2018 were noted.

Michelle Spandley updated the Committee regarding the capital funding announcement last week.

Funding will be made to update the St Mary’s site. St James’ Hospital will close down in approximately one year. Issues regarding car parking have now been resolved.

The Estates Business Case will be refreshed accordingly.

13. Any Other Business

Nil.

14. Date of the Next Meeting:

The next Clinical Strategy Committee will be held as a Development Session. This will be on Wednesday 2 May 2018, from 1 – 3 pm in the Committee Room, Portsmouth CCG Headquarters.

Clinical Strategy Committee – Attendance Log

<table>
<thead>
<tr>
<th>Member Name</th>
<th>April 18</th>
<th>May 18</th>
<th>June 18</th>
<th>July 18</th>
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<td>Debbie Bishop</td>
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<td>Dr Annie Eggins</td>
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✓ - present
A – apologies
Minutes of a Meeting of the Clinical Strategy Committee held on Wednesday 4 July 2018 at 1.00pm - 3.00pm in the Committee Room, CCG Headquarters, 1 Guildhall Square, Portsmouth PO1 2GJ

Summary of Actions

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<th>Item:</th>
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<td>6.</td>
<td>Extra Contractual Referral (ECR) Budget Transfer to Solent NHS Trust</td>
<td>S Rosenberg</td>
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<td>S Rosenberg will provide additional assurance at the next meeting.</td>
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<td>7.</td>
<td>Spinal Business Case</td>
<td>S Malcom</td>
<td>September</td>
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<td>Sarah Malcom will provide an update around funding at the September meeting.</td>
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<td>11.</td>
<td>Area Prescribing Summary</td>
<td>S Cooper</td>
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<td>S Cooper will provide regular updates.</td>
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<td>14.</td>
<td>Minutes of Other Meetings</td>
<td>K Hovenden/J Jeffs</td>
<td>August</td>
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<td>• K Hovenden and J Jeffs will draft a letter of discontent for members to sign.</td>
<td>K Hovenden</td>
<td>August</td>
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<td>• B1 Draft Cataract Policy Review – K Hovenden will raise concerns with the SHIP group.</td>
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Present:
Dave Scarborough - Practice Manager Representative
Dr Kevin Vernon (GP) - Clinical Commissioning Lead
Graham Love - Lay Member
Jane Cole - Deputy Chief Finance Officer
Jo York - Director of New Models of Care
Justina Jeffs - Head of Governance
Simon Cooper - Deputy Director of Medicines Optimisation
Michael Drake - Director of Planning & Performance
Margaret Geary - Lay Member
Dr Nick Moore (GP) - Clinical Executive Member (Chair)
Dr Jonathan Price (GP) - Clinical Commissioning Lead
Suzannah Rosenberg - Director of Quality & Commissioning

In attendance:
Claire Currie (Item 8) - Consultant in Public Health, Portsmouth City Council
Dominic Dew (Item 6) - Commissioning Programme Manager
Gordon Muvuti (Item 6) - Interim Operations Director, Solent NHS Trust
Jeanette Keyte (Item 5) - Commissioning Programme Manager
Katie Hovenden (Item 10 &14) - Clinical Associate
Lisa Stray - Business Assistant (Minutes)
Victoria Rennie (Item 5) - Commissioning Programme Manager

1. Apologies and Welcome

Dr Nick Moore welcomed everyone to the meeting and introductions were made.

Apologies were received from:
Dr Annie Eggins, Dr Jason Horsley, Dr Jonathan Lake, Dr Linda Collie, Michelle Spandley, Dr Tahwinder Upile, Innes Richens, Linda Foster and Terri Russell.
The Agenda was re-ordered to accommodate attendees’ availability.

2. **Register and Declarations of Interest**

The Register of Interests was noted.

Dr Kevin Vernon as GP, and Dave Scarborough as Practice Manager Representative, declared a conflict of interest for Agenda Item 12: Domiciliary Phlebotomy paper. Dr Nick Moore, as the Chair, agreed that the conflicted members could participate in the discussion but not in any decision-making.

3. **Minutes of Previous Meeting**

The minutes of the Clinical Strategy Committee held on 4 April 2018 was approved as an accurate record.

The summary of actions from the Clinical Strategy Committee held on Wednesday 4 April 2018 were discussed and reviewed as follows:

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<tr>
<th>Item:</th>
<th>Action:</th>
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<th>Progress/update</th>
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<tr>
<td>4. <strong>Matters Arising</strong></td>
<td>SHIP 8 CCGs Priorities Committee Policy Statements: Katie Hovenden to feedback questions and comments raised by the CSC regarding policy update changes.</td>
<td>J Jeifs/ K Hovenden</td>
<td>Next meeting</td>
<td>On Agenda</td>
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<td>8</td>
<td>MSK Triage in General Practice Business Case. M Compton and K Arthur to work out the time period and costings for a 52 week service.</td>
<td>M Compton/ K Arthur</td>
<td>Next meeting</td>
<td>J York will provide an update with the minutes.</td>
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<td>9</td>
<td>Biosimilar Policy. S Cooper to share the data showing which departments at PHT have adopted the policy, and to request a breakdown of % of all specialties.</td>
<td>S Cooper</td>
<td>Next meeting</td>
<td>S Cooper has liaised with PHT and on trajectory.</td>
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<td>11</td>
<td>Weight Management Service. Public Health to attend CSC to give an update on Tier 1 &amp; 2 along with consultation feedback around June/July.</td>
<td>C Currie</td>
<td>July 2018</td>
<td>On Agenda</td>
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<td>11</td>
<td>J Gagliardini to prepare/make arrangements for the procurement of a direct award for a 2 year, Tier 3 weight management service by the CCG.</td>
<td>J Gagliardini</td>
<td>Work in progress</td>
<td>Completed</td>
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4. **Children’s commissioning (wall paper) mental health wallpaper**

Suzannah Rosenberg and Jeanette Keyte presented the priorities for Children’s Commissioning, stressing the complexity due to overlap with the local authority. Suzannah Rosenberg confirmed that these priorities had been developed with local authority colleagues, although health-focused, who expressed their support in taking this forward. There were less business cases evident within this workstream due to limited opportunity to release savings.

Suzannah Rosenberg also informed members that the links between these and other projects, had yet to be added to the wallpaper.
The following key priorities were discussed:

- **Universal tier 2 service**
  - Under review, as it deflects activity from Children, Adult Mental Health Service (CAMHS).

- **Reduction in tier 4 beds**
  - Children are sent to Scotland or sitting in Portsmouth Hospitals Trust (PHT) waiting for beds.

- **Complex needs**
  - Solent struggling to carry out assessments on looked after children.
  - Full Care packages (100% care) at low volume. High cost and not sustainable, and therefore, need to consider a broader footprint.

- **Children’s wheelchair**
  - HCC working with Hampshire CCGs as single procurement. Wheelchairs risk for us and need to consider our way forward.
  - Neurodiversity is currently a hot topic for 19/20.

- **Early health and prevention**
  - Funding ends in March 2019. Received data indicates that service is expensive.

- **Threats**
  - School Nurses/Health Visitors cuts in funding.

Dr Jonathan Price informed members that neonatal mortality is becoming more a feature, and this will be linked to mother’s care. Claire Currie reported that ongoing work in Public Health will be shared.

Further to a question from Dr Jonathan Price, Suzannah Rosenberg confirmed that there is a shortage of beds for tier 4 CAMHS service. She reported that although there is availability in Wessex, patients are being placed wherever there are beds anywhere in the country. Patients can therefore occupy beds for months.

Jane Cole reported that capacity and getting work progressed issues have been raised for Portsmouth Planning Programme Board, and questioned if there was capacity to focus on these.

Suzannah Rosenberg informed members that Health & Care Portsmouth Commissioning have prioritised the priorities and work to the wallpaper, but work has slipped.

Michael Drake questioned whether any work previously agreed by this committee has had to be amended or stopped as a result of the re-prioritisation work. Suzannah Rosenberg stated that there were no stopped projects however a number of ‘rogue' projects were included on Pentana.

The Clinical Strategy Committee noted the verbal update.

5. **Paediatric psychiatric**

Suzannah Rosenberg introduced Jeanette Keyte, Commissioning Programme Manager to the group.

Victoria Rennie took members through the aim of the Business Case and highlighted key priorities for the Maternity and Child Health strand of the Portsmouth and South
East Hampshire Children's Integrated Partnership in 2018/2019, which is aimed at improving the paediatric psychiatric liaison service in PHT emergency departments (ED). The clinical model will be commissioned subject to robust financial appraisal, and agreement from Fareham & Gosport and South East Hampshire CCGs.

Victoria Rennie reported that the pilot ran from 08.00 until 23.00 hours and showed a 90% reduction in admissions when the service was running. At the time of the pilot, the CQC visited and felt the model was gold standard and keen for it to be adopted on a permanent basis.

Jeanette Keyte informed members that the service has an operating shortfall of £60k per year. The Care Quality Commission highly rated this service (recognising the limited level of activity).

Jeanette Keyte also stated that the finance team undertook modelling, but further work is required due to the short time period covered by the pilot. Any further modelling will be submitted to the System Finance Board.

Dr Jonathan Price stated his support of this approach but warned that the general public would prioritise cure over prevention.

Dr Nick Moore questioned Option 4 for children and young people aged up to 16 years and up to 18 in full time education. Jeanette Keyte explained that this option (do nothing) is the current model and is the only option for children up to the age of 16, all the remaining options are up to the age of 18.

**Options Appraisal**

Members supported both Options 2 and 3 as good models and recognised that increased activity would follow, once the service became better known however felt that Option 2 was the preferred model subject to additional financial assurance from neighbouring CCGs as costs are shared between the three organisations.

**The Clinical Strategy Committee agreed the preferred Option 2 in principal, further to additional financial assurances.**

6. **Extra Contractual Referral (ECR) Budget Transfer to Solent NHS Trust**

Suzannah Rosenberg reported that volume and costs have increased. Consideration to any change and process or budgetary control would not adversely impact on the quality and effectiveness of support and care to individuals, and this would be reflected in any agreement. Work is currently being undertaken with Solent NHS Trust on the finance plan including savings and it was noted that a 20% savings was only achievable if delegated.

Jane Cole said this was supported by the finance team, as there was a higher risk in retaining the budget.

Dr Jonathan Price this was good for bridging the purchaser-provider gap.

Graham Love stated his support of option 3.

Suzannah Rosenberg reported that part of the budget would be retained for those patients not managed by Solent NHS Trust.
The Clinical Strategy Committee agreed to transfer the budget to Solent NHS Trust with the finance team arranging the detail. Suzannah Rosenberg will provide additional assurance at the next meeting.

7. Spinal Business Case

Jo York spoke to a paper that set out the financial implications associated with the proposed transfer of spinal services from Portsmouth Hospitals Trust (PHT) to University Hospital Southampton NHS Foundation Trust (UHSFT), which provides the Wessex Regional Spine Service. UHSFT currently have the PHT emergency and complex elective pathways. Jo York reported that there are costs associated with the proposed transfer of £150k for Portsmouth and South East Hampshire and this will be shared across the three CCGs. For Portsmouth CCG, this is likely to be a maximum of £50k non-recurrent for one year. The proposed transfer date was April 2018, subject to final sign-off, to allow a 3 month lead-in time for TUPE and operational planning, with the 'go live' date of October 2018.

Sarah Malcom will provide an update around funding at the September meeting.  

Action: S Malcom

Jo York confirmed that Fareham & Gosport and South East Hampshire CCGS have agreed Option 2.

The Clinical Strategy Committee approved option 2 with a maximum cost pressure of £50k to the CCG.

8. Update of tier 2 weight management

Claire Currie spoke to a paper that outlined key findings from the public consultation and how the Wellbeing Service is being redesigned to address those, which has been informed by an options appraisal. The purpose of the consultation was to understand local residents’ views on how aspects of the support offered for weight management should be prioritised. Further, in-depth questions enquired about acceptability and effectiveness of weight management support. The service will continue to be unclear of future funding but intended to continue until the end of 18/19 financial year.

The Clinical Strategy Committee noted the contents of the report.

8a. Any Other Business

A proposal has been considered for health protection arrangements through the establishment of a Forum for Portsmouth that will provide an opportunity to network throughout the year.

Claire Currie commented that the structure of the new meeting to establish format, frequency and membership is being worked on. Suzannah Rosenberg and Simon Cooper welcomed this proposal.

9. Planning update
Mike Drake outlined the current process and reported that there had been slippage on key projects due to resource and capacity. PHT have not yet signed the contract as they are seeking additional assurance.

Key messages

- **Enhanced Care Home Teams**
  Delays in obtaining a complete data set have delayed the business case.

- **Mental Health Assessment Unit**
  NHSE capital bid decision has only been provisionally approved and requires further detail; and further stakeholder engagement is required to enable full consensus on elements of the project (especially with regard to patient admissions to ED).

- **Emotionally Unstable Personality Disorder project**
  Timescales for go live are still unclear as draft Standard Operating Procedures (SOP) for process remain outstanding.

- **Acute Bed Transformation**
  Project delays due to project team and provider staff changes; delays to review and agreements of new proposals; no date for Business Case/Plan presentation to CSC; and potential impact on out of Area Placements.

Risks to Delivery

- The Community Health & Care ICP Programme remains a concern with details project plans/outcomes still be defined.
- Delays within the Mental Health Programme will impact on delivery.
- CHC remains a concern with no projects defined to deliver £730k QIPP.

The Clinical Strategy Committee noted the contents of the report.

10. **Business conducted outside of Committee and updates**

Justina Jeffs reported back on the following business:

- Patient Transport Service Procurement Option – approved
- Specialist Palliative Care Procurement Options Paper – approved

The Clinical Strategy Committee noted business undertaken outside of Committee meetings.

11. **Area Prescribing Summary**

Simon Cooper spoke to the Area Prescribing Committee (APC) Summary for April and June 2018, and highlighted the funding process for Early Access to Medicines. Simon Cooper stated that this was the first time such a summary had been presented to this Committee and confirmed that updates would be provided to the Committee at regular intervals in the future.

**Action: S Cooper**

The Clinical Strategy Committee noted the content of the APC summaries.

12. **Domiciliary phlebotomy paper**
Dr Kevin Vernon as a GP working in practices in the city, and Dave Scarborough as Practice Manager Representative 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, Dr Nick Moore, as the Chair, agreed that the conflicted members could participate in the discussion but not in any decision-making.

Suzannah Rosenberg asked members to note PHT intention to serve notice on domiciliary phlebotomy and work underway to explore alternative provision. This will include the possibility of a transfer of service to Solent NHS Trust, through a single tender waiver which will be presented at a further meeting.

The Clinical Strategy Committee noted the content of the paper.

13. Clinical Strategy Committee Work Programme

Members were asked to note the work programme.

The Clinical Strategy Committee noted the content of the paper.

14. Minutes of Other Meetings

i. The Minutes of the Local Estates Forum held on 19 March 2018 were noted.

ii. SHIP8 Priorities Committee – meeting held on Thursday 5 April 2018

Surgical Management of pelvic organ prolapse – KH queried the “3month wait before surgical interventions are considered”.

Comments were raised and Portsmouth CCG is unable to endorse the policy. It was considered that stage 3 prolapse is unlikely to resolve with conservative measures particularly with the evidence being inclusive. Katie Hovenden raised concerns that there were no Specialist Consultant input at the SHIP8 Priorities Committee meeting. This has now been sent to Claire Burton (Consultant) for her review and will be discussed by the Priorities Committee once received.

Dr Nick Moore asked what assurance we have for future statements. Katie Hovenden answered that action is being taken to challenge clinical input and appropriateness of subject/topic areas. Katie Hovenden and Justina Jeffs with draft a letter of discontent for members to sign around the format of SHIP with a deadline for response. Members of SHIP agreed to feedback statement to the SHIP Committee.

Action: J Jeffs/K Hovenden

Dr Jonathan Price raised a concern over B1, Draft Cataract Policy Review from meeting held on 5 April 2018 paper. Primary Care will continue to gate keeping for ophthalmology, but scoring whether patients can have surgery or not is not acceptable. Katie Hovenden will raise these concerns with the SHIP group.

Action: K Hovenden

The Clinical Strategy Committee agreed in principle subject to seeking additional assurance with more in depth information before approval.
iii. Agenda Items for next SHIP8 Clinical Commissioning Groups Priorities Committee Meeting

Policy Recommendation

- Micro suction for the removal of ear wax in adults of 16 years and over
- Pulse Oximetry for the diagnosis of Obstruction Sleep Apnoea
- Sequential use of Dose Escalation of Biologic therapy in the Management of Psoriasis

15. Any Other Business

No further business.

16. Date of the Next Meeting:

The next Clinical Strategy Committee will be held on Wednesday 1 August 2018, from 1 – 3 pm in the Committee Room, Portsmouth CCG Headquarters.

Clinical Strategy Committee – Attendance Log

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In attendance

- Claire Currie
- Lin Foster
- Lisa Stray
- Debbie Bishop
- Dr Annie Eggins

✓ - present
A – apologies
### Minutes of a Meeting of the Clinical Strategy Committee held on Wednesday 1st August 2018 at 1.00pm - 3.00pm in the Committee Room, CCG Headquarters, 1 Guildhall Square, Portsmouth PO1 2GJ

**Summary of Actions**

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| 2 | Register of Interests  
J Jeffs to update the register with recent changes | J Jeffs | August 2018 |
| 7, 4.7.2018 | Spinal Business Case  
Verbal update September CSC meeting | J York | Sept meeting |
| 11, 4.7.2018 | Area Prescribing Committee Summary  
S Cooper to provide an update at September CSC | S Cooper | Sept meeting |
| 4 | Wellbeing House  
Business Case to be brought to October CSC | S Rosenberg | Oct meeting |
| 4 | Mental Health Assessment Unit  
A paper to be brought to September CSC | R Penlington | Sept meeting |
| 5 | Wheelchair Service  
A briefing paper to be provided to F&G and SEH CCGs Joint Clinical Cabinet. | S Rosenberg | Next JCC meeting |
| 8 | MCP Programme Priorities presentation  
Dr J Horsley to share the details of public health intelligence and Falls work that Southampton are doing. | Dr J Horsley | August 2018 |
| 9 | Clinical Strategy Committee Work Programme  
J Jeffs to review the work programme with the Planning & Performance Team Manager. | J Jeffs | August 2018 |
| 10 | SHIP 8 CCGs Priorities Committee  
The CSC signed letter of discontent regarding policy statements to be sent to the Chair of the Committee (Action arising from 4 July 2018 CSC) | J Jeffs | August |
| 10 | SHIP 8 CCGs Priorities Committee Policy recommendation statements No: 33, 34 and 35.  
Katie Hovenden and Dr Nick Moore to discuss outside of this meeting and agree the Clinical Strategy Committee’s response for the above Policy Recommendations. | K Hovenden/ Dr N Moore | Sept meeting |

**Present:**
- Dr Nick Moore (GP) (Chair) - Clinical Executive Member
- Dr Linda Collie (GP) - Chief Clinical Officer
- Jane Cole - Deputy Chief Finance Officer
- Simon Cooper - Deputy Director of Medicines Optimisation
- Michael Drake - Director of Planning & Performance
- Dr Annie Eggins - Clinical Executive Member
- Margaret Geary - Lay Member
- Dr Jason Horsley - Consultant, Public Health, Portsmouth City Council
- Justina Jeffs - Head of Governance
- Dr Jonathan Price (GP) - Clinical Commissioning Lead
- Innes Richens - Chief of Health and Care Portsmouth
- Suzannah Rosenberg - Director of Quality & Commissioning
- Terri Russell - Deputy Director of Primary Care
- Michelle Spandley - Chief Finance Officer
- Dr Kevin Vernon (GP) - Clinical Commissioning Lead
In attendance:
Linda Foster - Executive Assistant (Minutes)
Emma Aldred (Item 6) - Transformation Manager
Mark Compton (Item 8) - Deputy Director of Transformation

1. Apologies and Welcome

Dr Nick Moore welcomed everyone to the meeting. Apologies were received from Jo York, Graham Love and Dr Tahwinder Upile

The Agenda was re-ordered to accommodate attendees’ availability.

2. Register and Declarations of Interest

The Register of Interests was noted.

Dr Jason Horsley stated that the details regarding his wife required updating to reflect a change of her employment to another NHS organisation.

Justina Jeffs informed the committee of a number of recent staff changes, and that the register will be updated to reflect these.

Action: J Jeffs

No Declarations of Interest were declared for the items on this Agenda.

3. Minutes of Previous Meeting

The minutes of the Clinical Commissioning Committee held on Wednesday 4 July 2018 were approved as an accurate record; subject to the following amendment:

Agenda item 7, Spinal Business Case: Amend the wording to read: “The proposed transfer date was April 2018, subject to final sign off to allow a 3 month lead-in time for TUPE and operational planning, with the ‘go live’ date of October 2018”.

The summary of actions from the Clinical Commissioning Committee held on Wednesday 4 July 2018 were discussed and reviewed as follows:

<table>
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<tr>
<th>Item</th>
<th>Action</th>
<th>By</th>
<th>Progress/update</th>
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<tbody>
<tr>
<td>4</td>
<td>Amendments to the Minutes of CSC meeting on 4 July 2018 as stated on page 2.</td>
<td>August 2018</td>
<td>Completed</td>
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<td>6</td>
<td>Extra Contractual Referral (ECR) Budget Transfer to Solent NHS Trust. S Rosenberg will provide additional assurance at the next meeting.</td>
<td>August 2018</td>
<td>Working through progressing financial support and final details for the MOU. Oct/Nov transfer time planned.</td>
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<td>7</td>
<td>Spinal Business Case S Malcolm will provide an update around funding at the September CSC meeting.</td>
<td>September 2018</td>
<td>To be brought to September CSC.</td>
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<tr>
<td>11</td>
<td>Area Prescribing Committee Summary Regular updates to be included on the agenda</td>
<td>Completed</td>
<td>The next APC summary to come to September CSC.</td>
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</table>
b) Matters Arising – Nil.

4. Mental Health Projects – Progress Report

Suzannah Rosenberg provided an update on the mental health projects agreed priorities for 2018/19:

Wellbeing House

It was noted that the next couple of months would be crucial for the decision making. A phased approach is planned with the business case ready by September 2018.

The Wellbeing House Business Case missed the timeline for Q1; however it will be brought to the October Clinical Strategy Committee for Q2.

Action: S Rosenberg

Mental Health Assessment Unit (MHAU)

This project will include the appointment (by secondment) of a Service Development Manager, funded by the three CCGs and three provider trusts. It is anticipated that this will be offered as a secondment opportunity for a member of staff from Southern Health Foundation Trust (SHFT) or Solent NHS Trust with operational experience. The six-way funding was intended to provider backfill cover for the secondment. Michelle Spandley confirmed that each organisation needed to commit £10k.

In order to get a complete picture of activity during the pilot phase (November 2018 – June 2019), it has been agreed to continue to include waiting and treatment time thereby not “stopping the clock” while these patients are seen by the mental health team as these patients are still under the care of the emergency department consultants. Following a question by Dr Linda Collie, Suzannah Rosenberg confirmed that even when opened, following the pilot, this would continue as an ED ward and therefore subject to the same performance targets as the ED department in respect of waiting times etc.

Dr Jonathan Price queried if the Alcohol Liaison Team at PHT had been involved/aware of this pilot. Suzannah Rosenberg stated that there was a good relationship developing between the two teams, confirmed their involvement during the planning stage and stated that further engagement is planned.

A paper will be brought to the September Clinical Strategy Committee Meeting.

Action: R Penlington

Acute Bed Transformation

A meeting is planned for 21 August to discuss bed-stock. Consultant to Consultant meetings to date have been positively received.
**System Redesign**

Suzannah Rosenberg informed the Committee of a three day ‘report out’ session next week for senior managers of Solent, Southern Health and the CCGs.

The session facilitated by Northumberland Tyne and Wear NHS Trust will present the outcomes of a number of workshops held and facilitated by NTW along with the analysis of 700 patient pathways and observation work undertaken over the past few months. NTW will present these in order to support Portsmouth and South East Hampshire in their planning to take forward the outputs from the system redesign work, and commitment required.

Suzannah Rosenberg and Julia Barton will be attending the three day session.

Dr Nick Moore and Suzannah Rosenberg will be meeting with Dr Barbara Rushton, S E Hampshire CCG and Dr David Chilvers of Fareham & Gosport CCGs to discuss mental health issues.

**The Clinical Strategy Committee noted the content of the Mental Health Projects progress report.**

**5. Wheelchair Service Update**

Suzannah Rosenberg presented the update on the Wheelchair Service. The Committee were informed that due to a range of issues the CCG does not want to continue with the current provider. However, in order to ensure enough time for a full procurement, it has been proposed that a direct award is made to the current provider, with a number of conditions.

West Hampshire CCG and Southampton CCG are in support of a two year direct award however this is not supported by Portsmouth, Fareham & Gosport and South Eastern Hampshire CCGs who want a one year agreement. This has resulted in two separate direct awards which Millbrook, the current provider, is aware of and has accepted.

A Wheelchair Procurement Task and Finish Group was established (led by Suzannah Rosenberg) which included colleagues from South of England Procurement Services (SOEPS). A time-table has being developed detailing the work required, much of it in the coming six months. The Committee were informed that the procurement timetable is achievable but that there are financial issues which need to be considered as activity has gone up.

Data quality issues have also been highlighted and meetings are on-going with the service to share feedback, build relationships and determine actions which include:

- A data validation exercise
- A mini intervention – observation of the team and process map
- Mail-shot to the PSEH service users asking for their feedback

A briefing paper to be provided for Fareham & Gosport and South Eastern CCGs’ Joint Clinical Cabinet, to consider a direct award. Also to discuss inflationary uplift, performance and what to do about the waiting list back-log on transfer, and/or feasibility of an initiative scheme to reduce it.

*Action: S Rosenberg*
Suzannah Rosenberg informed the Committee regarding a Wheelchair voucher scheme. The voucher will be for the value of the chair and service users can ‘top up’ the cost of if they want to choose another type of wheelchair.

There are some maintenance contract issues which are being worked through. There are many different cohorts of people accessing the service including children, which require different types/sizes of wheelchair according to the client’s needs.

The Clinical Strategy Committee noted the content of the Wheelchair Service Update.

6. Enhanced Care Home Teams Update

Emma Aldred attended this meeting on behalf of Jo York to update the Committee on the work to date for the Portsmouth and South East Hampshire Enhanced Care Home Team Business Case.

Emma Aldred explained that the three CCGs are looking at developing the business case for £500k savings target as part of the Aligned Incentives Contract savings plan across PSEH to reduce emergency admissions from Care Homes and to remove the activity from PHT.

There had been a delay in receiving the data, however it has now been reviewed and the focus will now be on pro-active transformation work. Commissioners will be looking at how to implement for this financial year.

A Trusted Assessor business case is being developed for a cluster of Care Homes. The Trusted Assessor will go into the hospital to assess the patient and decide if they are able to return to their Care Home. The business case will be taken to the Better Care Partnership Management Group Meeting for approval.

Although the local CCGs are moving at a different pace, Portsmouth CCG is progressing to Phase II, and anticipates this will deliver some savings. Although additional investment is required by all CCGs, the scheme is a higher priority for Portsmouth CCG.

Commissioners met with South Central Ambulance Service recently to discuss the current arrangements for a 111 calls made from Care Homes. It is policy that if the patient has had an unobserved fall, that they are automatically conveyed to hospital. It was also noted that clients in residential homes are more likely to be dispatched to hospital when taken ill or fall, as the staff there are non-clinical.

Commissioners have involved Care Home managers/proprietors in shaping this project to ensure they are fully involved and signed up to do the work.

Michael Drake advised that although savings for this business case is £500k, there is £1.8M already allocated for non-conveyance. There needs to be clear validation of data to ensure no ‘double-counting’.

Michelle Spandley asked why this business case was not part of the winter proposals.

Michael Drake explained that the winter proposals had focused on the work carried out by Price Waterhouse Cooper.
The Clinical Strategy Committee noted the progress and development to date of the Enhanced Care Home Team Business Case.

7. Planning Update

Michael Drake provided a brief verbal overview of the content of the Planning Update which Committee members was previously circulated with the Agenda.

The Portsmouth Planning Programme Board (P3B) ensure projects and programmes are kept on track.

It was noted that several projects have been closed this month within the CHC programme; three of which have closed to form part of the Market Management Project.

The Clinical Strategy Committee noted the information provided in the Planning Update paper.

8. MCP Programme Priorities presentation

Mark Compton talked to the presentation slides above and reiterated:

- The MCP Programme is separate from the MCP Contract which has been put on hold nationally due to Government issues.
- The CCG Governing Board agreed in principle to explore the notion of delegated authority to the MCP Programme Board for MCP related projects, to reduce duplication and to help transformation. This will be carried out in three phases.

Mark Compton explained the key states of the MCP Programme 2018/19 Roadmap (on pages 15 & 16)

Dr Linda Collie asked if funding was pump-priming for all of the projects. This is not the case as it depended on the project. Some projects will need recurrent funding and others will use existing resources better.

The Committee discussed the Frailty work done by Dorset CCG, which has been very successful and whether this could be considered locally.

Dr Jason Horsley informed that Southampton undertaking work around Falls. Southampton has intelligence around a model of the impact that aging has on Falls. There is the potential to discuss the use of public health intelligence for a wider geography. Dr Horsley to send the details to Mark Compton.

Action: J Horsley

Michael Drake enquired about the governance arrangements for Delegated Authority considering all of the pressures on the system; i.e. Fit, Pace and Scale and financial challenges.
Mark Compton assured that all are aligned and working towards the same goals. The MCP Programme Board consists of two representatives from each organisation, all holding to account and feeding into the CCG and out again to all organisations.

It was noted that not all of the governance processes are finalised, this is still work in progress aligning to strategic plans.

Suzannah Rosenberg informed of the work with Solent NHS Trust aligning the 4 year financial plans, looking at affordability, QIPP and CIP. This work has been beneficial and will be rolled out to Childrens, Adults and Community Services.

Mark Compton informed members that the CCG is requesting Key Performance Indicator monitoring for each service in order to measure its success. There is a need to understand the layers and links in the system. It is the CCGs role to look at any blocks, such as; finance, legislation, GP Contract, workforce provision and new ways of working.

The Committee discussed engagement with Practices and that the importance of selling this to practices, encouraging the workforce to pick up the extra work without losing continuity of care, and to promote the benefits to patients.

Innes Richens asked if the CCG is doing enough to support the MCP Programme Board to think through the risks and mitigation.

Mark Compton informed that Dr Nigel Watson (Chief Executive Wessex Local Medical Committee) is looking at the Partnership model to ensure it is fit for the future. He added that the MCP Programme work integrates with some services and gives GPs control. It was noted there will be some changes to QOF Reviews next year; however there are no drastic changes to the GP Contract.

The Clinical Strategy Committee felt assured and had confidence in the MCP Programme intentions going forward.

9. Clinical Strategy Committee Work Programme

Innes Richens explained that the CSC Work Programme provides an overview of all of the prioritised Programmes and Projects for 18/19. He informed that some of the projects or business cases had slipped from their original target on the work programme. It was also noted that some projects can now be closed down and taken off the work programme. Justina Jeffs to review with Debbie Bishop from Performance and Planning Team to action as required.

Action: J Jeffs

10. SHIP 8 CCGs Priorities Committee Policy statements for approval

Actions arising from CSC on 4 July 2018:

• Cataract Policy Review - Katie Hovenden fed back CSC concerns and comments to the SHIP 8 Priorities Committee

• Letter of discontent - The formal letter was circulated at today’s meeting for signing by Committee members. Justina Jeffs agreed to send this to the SHIP 8 Priorities Committee Chair.

Action: J Jeffs
10a) Policy Recommendation no. 33 – Micro-suction for removal of ear wax in adults of 16 years

The Committee discussed the recommendations and were happy to approve the indications and criteria for microsuction.

It was agreed that Katie will feedback that Portsmouth CCG wanted reassurance that this represented good practice guidance and was not going to be translated into a prior approval arrangement. Also they felt that there were a small number of occasions when microsuction would be required more than twice a year where it was clinically indicated and the presence of wax was impacting on a patient's hearing.

10b) Policy Recommendation no. 34 – Pulse Oximetry for the diagnosis of Obstructive Sleep Apnoea

The Committee agreed there is no evidence to support use of pulse oximetry alone in the diagnosis of Obstructive Sleep Apnoea and the Policy Statement was approved.

10c) Policy Recommendation no. 35 – Sequential use and Dose Escalation of Biologic therapy in the management of Psoriasis

The Committee were happy to accept the recommendation regarding sequential use of biologics in line with NICE guidance.

However concern was expressed about the recommendation regarding dose escalation given the poor evidence base. Dr Horsley suggested that dose escalation should be restricted to clinical trials in order to create an evidence base.

Also concern was expressed that the lack of any restriction would lead to potentially escalating costs and it was suggested that the use of dose escalation should be controlled via some form of prior approval mechanism.

Katie Hovenden and Dr Nick Moore to discuss outside of this meeting and agree the Clinical Strategy Committee’s response for the above Policy Recommendations.

Action: K Hovenden/ Dr N Moore

11. Minutes of Other Meetings:

The Clinical Strategy Committee noted the Minutes of the SHIP 8 CCGs Priorities Committee Meeting held on 26 April 2018.

12. Date of the Next Meeting:

The next Clinical Strategy Committee will be held on Wednesday 5th September 2018, from 1 – 3 pm in the Committee Room, Portsmouth CCG Headquarters.
## Clinical Strategy Committee – Attendance Log

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In attendance

- Claire Currie
- Lin Foster
- Debbie Bishop
- Lisa Stray
- Dr Annie Eggins

✓ - present
A – apologies