

**Minutes of the NHS Portsmouth Clinical Commissioning Group Governing Board meeting held on Wednesday 11 November 2015 at 1.00pm – 3.00pm in the Entertainments Hall, St James' Hospital, Locksway Road, Milton, Portsmouth PO4 8LD**

**Summary of Actions  
Governing Board held on Wednesday 11 November 2015**

<b>Agenda Item</b>	<b>Action</b>	<b>Who</b>	<b>By</b>
3 (7, 3.9.15)	<b>Minutes of Previous Meeting - Draft Emergency and Urgent Care: Strategic Framework</b> – Final strategy and details on high level vision to be presented to a Governing Board meeting.	J Hogan	End Mar 16
3 (8, 3.9.15)	<b>Minutes of Previous Meeting - Guildhall Walk Healthcare Centre Options Appraisal</b> - Conduct formal consultation and report back to the Governing Board in the New Year.	I Richens	End Mar 16
3 (12, 3.9.15)	<b>Minutes of Previous Meeting - Listening to our Patients - 2014/15 Report</b> - Programme an update on work for veterans for a future Governing Board meeting.	I Richens/ E Fellows	Future meeting
3	<b>Minutes of Previous Meeting</b> – Amend pages 5 and 12 as agreed.	T Wilkinson/ J Collis	Next Mtg
5	<b>Integrated Performance Report</b> – Discussions to take place involving Dr Julie Cullen and Dr Janet Maxwell on how workforce as a workstream is incorporated into the blueprint programme.	I Richens	Next Mtg
5	<b>Integrated Performance Report</b> – Ensure primary care as a provider dashboard is incorporated into the Integrated Performance Report.	I Richens	Next Mtg
5	<b>Integrated Performance Report</b> – Provide information on what the CCG has done in relation to the local quality premium on “access to health services for people with sensory loss”.	M Spandley	Next Mtg
8	<b>CCG Learning Review: Solent NHS Trust Community Nursing</b> – Feed back to team the proposed addition of action in relation to Covalent.	I Richens	Next Mtg
14	<b>Patient Story</b> – Make links between PDF and the cycle maintenance organisation to explore possibilities.	D Williams	Next Mtg
14	<b>Patient Story</b> – Join discussions between Wheels for All and PDF.	J Maxwell	Next Mtg

**Present:**

Dr Linda Collie	- Clinical Executive
Paul Cox	- Practice Manager Representative
Dr Julie Cullen	- Registered Nurse
Dr Elizabeth Fellows	- Clinical Executive
Dr Jim Hogan	- Clinical Leader and Chief Clinical Officer
Tom Morton	- Lay Member

Jackie Powell	- Lay Member
Innes Richens	- Chief Operating Officer
Andy Silvester	- Lay Member
Michelle Spandley	- Chief Finance Officer
Dr Tim Wilkinson	- Chair of Governing Board/Clinical Executive

### **In Attendance**

Jayne Collis	- Business Development Manager
Dr Janet Maxwell	- Director of Public Health, Portsmouth City Council
David Williams	- Chief Executive, Portsmouth City Council (from 3.00pm)

### **Apologies**

Dr Dapo Alalade	- Clinical Executive
Dr Tahwinder Upile	- Secondary Care Specialist Doctor

## **1. Apologies and Welcome**

Apologies received from Dr Dapo Alalade and Dr Tahwinder Upile.

Dr Tim Wilkinson welcomed everyone to the NHS Portsmouth Clinical Commissioning Group (CCG) Governing Board meeting held in public. He reminded those present that although the meeting was being held in public it was not a public meeting and therefore during the CCGs formal business members of the audience would not be invited to participate. He explained that a Question and Answer session would follow at 3.10pm – 3.40pm.

Dr Tim Wilkinson further explained that Items 9 – 11 related to primary care commissioning business and in line with our agreed governance arrangements, at that point in the meeting he would be transferring chairing of the meeting to Tom Morton as the current designated lay member to do this. He highlighted the section on the front sheet of Governing Board papers which detailed any potential conflict of interest.

## **2. Declarations of Interest**

Dr Linda Collie, Paul Cox, Dr Elizabeth Fellows, Dr Jim Hogan and Dr Tim Wilkinson declared a possible conflict of interest relating to Items 9 – 11 on the agenda, however, as there is no specific decision to be made, it was agreed that these members may remain for the discussion.

## **3. Minutes of Previous Meeting**

The minutes of the Governing Board meeting held on Wednesday 23 September 2015 were approved as an accurate record subject to the following amendment:

Page 5, “Finance” bullet point, last sentence, amend “With regards to IFRs” to “With regards to mental health out of area placements”.

Page 12, first paragraph, “as they are both associated with one of the member practices involved in developing the business case being considered.” to be removed.

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

<b>Agenda Item</b>	<b>Action</b>	<b>Who</b>	<b>By</b>	<b>Progress</b>
5	<b>Integrated Performance Report</b> - Express workforce vacancy numbers also as a percentage of the total workforce in future reports.	M Spandley	Nov 15	Included in this months report. Complete.
5	<b>Integrated Performance Report</b> - Provide the CCG with the totality of public health's proposals in response to the required savings by the Local Authority for the CCG to assess and respond to.	J Maxwell	Nov 15	A meeting has been set up to discuss this issue. Complete.
7	<b>Draft Emergency and Urgent Care: Strategic Framework</b> – Final strategy and details on high level vision to be presented to a Governing Board meeting.	J Hogan	End Dec 15	Due end March 2016.
8	<b>Guildhall Walk Healthcare Centre Options Appraisal</b> - Conduct formal consultation and report back to the Governing Board in the New Year.	I Richens	End Feb 16	Due end March 2016
10	<b>Update on PMS Contract Reviews</b> - Establish and task and finish group to review requests and define priorities for reinvestments.	I Richens	Nov 15	Group established. Complete.
12	<b>Listening to our Patients - 2014/15 Report</b> - Programme an update on work for veterans for a future Governing Board meeting.	I Richens/ E Fellows	Future meeting	Future meeting.
12	<b>Listening to our Patients - 2014/15 Report</b> - Feedback back proposal for event in north of the City.	I Richens	Nov 15	Complete. Suggestion has been incorporated into the development of our PPE programme.
12	<b>Listening to our Patients - 2014/15 Report</b> - Redraft Section 1.9 to take into account comments made by Dr Janet Maxwell.	I Richens	Before publication	Complete.
12	<b>Listening to our Patients - 2014/15 Report</b> - Publish full report on website.	I Richens	Nov 15	Complete.
13	<b>Governing Board Assurance Framework</b> – Consider comments from Dr Janet Maxwell as part of the new review of GBAF.	I Richens/T Morton	Jan 16	Audit Committee will consider at its December meeting.
17	<b>Patient Story</b> - Presentation to be uploaded onto the CCG website.	J Collis	Nov 15	Complete.

#### 4. Chief Clinical Officer's Report

Dr Jim Hogan presented a paper which set out the key decisions and actions undertaken by the Clinical Executive under his leadership on behalf of the Governing Board since the previous meeting. He highlighted the main areas of the report:

- Blueprint

This was presented at the last Governing Board meeting and since then a meeting has taken place with Portsmouth Healthwatch to discuss and engage them as a critical partner and sought their initial views on the principles upon which we need to operate ongoing engagement. This is just the start of the journey with Healthwatch and the process will continue.

- Dementia Diagnosis Rates

Latest dementia diagnosis rate figures were published by the Health and Social Care Information Centre (HSCIC) on 2 October 2015 and data shows that the CCGs actual dementia diagnosis rate is 69.2% against a national estimate of 66.1%. The HSCIC estimate there is a potential gap of 619 patients in the City who may benefit from access to support by way of a dementia diagnosis. The CCG is working with practices to further improve rates.

- CCG Headquarters Accommodation Move

The CCGs plans to relocate its headquarters are progressing well and the move is planned to take place over the weekend of 12 February 2016. The CCG is working with the staff engagement group to oversee the plans. All members of staff based at St James Hospital have received a consultation document regarding the proposed relocation and the CCG is aware that one of the biggest concerns for many staff is the impact on travel arrangements of the new location. The CCG is looking at options for staff to help them with this including interest free loans for public transport, bicycle purchases and parking permits.

David Williams commented that with regards to the Blueprint, he and Innes Richens had met with Solent NHS Trust's Board recently and that the Blueprint was endorsed by the Council Cabinet earlier in the week.

Jackie Powell commented on the revised Terms of Reference for the Primary Care Operational Group and asked if the Board should receive updates. Innes Richens explained that the intention is to routinely report primary care issues to the Governing Board.

**The Governing Board accepted the Chief Clinical Officer's Report.**

#### 5. Integrated Performance Report

Michelle Spandley presented the Integrated Performance Report dated 11 November 2015 which provided an overview of progress against the delivery of the CCGs strategic vision and plans, and overall CCG performance that defines an effective commissioner. She explained that the CCG assessment against each of the priorities remains rated as in previous months - Priority 1 and 3 as partially on track and Priority 2 and 4 as on track to deliver.

- Finance – on track to deliver with the expected plan as at month 6. The contract performance at Portsmouth Hospitals Trust (PHT) remains above contracted levels. The GP Prescribing budget has also been exceeded and Mental Health out of area placements expenditure continues at a rate higher than expected. All these issues are constantly being reviewed and these overspends are being covered by small underspends elsewhere in the CCG budgets and by the use of contingency.
- Priority 1
  - A&E waiting times remain below the national standard of 95% and the planned local trajectory of 90%.
  - Ambulance response times for South Central Ambulance Services (SCAS) remain a concern and Commissioners have issued a Contract Performance Notice in October. The response times for Portsmouth are achieved as an individual site however the south central area is monitored as a whole. The CCG continues to work with SCAS.
  - Referral to Treatment Target is being achieved at aggregate level, however this is not across all specialties and the CCG needs to understand the reasons for this. A contract performance notice has been issued to ensure the aggregate target is sustained and the CCG continues to work with PHT.
- Priority 2

The main focus in this priority is quality.

- The CCG continues to work with Portsmouth Health Limited (PHL) who provide the GP out of hours services across 5 CCGs.
- **PHT** - There are issues around Urgent Care and the achievement of 4 hour waits remains a high priority as this can delay the timeliness of assessment of patients. Staffing and workforce challenges continue to be monitored and PHT reported an increase to substantive staffing reducing their vacancy rate to 5%. A ward based staffing review showed overall compliance with registered nurse to patient ratios, with two exceptions F3 and cedar ward, which are being reviewed. Cedar ward has recently transferred to Southern Health. Discharge summaries will remain a high priority until full rollout across the Trust has been implemented.
- **Solent NHS Trust** – The CCG continues to work with Solent on the high numbers of resignations in the Community Nursing team. NHS England and the Trust Development Agency are also involved and a rectification plan is in place. The CCG has been notified of further resignations and escalated this again to the Chief Executive and a response is expected shortly.

Innes Richens commented that Community Nursing is one of the top priorities for the nursing team and concerns are escalating. There are other areas in the city that have recruitment issues but this is complex and we may have to take a different approach. Dr Julie Cullen commented that it is a national issue but our focus is local and there is no quick fix unfortunately and we are doing our best for the service. Michelle Spandley explained that Solent were taking the issue very seriously and are accepting the help and support provided to them. David Williams commented that there were similar issues in Social Care. Discussions took place regarding the various organisations both nationally and locally involved in workforce planning and development and how the CCG needed to align these to meet its local requirements as set out in the blueprint. Innes Richens agreed to set up a further

discussion about progressing this and agreed to involve Dr Julie Cullen and Dr Janet Maxwell.

**Action: I Richens**

- **South Central Ambulance Services (SCAS)** – Ongoing discussions around the number of long waits for ambulance. Recently there has been a failure to achieve the 3 contracted response times and therefore risks remain until action plans are put in place.
- **Clostridium Difficile (CDiff)** – Target is exceeded by 1 for the year to date. The CCG awaits the outcome of 1 potential MRSA case.
- Priority 3

Remains at risk of delivering expected outcomes as the Falls and Fracture project is still not yet back on track. Solent are the lead provider of the scheme and are taking forward the pathway development.

The Clinical Systems Integration Project is continuing.

- Priority 4

The Projects within Priority 4 are making good progress.

Cancer targets are not consistently being achieved and are now subject to a contract performance notice with PHT.

Pages 45 to 50 of the report describe the CCGs self-assessment against NHS Englands revised assurance framework. The CCG recently had an Assurance meeting with the NHS England Local Area Team and have decided to review the performance domain and re-score as requires improvement.

Jackie Powell asked about the Learning Review that is Agenda Item 8 on the agenda and if this will expand to South Central Ambulance Service (SCAS) and also asked for clarification on our position regarding delayed transfer of care. Michelle Spandley explained that the SCAS recruitment process is one of the areas the quality and contracting team continue to work on with SCAS and challenges can be taken back to gain assurance. A contract performance notice has been issued which will have a knock on effect for staff, vehicles etc. Dr Jim Hogan commented on delayed transfers of care explaining that this stemmed from a report from Portsmouth Hospitals Trust (PHT) that went to the Health Overview and Scrutiny Panel (HOSP) and mentioned bed-blocking. Delayed transfers of care are at 2.6% so are not an issue and are, for example, significantly lower than Southampton. The HOSP report talked about an audit taken a few weeks ago. The audit identified a number of patients who were awaiting assessment. PHT own part of the solution as there are there are patients awaiting scans and test results who could be moved on. We are working hard to help PHT and a meeting is planned to revisit the areas and address the situation as a system. Jackie Powell commented that the article headline was quite distressing and that the partner response was in the small print.

Dr Janet Maxwell gave congratulations to the team in making finances balance despite the huge pressures and commented that there was a good focus on each area in understanding the risks and addressing them appropriately. It is important and valuable work.

Tom Morton asked about the Millbrook Health Wheelchair Service as mentioned on pages 18/19 of the report and asked if it was improving. Michelle Spandley explained that it is improving and it is hoped that it will be downgraded in the risk score shortly. Innes Richens

explained the quality team will check the progress on this and said that the patient story later on the agenda focusses on this area.

Dr Elizabeth Fellows asked about Primary Care providers and why this was not yet an area shown in the Performance Report. Innes Richens explained that a group has been looking at this in order to devise a dashboard and the performance and planning team are trying to gather data and as soon as possible this will be included in the report.

**Action: I Richens**

Jackie Powell asked about progress on the quality premium “access to health services for people with sensory loss”. Michelle Spandley explained that this was a local measure and agreed to provide information at the next meeting.

**Action: M Spandley**

**The Governing Board accepted the contents of the Performance report.**

## **6. Quality Assurance Framework**

Innes Richens presented the updated Quality Strategic Framework which was discussed and approved at the CCG Quality and Safeguarding Executive Group on 14 October 2015. He explained that the key change is that the Framework now acknowledges our delegated responsibilities for primary care commissioning.

**The Governing Board approved the updated Quality Strategic Framework.**

## **7. Safeguarding Children and Adults in Portsmouth – Annual Report 2014-15**

Innes Richens presented the Safeguarding Children and Adults in Portsmouth Annual Report 2014-15 which outlined the responsibilities and statutory duties of the CCG, and its response, to safeguard and promote welfare of children and vulnerable adults. It includes the actions taken over the previous year and priorities identified for 2015/16. He explained that the Clinical Executive Lead portfolios for Safeguarding were reviewed in year and reported that Dr Linda Collie is now the lead for Children and Dr Dapo Alalade is the lead for Adults.

Innes Richens explained that the CCG attends and participates in the work of both the Portsmouth Safeguarding Children and Adults Boards and the designated professionals lead many of the sub-groups. We also ensure that routine monitoring and reporting is in place of all providers of NHS services in the City including reviewing and participating in responses to CQC and Ofsted inspections, involvement in Serious Incident Reporting processes as well as site visits and audits. The CCG also fully participates in any case reviews, child death reviews and domestic homicide reviews and actively works with care homes in the City to monitor safety and support them to continuously improve. The Governing Board is asked to note and commend the work of Tracy Keats, Lorraine Smith, Cathy Mead and Dr Charlotte Day who have demonstrated excellent leadership in both establishing and delivering this work.

Dr Linda Collie highlighted a number of areas from the report and commented that all statutory safeguarding roles are correct across the CCG.

- The Portsmouth NHS Child Safeguarding Forum, which is a sub group of the Portsmouth Safeguarding Childrens Board has approximately 45 members and meetings quarterly.
- The Joint Action Team (JAT) has progressed to a Multi-Agency Safeguarding Hub (MASH) and has now been launched.

- A Health Visitor has been seconded to the CCG to strengthen the Safeguarding Childrens team.

Dr Linda Collie drew attention to the key achievements for 2014/15 as detailed in the report.

Dr Janet Maxwell commented that often safeguarding issues relate to other issues within families so there will be pressure on other services so we need to ensure we work together to mitigate this.

Dr Elizabeth Fellows said that it was good to see the dissemination of lessons learnt was more robust and city wide.

Tom Morton said that he supported Dr Fellow's comments and that there was much improvement. Dr Tim Wilkinson commented that it still remains a challenge.

**The Governing Board ratified the Safeguarding Children and Adults in Portsmouth Annual Report 2014 – 2015 for sharing with the Adult and Children's Safeguarding Boards and NHS England (Wessex).**

## **8. CCG Learning Review: Solent NHS Trust Community Nursing**

Dr Julie Cullen presented a paper which detailed a review that was undertaken to identify whether there were actions that the CCG could or should have taken as part of the monitoring and assurance process of the community nursing service provided by Solent NHS Trust, who challenges to deliver a safe service have been consistently documented in CCG performance reports over many months. The review was completed by Suzannah Rosenberg with contributions from the CCG Quality Team, the Integrated Commissioning Unit and the CSU.

The review is for the CCG to look at whether there are lessons learned that we can use in the future and therefore does not make any recommendations for the Trust and they are undertaking their own review process. The full review has been shared with Solent NHS Trust and an action plan has been put in place to improve the way we operate as a CCG.

The paper gives a summary of the Lessons Learned and the Action Plan. Dr Cullen highlighted some of the key actions such as ensuring a log is kept for each provider to include notes of telephone conversations, informal meetings and any other relevant information; the introduction of an escalation tracker and clear accountability.

Dr Tim Wilkinson commented that he supported this important piece of work and that we needed to ensure the actions happen.

Dr Jim Hogan commented that there was an element of using covalent for all workstreams and is the CCG happy with this? Michelle Spandley said that she may discuss this further with Suzannah Rosenberg as if Covalent had been used it would have highlighted issues earlier. It was agreed that the proposed addition of action in relation to Covalent would be fed back to the team.

**Action: I Richens**

**The Governing Board noted the internal review process the CCG has undertaken and the lessons learned and noted the action plan to improve the way we operate as a CCG.**

## **PRIMARY CARE COMMISSIONING BUSINESS (ITEMS 9 – 11)**

Dr Tim Wilkinson said that, as previously explained, in line with our governance arrangements he is now transferring chairing of the meeting to Tom Morton as the current designated lay member who will lead us through items 9 to 11 on the agenda.

Tom Morton took over chairing the meeting.

The paragraph detailed on the Agenda of the meeting explains that the CCG are learning and reviewing how it handles such business so that its arrangements may be adapted as different approaches are tried. For each specific item of primary care business the handling of potential conflicts of interests will be agreed before getting into the item itself. It has also been agreed that when appropriate GPs can contribute to discussions but cannot take part in the decision.

### **9. Guildhall Walk Healthcare Centre Petition**

Innes Richens explained that the CCG has received a petition from 38 Degrees regarding the future of the Guildhall Walk Healthcare Centre. He explained that from Monday 16 November 2015 until 19 February 2016 a full public consultation will be undertaken and the petition will be considered as part of the consultation. Innes Richens urged people to give their views and explained that there will be roadshows arranged to seek views and the CCG will be using the media to get messages out to encourage people to actively take part.

Andy Silvester asked if the petition was ongoing. Innes Richens confirmed that it was an ongoing on-line petition and would be included in the CCGs consideration of feedback from the public as part of the consultation process.

**The Governing Board noted the petition.**

### **10. Proposed Merger of North Harbour Medical Group and Northern Road Surgery**

Innes Richens presented a paper which detailed the proposed merger of North Harbour Medical Group and Northern Road Surgery under one single contract with a target date for the merger of 1 April 2016. The CCG has conducted an assessment of the application which is included in the paper.

Innes Richens highlighted that the Front Sheet of the paper had a couple of errors on it in that the use of PMS and GMS are the wrong way round for which he apologised. North Harbour Medical Group is a GMS contract and Northern Road is a PMS contract. The main proposal however had it detailed correctly.

The Primary Care Co-commissioning Reference Group reviewed the application on 14 October 2015 and recommended that the Governing Board approve the application.

Dr Julie Cullen asked if practices needed permission to close a premise if they undertake a merger. Innes Richens explained that there is a process that needs to be followed to ensure they are doing the right thing and there would need to be communication and consultation with patients as part of the application process.

Jackie Powell asked if the practices were required to give notice to their registered list. Innes Richens explained that as part of the consultation practices are required to discuss the proposals with their registered list however the CCG cannot insist on the way this is done but we have to be assured they have done it.

**The Governing Board approved the merger of North Harbour Medical Group and Northern Road Surgery with effect from 1 April 2016. Any proposals for the future**

**closure of the Northern Road Surgery premises will be subject to further planning, assessment of costs and public consultation and will therefore be subject to separate consideration.**

#### **11. Proposed Merger of Ramilies and the Osborne Practice**

Innes Richens presented a paper which detailed the proposed merger of Ramilies and the Osborne Practice under one single contract with a target date for the merger of 1 April 2016. The CCG has conducted an assessment of the application and no additional assessment document has been provided as all the information required for decision making was considered to be in the practice application.

The Primary Care Co-commissioning Reference Group reviewed the application on 14 October 2015 and recommended that the Governing Board approve the application.

**The Governing Board approved the merger of Ramilies and the Osborne Practice with effect from 1 April 2016. Any proposals for the future closure of Ramilies will be subject to further planning, assessment of costs and public consultation and will therefore be subject to separate consideration.**

Dr Jim Hogan commented that he welcomed the mergers as they support primary care going forward however the issues around premises need to be addressed at some stage as they do not support the blueprint or the geography of the Island. The first step in the Blueprint is to enable practices to move to more appropriate sites to deliver services for the benefit of patients.

Michelle Spandley said that within the estates strategy work the CCG is reviewing the estate owned and leased within the City including primary care. This will assist us in developing plans to develop appropriate estate for the future needs of the blueprint.

Tom Morton stated that this concluded the primary care business of the Governing Board and handed the Chair role back to Dr Tim Wilkinson.

#### **12. Register of Interests**

Dr Tim Wilkinson presented the Register of Interests as declared at 1 October 2015. It was agreed any revisions would be presented to the next meeting.

**Action: All**

**The Governing Board accepted the Register of Interests as declared at 1 October 2015.**

#### **13. Minutes of Other Meetings**

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

- Minutes of the Clinical Strategy Committee meetings held on 2 September 2015.
- Minutes of the Health and Wellbeing Board meeting held on 17 June 2015.

**The Governing Board accepted the minutes.**

#### **14. Patient Story**

Suzannah Rosenberg introduced Sharon Smithson, Chair of Portsmouth Disability Forum (PDF) who shared recent experiences of Millbrook Wheelchair Services. Sharon outlined the issues for people who require a wheelchair both in respect of getting the right equipment but also for services to be accessible and timely for them. She stressed the

importance of communications with providers and that this had been a weakness in the past. However she also outlined how Millbrook has taken on board feedback and how the services had improved including their attendance at the open access forum and training for staff operating the telephone services. Waiting times remains a problem but she was aware there was significant work ongoing to reduce the backlog. Sharon went on to make some suggestions for the future which Millbrook were considering such as attendance at the wheelchair fixing clinic and setting up drop in clinics for small pieces of work.

Dr Julie Cullen thanked Sharon Smithson for sharing her experiences and said that she was delighted to hear that she felt there is an improvement with the Millbrook Wheelchair Service, and asked if she thought this was an improvement across the board or just for her personal experience. Sharon Smithson said that she could only go on her experience and at PDF she wants to be a voice for others and there are still issues and the service is not 100% but she feels they are trying.

Andy Silvester asked where PDF met. Sharon Smithson explained that the group meet at Prince Albert Road, Southsea, behind Eastney Health Centre and the building is for their use. Andy Silvester suggested the possibility of setting up a clinic at the premises. Sharon said that it was a good idea but she appreciated that not everyone could get to the premises.

Dr Janet Maxwell asked if Millbrook provided a service for children and could they use PDF. Sharon Smithson explained that they do have a service run for children and their parents and Millbrook supply the chairs.

David Williams said that it would be worth speaking to the cycle maintenance organisation to see if they could provide a mobile clinic and agreed to look into it further.

**Action: D Williams**

Jackie Powell said she was curious on experiences previous to Millbrook and what had changed. Sharon Smithson said that communications have never been particularly good but it has improved and there is increasing awareness and they are constantly engaging. They are trying hard to take peoples views on board.

Innes Richens said that he was pleased it was felt that Millbrook were trying hard and we need to ensure that they are responding to the issues that are raised. He asked that PDF continue to work with the CCG on the issues raised with Millbrook so that we can look at alternatives if they cannot solve the problem such as clinics etc. Sharon Smithson agreed to continue to work with the CCG and commented that so far Millbrook had attended every meeting and have agreed to feed back to the December meeting. Innes Richens agreed to talk to the forum after the December meeting to ensure the kinds of things that Millbrook propose are the right solutions.

Dr Janet Maxwell commented that Portsmouth has Wheels for All and it is one of the biggest in the country and it would be of value to use them as an opportunity for people to get mobile. They have a range of facilities to use and it would be a good opportunity to maximise their use. It was agreed that this would be looked into further.

**Action: J Maxwell**

Dr Janet Maxwell asked whether access to public transport was an issue. Sharon Smithson explained that on a personal level trains were quite good however assistance is not always there. Most buses now have low access and drivers are becoming more aware but there is still work to be done.

Dr Tim Wilkinson thanked Sharon Smithson for taking the time to come and speak to the Board about her experiences and thanked Suzannah Rosenberg for arranging.

**15. Date of Next Meeting**

The next Governing Board meeting to be held in public will take place on Wednesday 20 January 2016 at 1.00pm in the Entertainments Hall, St James' Hospital. This will be followed by a Question and Answer session.

**16. Meeting Close**

Dr Tim Wilkinson thanked everyone for attending the meeting and reminded members of the public that feedback and comments would be welcomed. He declared the formal part of the meeting closed and we would now go to the Q & A session.

Jayne Collis  
20 November 2015