

Minutes of the Portsmouth Clinical Commissioning Group Governing Board meeting held on Wednesday 19 December 2012 at 2.00pm – 4.00pm in the Entertainments Hall, St James' Hospital, Locksway Road, Milton, Portsmouth PO4 8LD

**Summary of Actions
Governing Board held on Wednesday 19 December 2012**

Agenda Item	Action	Who	By
3	Summary of Actions - Dr Andrew Mortimore to provide a report on immunisation and vaccination performance and actions being taken to a future board meeting.	AMortimore	20 Feb 13
6	Commissioning Intentions for 2013/14 – Document to be sent to all providers.	IRichens	20 Feb 13
6	Commissioning Intentions for 2013/14 – Document to be shared with third sector via Community Action Portsmouth.	TMorton	20 Feb 13
6	Commissioning Intentions for 2013/14 – To be taken to Health and Wellbeing Board for noting.	IRichens	30 Jan 13
7	Outcome of Authorisation – Get Rectification Plan and outstanding threshold for authorisation signed off by NHS Commissioning Board.	JHogan	20 Feb 13
8	Quality Report – Amend reporting of TIA.	IRichens	20 Feb 13
9	Finance and Performance Report – Work with Charlotte Moar from NHS Commissioning Board on review of specialised services and impact on CCG allocations.	JGooch	1 April 13
9	Finance and Performance Report – To arrange a joint presentation on plans to address urgent and integrated care.	IRichens	Future meeting

Present:

Dr Dapo Alalade	- Clinical Executive
Paul Cox	- Practice Manager Representative
Dr Julie Cullen	- Registered Nurse
Dr Elizabeth Fellows	- Clinical Executive
Jo Gooch	- Chief Financial Officer
Dr Jim Hogan	- Clinical Leader and Chief Clinical Officer
Tom Morton	- Lay Member
Jackie Powell	- Lay Member
Innes Richens	- Chief Operating Officer
Dr John Thornton	- Clinical Executive
Dr Tahwinder Upile	- Secondary Care Specialist Doctor
Dr Tim Wilkinson	- Chair of Governing Board/Clinical Executive

In Attendance

Jayne Collis	- Business Services
Margaret Geary	- Local Authority Representative
Katie Hovenden	- Director of Professional and Clinical Development
Dr Partha Kar	- Consultant, Diabetes – Endocrinology (Item 11)
Dr Matthew Smith	- Consultant, Public Health (for Dr Mortimore)

Apologies

Dr Andrew Mortimore	- Interim Director of Public Health
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1. Apologies and Welcome

Apologies were received from Dr Andrew Mortimore. Dr Tim Wilkinson welcomed everyone to the first meeting to be held in public of the NHS Portsmouth Clinical Commissioning Group Governing Board. He explained that although the meeting is being held in public no questions or comments would be invited from the public during the formal meeting. However input and feedback is welcomed in a number of ways such as the feedback/comment forms, which were left on chairs, or via email or telephone. Member of the public are also welcome to join members of the board and other senior CCG staff after the meeting for informal discussions.

Dr Tim Wilkinson explained that a photographer from a local newspaper would be taking photographs for the first 5-10 minutes of the meeting. He also briefing explained the procedure should the fire alarms sound.

2. Declarations of Interest

None.

3. Minutes of Previous Meetings

The minutes of the NHS Portsmouth Clinical Commissioning Group Governing Board meeting held on Wednesday 28 November 2012 were approved as an accurate record.

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

Agenda Item	Action	Who	By	Progress
5	Innes Richens to follow up and resolve the boards concerns regarding safeguarding with the new 'hub' in the emergency department.	IR	19 Dec 12	Innes Richens reported that arrangements regarding ambulance handovers have been discussed and the Quality team have been asked to conduct a clinical review.
5	Innes Richens to request clear actions and levels of assurance from CQRM in future quality exception reports to Clinical Commissioning Committee and the Governing Board.	IR	19 Dec 12	Innes Richens reported that the request was fed back and the Quality team have agreed to provide information but were felt assured by the information received from Providers.
6	Katie Hovenden and Paul Cox to provide details to practices of the Southampton ISTC contract and services.	KH/ PC	19 Dec 12	Katie Hovenden reported that the capacity at Southampton ISTC as an option will be communicated shortly to practices.
6	Dr Andrew Mortimore to provide a report on immunisation and vaccination performance and actions being taken to a future board meeting.	AM	16 Jan 13	Future meeting. Action: AMortimore
8	Katie Hovenden to clarify the basis for the transfer of LES funding to the CCG.	KH	19 Dec 12	Katie Hovenden reported CCGs allocation is on the basis of the 12/13 allocation. Enhanced services will be funded out of the overall allocation and further discussions with

Agenda Item	Action	Who	By	Progress
				practices are planned.
10	Tracy Sanders to follow up with Commissioning Support South comments regarding drinking during work hours and CRB checks clarification.	TS	19 Dec 12	Innes Richens reported that this had been discussed with Commissioning Support South and will be incorporated into the policy.
13	Innes Richens to bring follow up report on Exbury to the Board.	IR	16 Jan 12	Innes Richens reported that a provisional date of 9 January had been set for a review and the outcome of this will then be communicated to the families before being reported to the Board.
13	Innes Richens to raise concerns about changes to bus timetables with the bus company and discuss with local providers.	IR	19 Dec 12	Innes Richens reported that he had raised this with the Head of Transport at Portsmouth City Council and is awaiting a response.

4. Deferred Items

None.

5. Overview of the Clinical Commissioning Group

Dr Jim Hogan gave a brief overview of NHS Portsmouth Clinical Commissioning Group (CCG). He outlined the work to date and explained that the NHS has been in transition for the last two years with Clinical Commissioning Groups going through an authorisation process over the last nine months. Since April 2012 the CCG has been acting in shadow form and on 11 December 2012 it became one of the first CCGs in the country to be officially authorised by the NHS Commissioning Board. Therefore the CCG is now established and with effect from 1 April 2013 will take on its full statutory powers.

Dr Hogan outlined the CCGs vision for the future which is that it wants to be a competent credible commissioner based on a membership that is clinically lead and focussed to ensure it gets the best for the "Portsmouth pound". He stated that he believed that the CCG had already started to make a difference but that it was very aware of the work that needs to be done and looked forward to driving this forward for the future.

The CCG has also recently been awarded the NHS Alliance Acorn Award for "Making A Difference: CCG of the Year" and a short film in recognition of this, was shown to the Board and members of the public.

Dr Tim Wilkinson thanked Dr Jim Hogan for his presentation.

6. Commissioning Intentions for 2013/14

Innes Richens presented a paper which details the NHS Portsmouth Clinical Commissioning Group Commissioning Intentions for 2013/14. He explained that all commissioning intentions detailed in the paper are based on more detailed service design and improvement proposals that have been worked up between CCG clinical leads and commissioning leads as part of the on-going planning process. The intentions take forward the CCGs vision and strategic objectives for the future. The Commissioning Intentions have been used to inform existing providers of our direction of travel for next year. He also highlighted a number of areas where work was being undertaken to review the services.

Tom Morton asked about the Voluntary and Community Sector in the City as some groups are interested in getting involved and explained that it was his intention to share the document with them. Dr Tim Wilkinson explained that the Board papers should be available on the CCG website. Innes Richens agreed to ensure the Commissioning Intentions were sent to all providers and Tom Morton agreed to share the Commissioning Intentions with the third sector via Community Action Portsmouth.

Action: Innes Richens/Tom Morton

Jo Gooch asked about the Family Nurse Partnership and whether it remains with the CCG or if responsibility will transfer to the Commissioning Board, as it has involvement with all other childrens services and this needs to be referenced properly within the plans. Innes Richens stated this was an objective shared with partners as important to the City and acknowledged the complexities around future commissioning arrangements for children's services commissioning.

Dr Tim Wilkinson asked if the Commissioning Intentions were presented to the Health and Well Being Board. Innes Richens stated that they were aligned to the Health and Well Being priorities and agreed to take them to a future Health and Well Being Board for noting.

Action: Innes Richens

The Portsmouth Clinical Commissioning Group Governing Board approved the CCG Commissioning Intentions for 2013/14.

7. Outcome of Authorisation

Dr Jim Hogan presented a paper which summarised the process and timetable for CCG authorisation and highlighted the main areas. He explained that on 5 December 2012 the NHS Commissioning Board Authorisation Sub-Committee met to formally consider all the wave one CCG applications for authorisation. As of 11 December 2012 NHS Portsmouth CCG became successfully authorised.

The CCG has one outstanding threshold to be signed off in relation to greater clarity regarding the triangulation of finance, activity and workforce assumptions in its integrated plan. The CCG is required to develop a rectification plan setting out how it intends to discharge the final threshold for agreement with the NHS Commissioning Board Wessex Area Team by 10 January 2013. Dr Elizabeth Fellows asked if the CCG was confident it can get the rectification plan in place. Dr Jim Hogan explained that our neighbouring CCG has successfully passed this threshold on similar plans, indications from the area team was that this should be successfully signed off at the earliest opportunity.

Margaret Geary asked if the NHS Commissioning Board Wessex Area Team is as committed to reducing bureaucracy as the CCG is. Dr Jim Hogan said that he could not speak for the Wessex Area Team but felt that due to the lean structures of CCGs a shared approach to business will need to be adopted. Dr Tim Wilkinson commented that he has been part of a team that has been visiting various CCGs nationally as part of the authorisation process and he assured the Board that NHS Portsmouth CCG is seen to be in the top 10%.

Dr Dapo Alalade asked if the outcome of authorisation had been fed back to practices. Dr Tim Wilkinson said that this had been done via the CCG newsletter and will continue as part of the ongoing engagement process.

The NHS Portsmouth Clinical Commissioning Group Governing Board noted the outcome of the NHS Commissioning Board Authorisation Sub-Committee and the next steps as set out in the paper.

8. Quality Report

Innes Richens presented a paper which provided a summary of key quality issues and developments and explained that a full report of all issues is reviewed in detail via other forums. He drew attention to the main areas of the report as follows:

- Portsmouth Hospitals NHS Trust (PHT)

PHT has maintained a satisfactory position on reducing C Difficile however is challenged with reducing MRSA bacteraemia cases having reached the end of year Department of Health reduction rate of four to date. The CCG has planned a clinical visit in January 2013 to review arrangements and a panel has been formed to review each case of MRSA. Providers are required to submit a plan for every case and we are assured any issues will be rectified.

- Solent

There is an error in the table on page 5 of the report. The figure for Portsmouth for Stroke should be 76.8% not 47.5%. It was agreed the Quality Team would amend the reporting of TIA to reflect this.

Action: Innes Richens

NHS 111 and Out of Hours Service – Within first month 18,500 calls were taken. Innes Richens said that it would be useful to remind the public that GP surgeries are open over the Christmas and New Year period apart from Bank Holidays and that St Mary's Treatment Centre is open on Bank Holidays and to urge people to plan ahead if possible.

Winterbourne View – Innes Richens explained that the CCG has been working locally and has established a review for every single placement. Safeguarding procedures and early warning dashboards have been developed and all providers have been transferred over to standard NHS contracts. It has been agreed that the final report on Winterbourne View will be presented to the CCG Governing Board in due course.

Jackie Powell asked about Out of Hours services and if this was helping the A&E position. Innes Richens explained that in the first month of the new service provider there were some initial issues and information is still being validated to see if these issues have been rectified. Clinical Governance arrangements are in place to review this. Alongside this was the new national NHS 111 service where teething problems were being resolved.

Jackie Powell asked about vascular surgical services and if we still had commitment to the shared model across Southampton and Portsmouth. Innes Richens explained that the commitment remained and progress was being made.

Dr Elizabeth Fellows asked about MRSA and if we had any assurance that demonstrates learning from previous issues. Innes Richens said that this is being looked at and he is happy to bring back information if required.

Katie Hovenden asked about Solent NHS Trust CQC visit and what the non-compliant outcome was. Innes Richens explained that it is related to documentation around risk assessment for mental health clients going home and the standardisation of the documentation and has been investigated.

Dr Tim Wilkinson asked how the Friends and Family Test was panning out locally. Dr Dapo Alalade explained that this was a new initiative mandated by the Government where one standard question will be asked at or within 48 hours after discharge to Adult acute patients and adult patients who have attended A&E and left without being admitted to

hospital or who are transferred to a Medical Assessment Unit and then discharged. Trusts can use follow up questions and continuous surveying is to be in place by April 2013 and the intention is to report at site level nationally and to apportion results at CCG level. Some guidance is still awaited. Dr Tim Wilkinson commented that the CCG must use the reports and the associated quality payments to support delivery of its strategic vision. Innes Richens said that it becomes another indicator for CCGs to review however it is direct from the public and gives us evidence to go in and scrutinise if required. Jo Gooch commented that the planning guidance was released on 18 December 2012 and refers to a financial incentive related to the Friends and Family Test.

The NHS Portsmouth Clinical Commissioning Group Governing Board accepted the report subject to the amendment regarding the TIA figure.

9. Finance and Performance Report

Jo Gooch presented the Finance and Performance Report for month 7 which included a 2013/14 planning update for information. She gave a brief update as follows:

Finance

The CCG year to date spend on the CCG devolved budgets is on plan to achieve the required £2m surplus with a year to date surplus of £1.7m. Portsmouth Hospitals NHS Trust (PHT) are forecasting £2.6m above plan. There is a risk relating to Continuing Healthcare clients and locally the financial impact is estimated at around £2m-£3m which has been managed by under plan spend, and overall we are able to continue and maintain the financial position.

Quality, Innovation, Productivity and Prevention (QIPP) savings target is reporting as on target. QIPP schemes that are not on target are frail elderly and ambulatory care. With regard to the PHT contract there has been a redefinition of what specialised services are nationally and consequently funding has moved between contracts. The previously reported underspend has now been transferred to the specialised services contract impacting the overspend of the CCG.

Katie Hovenden noted that high cost drugs in secondary care was over plan and it was anticipated that will be an area that will move into specialised services contracts in due course.

Dr Tim Wilkinson asked Katie Hovenden to explain the definition of high cost drugs. Katie Hovenden explained that these were drugs that were funded separately outside of the price tariff agreed with PHT. This automatically transferred to the CCG and it is expected that the budget and risk will transfer to the NHS Commissioning Board for drugs included in specialised services.

Jo Gooch asked about the maximum and minimum take proposed for specialist services and the impact on CCGs. Dr Jim Hogan explained that Charlotte Moar from the NHS Commissioning Board Regional Office is taking this forward a review on behalf of the local community and Jo Gooch agreed to work with her on the review of specialised services and impact on CCG allocations.

Action: Jo Gooch

Dr Elizabeth Fellows asked about continuing care retrospective claims and how many cases were likely to require on-going support and Jo Gooch said that unfortunately she did not know but that this was being evaluated as part of the review of the claims.

Paul Cox asked about urgent and integrated care performance and frail elderly ACS conditions. Jo Gooch explained that we had set a challenge to reduce admissions which

has had some success and is lower than last years levels but not as low as we wanted and therefore we will see it again for next year's QIPP.

Performance

Jo Gooch reported on the challenges around the position at PHT and attendance at A&E. PHT have managed to achieve the 4 hour wait target up to the end of September. However since then they have struggled to achieve it. Performance has improved but not to 95%. The national team has been in to work with PHT and there is an action plan to address the issues. We have taken them through the contractual route and arranging a meeting to discuss matters further.

Another area of concern is around stroke patients and whilst PHT are achieving this for Portsmouth they are below target locally and this is being addressed.

There is variable performance around cancer standards and a contract query notice has been raised with PHT which is about to be signed off with an action plan to monitor the situation.

Some areas of good progress are:

- During October there were no over 52 week waits however we now need to look at long waiting patients.
- Emergency admissions are lower than last year but not at the point we wanted to be and Emergency Department attendances are 5% above last years attendances.

Dr Tim Wilkinson commented that with regard to strokes, we have one of the best stroke units in the South of England. The unit have sent out a message to practices that if they have a patient suspected of having a stroke to call an ambulance so that they are admitted to the unit as quickly as possible in order to facilitate the best patient outcomes.

Jackie Powell asked about urgent and integrated care and if as Board we could have a presentation on how we are tackling the issues. Innes Richens agreed to arrange this for a future meeting and commented that this would be a major topic for stakeholder involvement.

Action: Innes Richens

Dr Jim Hogan commented on the rise in unscheduled emergency department attendances and reported that this is a national problem not just a local one as attendances have risen by 5-10% nationally, however other providers are not experiencing the same performance difficulties as being seen in Portsmouth.

2013/14 Planning Update

Jo provided an updated on the CCGs development of plans for 2013/14. She reported that a document entitled "Everyone Counts: Planning for Patients 2013/14" had just been released by the NHS Commissioning Board. This was the national planning guidance which set out the requirements of CCGs and other commissioners including an outline of incentives and levers that will be used to improve services from April 2013. It contains five key offers as follows:

- NHS services 7 days a week
- Transparency and choice
- Listening to patients, increasing participation and real time feedback
- Better data and informed commissioning
- Higher standards and safer care

The document talks about a new approach to planning and there will be governance and monitoring processes for CCGs to demonstrate their work against these areas. The planning guidance focuses on improving outcomes and moves away from process based targets.

Jo outlined the requirements with regards NHS contracts, CQUIN, and how CCGs will be judged against a set of standards to earn a quality premium based on four national and four local standards. Jo reported emerging priorities and draft QIPP plan workstreams for the CCG.

Jo noted that the confirmed CCG allocation is £238m. This is lower than expected and has been adjusted to take account of specialised services previously referred to. Growth is set at 2.3% and there is a requirement to plan to achieve a 1% surplus and to hold a contingency. Providers are expected to deliver 4% efficiency. Jo stated she would be bringing a full briefing to the next meeting.

Dr John Thornton asked about the quality premiums. Jo Gooch explained that the amounts had not been detailed however it set out what they are and that they are by local agreement. Katie Hovenden said that when the details are received we need to work in conjunction with the Health and Wellbeing Board and local practices and support the delivery of outcomes.

The NHS Portsmouth Clinical Commissioning Group Governing Board accepted the report.

10. Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England

Jo Gooch presented the Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England for consideration by members. The report is presented to members in public to ensure they are aware of the standards expected to achieve good governance and be committed to the legal and regulatory frameworks in which they operate.

Dr Julie Cullen reported that she is attending a two day leadership academy in January and is happy to bring back a report to a future meeting.

The NHS Portsmouth Clinical Commissioning Group Governing Board considered and accepted the report.

11. New Approach to Supporting Patients with Diabetes in the Community

Dr Jim Hogan introduced Dr Partha Kar, Consultant in Diabetes and Endocrinology who gave a presentation on the new approach to supporting patients with diabetes in the community.

Dr Jim Hogan thanked Dr Partha Kar for his very interesting presentation and commented that it is hoped this model can be used in the future for other conditions.

Dr Tim Wilkinson asked Dr Matthew Smith about the poor record for amputations and retinal screening and how long he thought it would take before a difference is seen. Dr Matthew Smith said that it could be a number of years before a difference is seen as it is about having years of metabolic control. The NHS health checks programme which includes a blood sugar test will continue. Dr Jim Hogan commented that is partly about

self-care and enabling self-care to happen as part of the problem in Portsmouth is that patients present late with problems.

12. Minutes of Other Meetings

The minutes of the Clinical Commissioning Committee meeting held on 7 November 2012 were presented for acceptance by the Board.

The NHS Portsmouth Clinical Commissioning Group Governing Board accepted the minutes.

13. Date of Next Meeting

The next Governing Board meeting will be held in public and will take place on Wednesday 20 February 2013 at 2.00pm in the Entertainments Hall, St James' Hospital.

14. Meeting Close

Before closing the meeting Dr Tim Wilkinson asked Jackie Powell and Tom Morton to briefly talk about their roles around patient engagement and voluntary engagement. Dr Wilkinson also reminded the Board members that as the CCG is a membership organisation of its GP practices they must ensure they remain representative and relevant to GP practices.

Jackie Powell gave a brief overview of her role as Clinical Commissioning Group Lay Member lead for patient and public engagement. She explained that she currently works as a young persons councillor and is committed to ensure patient and public engagement continues to be included in all aspects of the CCG.

Tom Morton gave a brief overview of his role in ensuring voluntary services engagement. He is committed to ensuring information is distributed to charities and the voluntary sector and will continue to work with Community Action.

Dr Tim Wilkinson thanked everyone for attending the meeting and reminded members of the public that feedback and comments would be welcomed. He also explained that after the meeting there was the opportunity for members of the public to meet members of the Clinical Commissioning Group for an informal chat.

Dr Tim Wilkinson explained that a Stakeholders Event would be taking place on 8 May 2013.

Dr Tim Wilkinson took the opportunity to thank Dr John Thornton for his hard work and commitment to the CCG and said that he has been central in helping form the membership of the CCG and is widely respected for his knowledge of IT. He will be missed and the Board wishes him well for the future and hopes that he will remain an active member of the CCG.

The meeting closed at 4.00pm.

Jayne Collis
8 January 2012