

Minutes of the NHS Portsmouth Clinical Commissioning Group Governing Board meeting held on Wednesday 18 March 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 18 March 2015

Agenda Item	Action	Who	By
6	2015/16 Operating Plan – Clinical Executive to approve the final detained financial budgets in line with Governing Board approved strategy and to bring back the final budgets to the Governing Board for ratification.	MSpandley	May 15
13	Better Care Fund Implementation Plan and Section 75 Agreement – Chief Clinical Officer to approve the Section 75 Agreement with Portsmouth City Council on behalf of the CCG in respect of our BCF plans for the City.	JHogan	May 15
16	Register of Interest – Any changes to the Register of Interests to be formally notified to Jayne Collis.	All	May 15
18	Patient Story – Summary of discussions to be published on the CCG website.	IRichens/ JCollis	May 15
18	Patient Story – Utilise TARGET to raise the profile of the respond scheme with practices.	EFellows	May 15

Present:

Dr Dapo Alalade	- Clinical Executive
Dr Linda Collie	- Clinical Executive
Paul Cox	- Practice Manager Representative
Dr Julie Cullen	- Registered Nurse
Dr Elizabeth Fellows	- Clinical Executive
Tom Morton	- Lay Member
Jackie Powell	- Lay Member
Innes Richens	- Chief Operating Officer
Andy Silvester	- Lay Member
Michelle Spandley	- Chief Finance Officer
Dr Tahwinder Upile	- Secondary Care Specialist Doctor

In Attendance

Jayne Collis	- Business Development Manager
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Apologies

Dr Jim Hogan	- Clinical Leader and Chief Clinical Officer
Dr Janet Maxwell	- Director of Public Health, Portsmouth City Council
Dr Tim Wilkinson	- Chair of Governing Board/Clinical Executive
David Williams	- Chief Executive, Portsmouth City Council

1. Apologies and Welcome

Apologies were received from Dr Jim Hogan, Dr Janet Maxwell, Dr Tim Wilkinson and David Williams.

Tom Morton explained that as Deputy Chair he would be chairing the meeting in Dr Tim Wilkinson's absence and 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. There would be, following the close of formal business, a question and answer session which he hoped members of the public would fully participate in.

2. Declarations of Interest

Dr Dapo Alalade, Dr Linda Collie, Paul Cox and Dr Elizabeth Fellows declared a possible conflict of interest regarding Item 10 Co-Commissioning of Primary Care Services.

3. Minutes of Previous Meeting

The minutes of the Governing Board meeting held on Wednesday 21 January 2015 were approved as an accurate record.

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

Agenda Item	Action	Who	By	Progress
4	Chief Officers Report - Glossary to be included in the Accountability Framework.	IRichens	Mar 15	Requested that future versions avoid using abbreviations where possible or contain a glossary. Complete.
7	Co Commissioning of Primary Care Services – Update on progress to be provided at a future meeting.	EFellows	Mar 15	On agenda.
11	Clinical Leadership – Maximising Potential – To discuss opportunities.	J Cullen/ L Collie	Mar 15	This has been discussed and the plan is ongoing to look at sustaining and skill mix.
16	Patient Story – Presentation to be uploaded to CCG website.	J Collis	Mar 15	Complete. It has also been shared with all GPs across the city.

4. Chief Clinical Officer's Report

Dr Elizabeth Fellows presented the Chief Clinical Officer's Report on Dr Jim Hogan's behalf. The paper set out the key decisions and actions undertaken by the Clinical Executive under Dr Hogan's leadership on behalf of the Governing Board. She highlighted the main areas of the report:

Age UK Project

Portsmouth is to be one of nine demonstrator sites for a new national initiative “Integrated Personal Commissioning” (IPC). This is a joint initiative between the CCG, Age UK Portsmouth, Solent NHS Trust and Portsmouth City Council to combine medical and non-medical personalised care and support service, enabling older people to self-care where possible, leading to improved health, well-being and quality of life.

Constitution

A copy of the final constitution containing the revised wording has been published on the CCG website.

Practice Manager Representatives

Paul Cox has been re-elected for a further three year term of office as the Governing Board Practice Manager representative. Carly Darwin has been elected to join the CCG on the Clinical Strategy Committee for a three year term of office. The Board thanked Jan Matthews for her significant contribution to the work of the CCG and looked forward to working with her in her new role.

External Review of Governance

The CCG was very pleased to receive positive feedback as an individual CCG as part of the review and in particular some of the good practice the review identified such as our integrated performance reporting approach. Some areas have been identified for collective focus and the 3 CCGs will take forward these areas of action through its existing COMPACT arrangements.

CCG Anniversary Awards

The CCG has launched its nomination process for its second year of its local recognition awards. The closing date for nominations was 20 February 2015 and judging takes place in March 2015 with the winners announced at the Anniversary Awards Evening in April 2015.

Andy Silvester asked about the Age UK Project. Dr Linda Collie explained that the project will start in April in the central cluster of Portsmouth and then move out across the City and that we are just in the process of identifying the correct cohort of patients.

The Governing Board accepted the Chief Clinical Officer’s Report.

5. Integrated Performance Report

Michelle Spandley presented the Integrated Performance Report dated 18 March 2015. The report provides an update on the financial position, progress against our strategic priorities as well as a view of the 6 domains the CCG has to address in the CCG assurance framework. She explained that the CCG is achieving well against most areas and highlighted the following:

- Finance

As at month 11 the CCG remains on track to achieve the revised £3.1m surplus. There was minimal movement between month 10 and 11 however the areas that might change in month include; PHT contract, prescribing and Continuing Healthcare budgets. Cash utilisation remains below plan year to date however the CCG is forecast to deliver the year-end target.

- Priority 1

Remains rated as Amber with good progress on a number of projects. Areas for improvement include:

- A&E 4 hour wait target which has seen some improvement in March;
- Trolley waits – there have been a number of 12 hour trolley waits at PHT and the CCG has been working with PHT to ensure appropriate procedures are in place to avoid this happening in the future;
- NHS 111 missed the 95% target for calls answered in 60 seconds in January but early indications show the target will be achieved in February.

The CCG achieved all 3 ambulance response times. South Central Ambulance Service (SCAS) are however failing the red 1 standard as a trust, which may impact on the CCG quality premium if it continues.

Referral to Treatment (RTT) times – PHT is trying to reduce backlogs as part of the national drive however this can be adversely affected by the 4 hour wait issues. Aggregate target was achieved for the CCG but with some specialty fails, which were expected. One patient waited over 52 weeks and a serious incident review has been undertaken to ensure procedures are changed and to minimise risk in the future.

Diagnostic waiting time targets continue to be achieved.

- Priority 2

Remains rated as Amber. All areas of concern are regularly discussed with the relevant providers and would be included in the Governing Board Assurance Framework as necessary.

Portsmouth Hospitals Trust - Areas of focus for the Quality team include; the level of nursing vacancies and use of temporary staff; A&E 4 hour wait, with specific focus on patients waiting in ambulances/departments. Friends and Family test results for A&E remain favourable compared to the national average.

Other areas which the Quality team continue to monitor are; patients that outliers, the number of patients that are moved during their stay, discharge summaries and progress on agreed action plans. PHT has had a Care Quality Commission (CQC) inspection and the CCG will be copied into the final report and a summit will be convened to discuss the findings and required actions.

Solent NHS Trust - Safeguarding – The quality team continue to monitor safeguarding alerts. Safe staffing levels at Solent NHS Trust is a concern. There have been a number of resignations recently and the quality team are discussing with Solent the implications of these and their recruitment plans.

South Central Ambulance Service – There are ongoing discussions with the ambulance service about long waits and delayed answering times across the region. SCAS are continuing to achieve waiting times standards for the CCG and this is more of a concern for other CCGs in the region but the CCG is also judged on the Trusts performance as a whole.

Out of Hours – Portsmouth Health Limited and Care UK have announced their intention to de-merge and the CCG is working closely with both organisations to minimise any potential risk.

MRSA – There has been another reported case of MRSA for the CCG in December with 4 cases of C Diff. reported in December. This means the annual target has now been exceeded by 3 with 3 months yet to be reported however we will strive to improve the situation.

- Priority 3

Remains rated as Amber. Better Care Fund projects and plans have made good progress and the team will be using a new reporting tool to update plans and for monitoring. Integration and re-shaping of the locality team is underway. The CCG and Portsmouth City Council were successful in securing a national project on Integrated Personal Commissioning and although we were not successful in our bid for funding for the “vanguard” project the work will continue. Continuing Healthcare and Falls projects will now focus on 2015/16 actions.

- Priority 4

Remains rated as Green and reflects good progress in many of the projects. Care Closer to Home has been successful in the year however cancer performance standards and sustaining achievement of those targets remain a concern.

- Domains

The CCGs self-assessment for each of the domains remains at fully compliant with the exception of Domain 3, which is rated as partially compliant predominantly on the basis that the 4 hour waiting time target is not yet being achieved.

Dr Elizabeth Fellows asked about the 12 hour trolley waits and if this was a new issue or because PHT is being more robust at documenting when patients arrive. Innes Richens explained that it was a combination of both seeing the true extension of waits in A&E and also improved reporting. Michelle Spandley commented that the CCGs are in discussions with PHT to ensure they have the correct processes in place.

Dr Elizabeth Fellows asked about the use of the Jumbalance and issues of queuing at Queen Alexandra Hospital. Innes Richens said that the Jumbalance had been used on occasion to reduce queuing and is used in times of high demand however it is an uncomfortable way of dealing with the issue.

Dr Julie Cullen asked about the £3.1m surplus and if it was real money. Michelle Spandley explained that CCGs are required to plan for a 1% surplus each year unless there are specific issues impacting this. The funding is available to us in future years. In addition within our plans we are expected to set aside 1% non-recurring money so we can invest in transformation.

Tom Morton asked about the shortage of nurses at PHT and Solent and what the risk to the CCG is and is it a crisis? Michelle Spandley explained that most Trusts run at some level of vacancy and cover this with bank or agency staff. Some trusts are finding it more difficult to cover. In terms of education and training we are looking at how to recruit to ensure we have enough nurses and doctors. South Central Ambulance Service are also experiencing problems. Tom Morton highlighted the need to monitor the situation and update the Governing Board regularly. Dr Elizabeth Fellows commented that it is hoped that with planned transformations in the community the area will become more of an attractive place to work in again. Dr Julie Cullen said that it is a national problem and we do have to make Portsmouth an attractive place for people to

come and work. Dr Dapo Alalade commented that PHT had been recruiting nurses from the EU.

Dr Dapo Alalade asked about the risk associated with South Central Ambulance Service and the impact on CCGs and if there were any plans to support them. Michelle Spandley explained that South Eastern Hampshire CCG are the lead for contract negotiations for 2015/16 which are quite difficult discussions around the need to change gradings of paramedics etc and the request for funding is greater than we can afford however we are working alongside our sister CCGs to ensure our voice is heard.

Jackie Powell asked about the de-merger of Care UK and Portsmouth Health Limited (PHL) and if we had any insight on what is going on. Innes Richens explained that a transitional action plan is in place and we are going through the process on due diligence. All CCGs are involved in the process and we will monitor service delivery and will look at alternatives if the new arrangements fail to deliver as required.

The Governing Board accepted the contents of the Performance report.

6. 2015/16 Operating Plan

Michelle Spandley presented an overview of the national planning submission for 2015/16 for the CCG and explained that the CCG is currently in the middle of the process and noted that the timetable had been changed. The CCG is still awaiting publication of the NHS Contract and this makes it problematic to achieve signature on contracts by 31 March 2015 however we will continue contract negotiations to ensure contracts are signed as soon as possible.

Appendix 1 provides an Executive Summary related to the second year of implementation of Portsmouth CCGs Five Year Strategy for local health services. The Financial Strategy has been updated and will be refined as the weeks progress. Following agreement of the draft budget a paper will be taken to the next Clinical Executive Committee for approval and will be presented to a future Governing Board meeting for ratification.

Action: M Spandley

Innes Richens commented on the financial model on contingency and surplus and asked, given that we are surrounded by other organisations that are not in such a good position, how far do you think it will get us? Michelle Spandley explained that Solent NHS Trust, PHT and local CCGs colleagues are more financially stressed. If we do not achieve our QIPP challenge we could be in a similar position. For contingency we followed national guidance and we need to think about the future to ensure we have enough ahead of us. We will try to keep the QIPP to a minimum and try not to push ourselves more than necessary.

Dr Linda Collie asked about running costs and what will happen with regards to Primary Care Co-commissioning. Michelle Spandley explained that estates changes will help and we do already have a small amount of headroom to accommodate some pressure. We are in negotiations with NHS England about what functions we will take on and what will be held centrally and how both are resourced.

Jackie Powell asked about allocations being slightly higher than expected. Michelle Spandley explained that this was one of the changes highlighted in the 5 year forward view and is related to funding to address mental health issues. This was predominantly related to adults but there may be something coming out for childrens areas.

Tom Morton commented that from a Governing Board point of view the chart on page 9 risks and mitigation is important and asked that the CCG continue to develop links with the voluntary sector.

The Governing Board commented and noted the submissions made to date on the 2015/16 Operating Plan and Financial Strategy 2015/16

7. COMPACT for Collaborative Working

Innes Richens presented an updated version of the COMPACT for collaborative working for approval, which has an effective date of 1 April 2015. It has incorporated the learning from the recent review of all 3 CCGs governance arrangements conducted by the Good Governance Institute.

Dr Dapo Alalade asked about Co-Commissioning. Innes Richens explained that they have just finished working through some elements but a lot will be dependent on discussions with NHS England. If we come to an agreement with sister CCGs we will reflect that.

The Governing Board approved the COMPACT for Collaborative Working between the Clinical Commissioning Groups of NHS Fareham and Gosport, NHS Portsmouth and NHS South Eastern Hampshire.

8. Equality and Diversity Annual Report

Innes Richens presented the Equality and Diversity Annual Report, which outlines the CCGs work to incorporate equality and diversity into everything it does. It explains the CCGs commitment, legal duties, equalities self-assessment, communications and engagement activities, patient experience service and progress against our equalities objective set in 2013/14. The CCG adopted a national system (EDS) to test how we meet the requirements of the Equality Act. It is a 2 stage process and we have completed the first self-assessment stage and plan to conduct the second stage in 2015. A copy of the EDS self-assessment is detailed in Appendix 1.

Our self-assessment suggests progress against all 4 EDS goals including:

- **Equality Analysis** - The CCG adopted the City Council's Equality Impact Assessment process, which allows us to assess CCG policies and plans for any impact on equality.
- **Better Care Fund** - Joining up health and social care services.
- **Equality and Diversity monitoring** - Reviewing all contracts with providers to ensure they have good internal arrangements.
- **CCG's Equality and Diversity Strategy** - Reviewed and updated in 2014.

Some areas that require further work include:

- papers to the Governing Board and its Committees as they do not explicitly identify any equality/diversity impact;
- there is no training yet for staff to work in a "culturally competent way".

Both of these are being looked at and are under review.

The Governing Board noted the Equality and Diversity Annual Report.

9. NHS Portsmouth Clinical Commissioning Group Procurement Framework

Innes Richens presented a revised version of the NHS Portsmouth Clinical Commissioning Group Procurement Framework, which has been reviewed and updated in light of the CCGs delegated primary care co-commissioning responsibilities from April 2015. The first page of the document lists all the changes that have been made.

The Governing Board approved the updated CCG Procurement Framework.

10. Co-Commissioning of Primary Care Services

Dr Elizabeth Fellows presented a paper, which provided an update on national and local activity in relation to the implementation of co-commissioning. She explained that an operational group has been established to support the implementation of primary care co-commissioning arrangements. With regards to managing conflicts of interest, it has been agreed that when primary care co-commissioning decisions come to the Governing Board, GP members will, when considered necessary, move into the audience and the Deputy Chair will take over as Chair until the decision has been reached.

Dr Elizabeth Fellows reported that for workforce some CCGs have gone out to advert however we are unclear as yet on the transfer of staff and responsibilities from NHS England. We are hoping it will be a reallocation of work rather than new work. We have been working with member practices and there is a real desire from practices to focus on the City and drive things forward. A recent Governing Board development session was held regarding co-commissioning which was very helpful and generated a lot of ideas for the future.

Michelle Spandley explained that 2015/16 plans do not currently address these issues and will be transferred at a later date.

Paul Cox asked what the noticeable difference would be in practices after 1 April 2015. Innes Richens explained that not much will be noticeable on the 1 April 2015 as the changes will be gradual, the CCG wants to support colleagues and there have been discussions about how practices can work together so hopefully over time we will see improvements.

Dr Elizabeth Fellows said there is a different approach with regards for support for mergers and we hope it will be supportive rather than form filling.

Dr Dapo Alalade commented on conflicts of interest. Jackie Powell said that all Governing Board members need to be aware of potential conflicts of interest and manage them in line with our policies. Tom Morton added that we will need to be totally transparent and that members have embraced the need to ensure that we can achieve the best outcomes for the patients of Portsmouth.

Innes Richens said that we will be encouraging all staff to record any conflicts of interest via our individual performance review processes.

The Governing Board noted the update on Co-commissioning of Primary Care Services.

11. Risk Management Framework

Innes Richens presented the Risk Management Framework, which has been updated to reflect changes to the CCG committee structures, internal audit recommendations and

the use of Covalent to manage risk. The key changes are detailed on the covering sheet.

The Governing Board approved the updated Risk Management Framework.

12. Sustainable Development Management Plan 2014 – 2020: 2014/15 Annual Report

Michelle Spandley presented the 2014/15 Annual Report, which provides an update on the progress made against the Sustainable Development Management Plan 2014-2020. She said that the CCG has a responsibility to act in a sustainable way and we continue to raise the profile and consider issues.

The Governing Board accepted the 2014/15 Annual Report.

13. Better Care Fund Implementation Plan and Section 75 Agreement

Jo York presented a paper, which detailed the current position around the development of the Portsmouth Better Care Fund (BCF) and to seek approval for ongoing support to the programme. She explained that the Better Care Fund is a national initiative to join up resources and services in local areas. Our Better Care Fund programme was approved by the Health and Wellbeing Board in September 2014. It is a national requirement to ensure we have a Section 75 Agreement between Portsmouth City Council and the CCG to allow the BCF to be managed as a single budget and therefore the Governing Board is asked to approve the BCF submission and delegated authority for the Chief Clinical Officer to sign off the Section 75 agreement.

Jo York explained that it is the intention for the Local Authority to act as overall pooled fund budget holder however the responsibility of the budget will need to be retained by the CCG and the Local Authority for some elements. However as we move forward with integration we may move to a truly pooled fund.

Jackie Powell asked about understanding the elements and integrated services. Innes Richens explained that the condition of any Section 75 agreement is that you have a Project Management Group made up of officers from the Council and CCG to review budgets and outcomes from budgets. The Group will report into the Clinical Executive Committee and Governing Board members will be updated via the Chief Clinical Officers Report, Finance Report and specific reports to the Governing Board.

Jackie Powell asked about Lay Members involvement. Innes Richens explained that discussions on strategic direction would be done via the Health and Wellbeing Board and it has been agreed that the Board will have Lay Member involvement. Jo York added that they are looking at how to embed this into the redesign process.

Dr Dapo Alalade commented that the BCF relates more to residential funding for elderly care. Jo York said that currently, of the £13m of existing CCG resources, £1.2m is for reablement. The £4m transfer includes a contract for community nursing and adult social care work and the starting point in the city is people with long term conditions and the elderly. However the intention is to expand further down the line to include children etc.

Dr Dapo Alalade asked about mental healthcare. Jo York explained that it is not covered at this point and they have someone coming in to discuss how to roll forward. There is a Section 75 for Continuing Health Care and Social Care management budget and it is about how much further we can go looking at multi team agencies for children etc. It is important that it is done in a sensible stepped approach.

The Governing Board:

- **Approved the Better Care Fund submission as agreed with NHS England and endorsed the governance role that it paces on the Health and Well-Being Board.**

Agreed delegated authority to the Chief Clinical Officer to approve the entering into of a Section 75 agreement between the City Council and Portsmouth Clinical Commissioning Group to give effect to the Better Care Fund plans for the city.

Action: J Hogan

14. Governing Board Assurance Framework

Innes Richens presented the Governing Board Assurance Framework which was approved by the Audit Committee at its meeting held on 4 March 2015. He highlighted the changes as detailed in red and noted the new risk added GB13 which is related to urgent care system capacity and the removal of GB01.

The Governing Board reviewed and ratified the Governing Board Assurance Framework.

15. Staff Survey 2015: Results

Andy Silvester presented the results of the 2015 staff survey 2015. He noted that the results were very positive but there were areas identified for focus and the Clinical Executive, in partnership with the Staff Engagement Forum, will take these forward. The set of questions were diverse and any thoughts or ideas for next year would be gratefully received.

Jackie Powell asked about a structured induction programme and how this can be taken forward. Innes Richens said that all the possible responses are being discussed with the Staff Involvement Group and this is one of the actions they are looking to pursue this year.

The Governing Board accepted the Staff Survey 2015 Results.

16. Register of Interests

Tom Morton presented the Register of Interest as declared at 10 March 2015. It was agreed any revisions would be presented to the next meeting.

Action: All

17. 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 7 January 2015 and 4 February 2015.
- Minutes of the Audit Committee meeting held on 10 December 2014.
- Minutes of the Health and Wellbeing Board meeting held on 26 November 2014.

The Governing Board accepted the minutes.

18. Patient Story

Governing Board members were very pleased that Lisa came to share her story with the Board. Lisa told us how she had suffered from post natal depression and the difficulties she had finding the right service to support her. We heard about Respond Portsmouth, a new VCS (Voluntary and Community Sector) service funded by the CCG, and how the service had supported her and made a big difference to her life.

The Board asked what they could do to make sure mothers with post natal depression get the support they need. Lisa said:

- Support needs to be timely. Being told you have to wait 6 months is not good enough when you have a young baby and you are very anxious.
- Meeting other mothers who are experiencing similar issues, in a safe environment has been invaluable. This has given me a great support network.
- I found Respond by accident; GPs need to know what services are out there.
- There needs to be positive messages for mothers about post natal depression and the support that's available. It's hard to admit you are struggling when everyone around you seems to be coping so well with motherhood.
- Post natal depression isn't just about being sad. It takes many forms. Professionals need to ask the right questions to mothers.

It was agreed that TARGET would be utilised to raise the profile of the Respond scheme with practices.

Action: E Fellows

Tom Morton thanked Lisa for attending the Governing Board meeting and for sharing her story.

19. Date of Next Meeting

The next Governing Board meeting to be held in public will take place on Wednesday 20 May 2015 at 1.00pm in the Entertainments Hall, St James' Hospital.

20. Meeting Close

Tom Morton 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 explained that the Governing Board would now consider and respond to a number of questions from members of the public.

Jayne Collis
1 April 2015