

**Minutes of the NHS Portsmouth Clinical Commissioning Group Governing Board meeting
held on Wednesday 20 January 2016 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 20 January 2016**

Agenda Item	Action	Who	By
3	Minutes of Previous Meeting - Amendment to minutes regarding reference to "Wheels for All".	J Collis	Mar 16
4	Chief Clinical Officers Report – Update on Sustainability and Transformation Plans and Financial Allocations to be provided.	J Hogan/ M Spandley	Mar 16
5	Integrated Performance Report – Consider the inclusion of numbers of responders as well as percentage for primary care friends and family test.	M Spandley	Mar 16
5	Integrated Performance Report – To discuss uptake of EPS (Electronic Prescribing Services) further.	P Cox/ M Spandley	Mar 16
5	Integrated Performance Report – Confirm if flu rates include pharmacy uptake.	J Hogan (K Hovenden)	Mar 16
6	Governing Board Assurance Framework – Original risk score for GB16 to be checked and amended as appropriate.	I Richens	Mar 16
7	Register of Interests - Consider whether membership of Health and Wellbeing Board should be included in the Register of Interests.	T Wilkinson	Mar 16
10	Primary Care Commissioning Governance Arrangements – Share updated diagram of Committee structures with Jackie Powell.	T Wilkinson	Mar 16
12	Review of Lay Member Portfolios – Portfolio for Andy Silvester to include Voluntary Sector.	T Wilkinson	Mar 16

Present:

Dr Dapo Alalade	- Clinical Executive
Dr Linda Collie	- Clinical Executive
Mr Paul Cox	- Practice Manager Representative
Dr Julie Cullen	- Registered Nurse
Dr Elizabeth Fellows	- Clinical Executive
Dr Jim Hogan	- Clinical Leader and Chief Clinical Officer
Ms Jackie Powell	- Lay Member
Mr Andy Silvester	- Lay Member
Mrs Michelle Spandley	- Chief Finance Officer
Dr Tahwinder Upile	- Secondary Care Specialist Doctor
Dr Tim Wilkinson	- Chair of Governing Board/Clinical Executive

In Attendance

Mrs Jayne Collis	- Business Development Manager
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Ms Katie Hovenden - Director of Primary Care
 Dr Janet Maxwell - Director of Public Health, Portsmouth City Council
 Ms Suzannah Rosenberg - Director of Quality and Commissioning (for Innes Richens)

Apologies

Mr Tom Morton - Lay Member
 Mr Innes Richens - Chief Operating Officer
 Mr David Williams - Chief Executive, Portsmouth City Council

1. Apologies and Welcome

Apologies received from Tom Morton, Innes Richens and David Williams.

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 unfortunately there would not be a patient story this time and therefore the Question and Answer session would follow at 3.10pm – 3.40pm.

Dr Tim Wilkinson further explained that Items 8 and 9 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 Jackie Powell, in Tom Morton's absence, as the designated lay member to do this.

2. Declarations of Interest

Dr Dapo Alalade, Dr Linda Collie, Paul Cox, Dr Elizabeth Fellows, Dr Jim Hogan and Dr Tim Wilkinson declared a possible conflict of interest relating to Items 8 and 9 on the agenda.

3. Minutes of Previous Meeting

The minutes of the Governing Board meeting held on Wednesday 11 November 2015 were approved as an accurate record subject to the following amendment:

Page 1, last action and page 11, 8th paragraph, "Wheels for Bikes" to be amended to "Wheels for All".

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

Agenda Item	Action	Who	By	Progress
3 (7, 3.9.15)	Minutes of Previous Meeting - Draft Emergency and Urgent Care: Strategic Framework – Final strategy and details on high level vision to be presented to a Governing Board meeting.	J Hogan	End Mar 16	Due end March 2016.
3 (8, 3.9.15)	Minutes of Previous Meeting - Guildhall Walk Healthcare Centre Options Appraisal -	I Richens	End Mar 16	Due end March 2016.

Agenda Item	Action	Who	By	Progress
	Conduct formal consultation and report back to the Governing Board in the New Year.			
3 (12, 3.9.15)	Minutes of Previous Meeting - Listening to our Patients - 2014/15 Report - Programme an update on work for veterans for a future Governing Board meeting.	I Richens/ E Fellows	Future meeting	To be presented to future meeting. Dr Janet Maxwell requested to be included. Due May 2016.
3	Minutes of Previous Meeting – Amend pages 5 and 12 as agreed.	T Wilkinson/ J Collis	Next Mtg	Complete.
5	Integrated Performance Report – 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	Update to be provided at next meeting, however work is ongoing.
5	Integrated Performance Report – Ensure primary care as a provider dashboard is incorporated into the Integrated Performance Report.	I Richens	Next Mtg	Complete. Information is now available however this will develop over time.
5	Integrated Performance Report – 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	Quality premium work is yet to be completed and the CCG is working with patients with sensory loss and the feedback is available on the Trust website. The CCG has written to the Trust and will look at its website and the ability to access services. Dr Janet Maxwell said that she would be happy to work alongside the CCG on this issue.
8	CCG Learning Review: Solent NHS Trust Community Nursing – Feed back to team the proposed addition of action in relation to Covalent.	I Richens	Next Mtg	Complete. Michelle Spandley and Suzannah Rosenberg have discussed using covalent in order to have better sight of projects that may be going off track.
14	Patient Story – Make links between PDF and the cycle maintenance organisation to explore possibilities.	D Williams	Next Mtg	Complete. Dr Janet Maxwell explained that she has been working with Wheels for All to ensure there is better access for everyone.
14	Patient Story – Join discussions between Wheels for All and PDF.	J Maxwell	Next Mtg	Complete. As above.

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 explained that it had been agreed that an update on the Blueprint would now be provided at each meeting via this report.

Dr Hogan highlighted the main areas of the report:

- Blueprint

This has now been signed off by the Health and Wellbeing Board as well as individual partner organisations. It supports the national direction of travel for integration and page 2 of the report shows how far we can go within the existing statutory frameworks. There are a number of decisions and actions that need to be taken by March 2016.

- Clinical Executive Elections

Dr Jim Hogan explained that he and Dr Linda Collie had been re-elected for a further three year term of office. Dr Jonathan Lake has been elected for a three year term of office commencing 1 April 2016 and will replace Dr Tim Wilkinson whose term expires on 31 March 2016.

- Local Estates Strategy

This has been developed to support the Blueprint and is a living document which will need to be updated as plans develop. The CCG has established a Local Estates Forum who will oversee the existing actions plans.

- 2016/17 Planning Guidance

Since the last Governing Board meeting planning guidance and allocation announcement have been made. This information is currently being worked through to assess the implications for the CCG.

- Junior Doctors Strike

The planned action for next week has now been suspended.

Dr Tim Wilkinson commented that it was good news regarding the elections and that Dr Jonathan Lake is known and respected by the wider membership of the CCG. He also congratulated Dr Jim Hogan on the work of the blueprint as everywhere he goes people are aware of it and are beginning to understand what it means.

Paul Cox asked about the review of CSU hosted services performance. Dr Jim Hogan explained that it was a one-off exercise that the CCG was obliged to undertake as we have to look at where we commission services from. The service we receive is sufficient at the moment but we may need to review it in the future as part of the Blueprint. Michelle Spandley said that the CCG constantly works with the CSU on how to adapt and change within their set budget and they are currently on track however this is an ongoing challenge. With regard to the lead provider framework other CCGs have reviewed their arrangements but whilst there is so much change in the future we have decided to focus our time and effort elsewhere as we have a good relationship with the CSU.

Dr Janet Maxwell asked if the Sustainability and Transformation plans should be updated in light of the Blueprint. It was agreed that an update would be presented to the next meeting along with an update on financial allocations.

Action: J Hogan/M Spandley

Dr Janet Maxwell asked if the Estates Strategy was a public document and had Portsmouth City Council seen it. Michelle Spandley explained that the document is Commercial in Confidence but the Council is represented on the local estates forum and that we will continue to work in partnership with the Council along with Solent and other partners.

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

5. Integrated Performance Report

Michelle Spandley presented the Integrated Performance Report dated 20 January 2016 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. Domains 1, 2 and 4 are rated as requiring improvement and Domains 3 and 5 are on track.

- Finance – remains on track to meet its surplus position of £3.1m at month 8. The acute contract plan has been exceeded based on month 7 data but has largely been offset by contractual levers. All risks remain as previously reported and those above budget remain as before.
- Priority 1
 - Many of the projects are on track to deliver.
 - 4 hour wait target is off track. A review by the Emergency Care Improvement Programme (ECIP) was completed in November and the Trust are ensuring the actions from the review are reflected in the Recovery Action Plan (RAP).
 - Christmas and New Year was challenging and a critical situation resulted in Gold Command being enacted.
 - Ambulance response times remain a concern and a Contract Performance Notice was issued to SCAS in October 2016. Red 2 and Red 19 targets improved in November and the year to date position remains off track.
 - Referral to Treatment (RTT) target at 92% aggregate achieved. However a number of specialties are off track. We are working with PHT and the expectation is to achieve at year end.
 - Influenza uptake – CCG is currently under target and we have been talking to GPs to ensure it improves.
 - Use of electronic prescribing – We set a stretch target and some practices have found it difficult and some are achieving. It is hoped it will improve as they transfer onto the new system.
- Priority 2

The main focus in this priority is quality.

- PHT - There are issues around Urgent Care and the quality team has been working closely with PHT as we need to ensure safety is not compromised. A letter has been written to PHT and there is ongoing dialogue with PHT on how to mitigate risk.
- Out of Hours – remains a concern and a further two serious incidents have been reported. Further discussions and actions are being co-ordinated across all commissioning CCGs.
- PHT Discharge summaries are not consistently issued within 24 hours however good progress is being made with improvements.
- Solent AMH Risk Assessments – Improvement has been demonstrated and the CCG will continue to monitor and may consider for closure as a significant risk.
- Solent Community Nursing – A rectification plan is in place and Solent are responding. A Gateway review is taking place at the end of January 2016. Suzannah Rosenberg commented that the situation is considerably improving and retention has stabilised over the last few months with recruitment improving.

Suzannah Rosenberg said that she would like to draw the Governing Board's attention to the Mazars Report in to the death of a mental health patient at Southern Health. There were 23 recommendations, 9 for commissioners and whilst we are not a significant user of their service as Solent is our primary provider, the CCG has formally written to the Chief Nurse to provide assurances that the recommendations are being undertaken and we are doing this as a process for the CCG. We will take the results to the Quality and Safeguarding Group and it will be presented to the Governing Board if appropriate.

Michelle Spandley commented on the situation with PHT and explained that the CCG has issued a Contract Improvement Notice to them and we are withholding payment until a remedial action plan is received. It has now been received and the CCG is considering its response. A Contract Improvement Notice has also be issue to PHT in respect of A&E 4 hour waits, however we are not withholding funding and are working with PHT on a remedial action plan.

- Priority 3

Positive progress is being made and a number of projects are on track.

- Priority 4

The Projects within Priority 4 are making good progress, however achievement of cancer targets remains a concern.

Pages 45 to 50 of the report describe the CCGs self-assessment against NHS England's revised assurance framework. Pages 46 to 54 provide additional information.

Dr Tim Wilkinson commented that the dementia prevalence rate has increased since the report.

Dr Tahwinder Upile asked if the cancer failures were related to a specific area. Dr Tim Wilkinson commented that urology in particular has had a large increase in referral rates. Other areas such as colorectal do not have enough consultants.

Jackie Powell asked about the number of medically fit people waiting to be discharged and how the CCG is moving forward on this if it has 2 conflicting viewpoints. Dr Jim Hogan explained that there have been issues for a long time over the terminology therefore it is difficult to assess. Work is ongoing to try to adopt discharge to assess so that the assessment can happen in the community and also engage PRRT to do trusted assessor work.

Jackie Powell asked about the Urgent Care Centre under activity. Dr Jim Hogan explained that the Urgent Care Centre was put in place in response to demand. The CCG were tasked with putting in Primary Care presence at the front door. It may now be about what primary care can add as GPs are now being used to manage queuing patients. The short stay model gets patients out rather than sending them in so therefore the numbers may not be real.

Jackie Powell asked about the GP Out of Hours service and the fulfilment of slots by doctors. Suzannah Rosenberg explained that the CCG does not have the number of doctors in the service in terms of the percentage of planned slots. The service agreement can range from 55%/99% depending upon the time of the week and they do use locum doctors to fulfil requirements. There are only a small number of employed doctors.

Jackie Powell asked about the Alcohol Harm Reduction Programme in relation to the Safe Space terminating in March. Dr Janet Maxwell said that safe space is still under negotiation as there is not enough money in the budget going forward for alcohol services.

Paul Cox said that he was pleased to see primary care figures in the report and asked about the friends and family test and whether it was possible to include the numbers of responders so that the results could be put into context. Michelle Spandley said she would look into it and that it was very small numbers as it is patient choice whether or not to complete it.

Action: M Spandley

Michelle Spandley reported that the influenza uptake rate had increased to 46.3% which is close to the target and in line with other CCGs figures. Dr Jim Hogan commented that it was useful to have the primary care metrics and asked if the influenza uptake rates included pharmacies.

Action: J Hogan

Paul Cox asked about the uptake of EPS (Electronic Prescribing Services) and it was agreed he would discuss this further with Katie Hovenden.

Action: P Cox

Dr Jim Hogan commented that he chairs the system resilience group and if the figure for avoidable emergency admissions is real then it is a concern and we need to understand how performance is monitored and where the numbers are coming from.

Dr Elizabeth Fellows said she was anxious about the poor performance for ambulance services and the hospital and asked if we had any influence. Michelle Spandley explained that there are ongoing discussions with SCAS and in terms of city performance they do achieve our targets but we need to ensure we are working as a system and there are escalation levels that we can go through. Dr Jim Hogan said there were ongoing conversations about who manages the queue. We need to start thinking about doing urgent care differently as we are trying to improve a system which is not working.

The Governing Board accepted the contents of the Performance report.

6. Governing Board Assurance Framework

Suzannah Rosenberg presented the Governing Board Assurance Framework and explained that the Clinical Executive had reviewed the framework on behalf of the Audit Committee (who had approved the original framework at its meeting held on 9 December 2015) and the following was proposed:

- New risk GB16 to be added
- GB11 to be closed and removed
- GB10 to have increased risk score
- GB13 to have increased risk score

Paul Cox commented on the PMS Review and said that actions were in place and asked if this could be represented in the framework. Suzannah Rosenberg explained that PMS reviews were referred to in GB15 further actions as it is our own risk.

It was agreed the original risk score for GB16 would be checked and amended if appropriate.

Action: I Richens

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

7. Register of Interests

Dr Tim Wilkinson presented the Register of Interests as declared at 8 January 2016. It was agreed any revisions would be presented to the next meeting.

Jackie Powell asked if membership of the Health and Wellbeing Board should be included in the Register of Interests and it was agreed this would be looked in to.

Action: T Wilkinson

The Governing Board accepted the Register of Interests.

PRIMARY CARE COMMISSIONING BUSINESS (ITEMS 8 & 9)

Dr Tim Wilkinson said that, as previously explained, in line with our governance arrangements he is now transferring chairing of the meeting to Jackie Powell (in Tom Morton's absence) as the current designated lay member who will lead us through items 8 & 9 on the agenda.

Jackie Powell took over chairing the meeting.

Katie Hovenden joined the meeting at 2.10pm.

Dr Jim Hogan, Dr Elizabeth Fellows, Dr Linda Collie, Dr Tim Wilkinson, Dr Dapo Alalade and Paul Cox left the table and sat in the audience due to potential conflicts of interest in the business matters being considered.

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.

8. Recommendations following PMS Reviews

Katie Hovenden presented a paper which detailed recommendations following PMS (Personal Medical Services) reviews. She explained that some GPs within the City were

on a GMS contract and some were on PMS contracts and the level of funding varies in CCGs nationally. There was a requirement nationally to review contracts and funding in order to move to a more equitable position. The review was started by NHS England and handed over to CCGs who looked at what services were provided by practices and then had to decide if the CCG wishes to continue to commission them. The paper outlines the process undertaken and requests authorisation to undertake a prioritisation process.

None of the practices met the requirement to be eligible for funding however the CCG will seek to reinvest savings across all practices in non-core work.

Dr Julie Cullen asked how the review had been received by the practices and members. Katie Hovenden explained that it was a challenge for practices and even over a 5 year period means a significant reduction in income. We are in discussions with NHSE and the LMC over any practices that the reduction effects so significantly that it means they may not be viable but in the main they recognise it is about moving to equity. The CCG is reinvesting in what they are doing already rather than asking them to do more however they do need to sign up to some core functions. There was some anxiety in the onset but largely it has been accepted.

Dr Julie Cullen asked if it was possible that any services will be reduced or not provided. Katie Hovenden said that there would be a basket of services that will continue to be provided and it is unlikely that the impact would be great but something such as acupuncture may not be provided in the future.

Tahwinder Upile commented that the CCG needed to ensure it supported practices. Katie Hovenden said that the CCG is fortunate that 50% of the registered population were covered by PMS so there is not a single practice that loses as it is shared equally between PMS and GMS practices. We know smaller practices will be impacted but the majority are having conversations about collaborating or merging.

Dr Tahwinder Upile asked if as a CCG we will promote collaboration and merger. Katie Hovenden confirmed that the CCG does promote collaboration and merger.

Dr Janet Maxwell commented that the process was very clear and transparent and said that she would like to be involved in any health inequalities work supporting practices.

Katie Hovenden commented that there were areas of deprivation that required solutions. Dr Janet Maxwell commented that an update of the JSNA would be published shortly.

Andy Silvester asked when the 5 year period started. Katie Hovenden confirmed that it would start on 1 April 2016.

Andy Silvester asked about the basket of services. Katie Hovenden explained that a simple service would be put together and the CCG would seek assurance from practices that they would provide the services and then payments would be made on a monthly basis.

The Governing Board:

- **Ratified the process undertaken by the CCG to manage the PMS Review process and thereby agreed the recommendations for the submitted applications.**
- **Authorised the CCG to undertake a prioritisation process for the reinvestment of eroded PMS premium monies over the next five years, prioritising the list of six services currently being delivered with no formal commissioning arrangements in place, and the services detailed in the PMS Review applications.**

Dr Jim Hogan, Paul Cox, Dr Dapo Alalade and Dr Tim Wilkinson were invited back to the meeting to be involved in discussions and Dr Linda Collie and Dr Elizabeth Fellows remained sat in the audience.

9. Proposed Closure of Campbell Road Surgery and Proposed Merger of Baffins Surgery and Milton Park Practice

Katie Hovenden presented a paper which detailed two applications; the closure of Campbell Road Surgery, which is currently a branch site of the Milton Park Practice and a proposed merger of Baffins Surgery and Milton Park Practice and explained the background to the two applications.

Dr Dapo Alalade asked about access for patients with special needs/wheelchairs. Katie Hovenden explained that physical access is not good for both Campbell Road and Milton Park Practice. Milton Park Practice has one consultation room downstairs and Campbell Road Surgery has a stair lift so there will be some concerns for patients in wheelchairs. The CCG will need to explain that there are other practices they can register with that have better access so we need to ensure we are clear on what their options are.

Dr Tim Wilkinson said that the proposal fits with the blueprint for Portsmouth and is a logical progression.

Jackie Powell commented that she was encourage by patient feedback and would support the direction of travel.

Katie Hovenden said that both practices will do more patient consultation on the proposal to ensure patients are not confused.

The Governing Board approved the closure of Campbell Road from 31 March 2016 and approved the merger of Baffins Surgery and Milton Park Practice with effect from 1 July 2016.

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

Dr Elizabeth Fellows and Dr Linda Collie returned to the meeting.

10. Primary Care Commissioning Governance Arrangements

Dr Tim Wilkinson presented a paper which set out proposed revised arrangements for primary care commissioning governance arrangements. The proposal is to establish a Primary Care Commissioning Committee and the Terms of Reference for this are detailed within the paper.

Tracy Sanders, Chief Strategic Officer, joined the meeting to aid discussion.

Jackie Powell asked about the Primary Care Operational Group and who reports to it. Tracy Sanders explained that the Primary Care Operational Group reports into the Clinical Executive Committee which in turn reports into the Clinical Strategy Committee. Michelle Spandley commented that when the CCG took on delegated commissioning we wanted Primary Care Commissioning to be part of "business as usual" and therefore a working group was formed that flowed through existing governance arrangements. Tracy Sanders explained that there was an overlap of membership with the Clinical Strategy Committee, Governing Board and Primary Care Commissioning Committee.

It was agreed that an updated diagram of Committee structures would be shared with Jackie Powell.

Dr Julie Cullen asked if the meeting would be held in public alongside the Governing Board meeting. Tracy Sanders said that this would be the case and the time currently used for Governing Board meetings would be rearranged to accommodate the Primary Care Commissioning Committee. The new arrangements do not restrict the CCG from calling extraordinary meetings.

Dr Jim Hogan highlighted this change is a result of a guidance review and that current arrangements reflected that which was approved by NHS England as part of the CCGs application for delegated commissioning.

Suzannah Rosenberg asked about Clinical Executives voting on the committee. Tracy Sanders explained that only one clinical executive would be a voting member of the Committee and that as before if a GP had a conflict of interest then they would be excluded from discussions and voting. She added that Dr Tahwinder Upile and Dr Julie Cullen have Primary Care expertise so can be asked for clinical input when necessary.

The Governing Board:

- **Noted the revised legal position of NHS England.**
- **Approved the establishment of a Primary Care Commissioning Committee.**
- **Approved the proposed terms of reference for the Primary Care Commissioning Committee.**
- **Agreed that the new arrangements should come into effect from 1 February 2016.**
- **Agreed the revision to the CCGs Constitution to 8.10.4 to recognise the additional committee of the Governing Board.**
- **Noted that a formal application to update the CCGs Constitution will be made in due course.**
- **Noted that a review of other governance documents will be undertaken with relevant documents updated as necessary.**

11. Appointment of new CCG Chair of Governing Board

Andy Silvester presented a paper which set out the process to appoint a new Chair of the Governing Board and made recommendations for a new Chair to come into effect from 1 April 2016. This follows the announcement by Dr Tim Wilkinson that he will be standing down as Chair of the Governing Board at the end of March 2016.

The Governing Board is asked to approve the appointment of Dr Elizabeth Fellows as the new Chair of the CCGs Governing Board with effect from 1 April 2016.

Dr Tahwinder Upile asked if Dr Elizabeth Fellows was happy to take on the role. Andy Silvester confirmed that Dr Fellows was happy to take on the role.

The Governing Board approved the appointment of Dr Elizabeth Fellows as the new Chair of the CCGs Governing Board with effect from 1 April 2016.

Andy Silvester congratulated Dr Elizabeth Fellows on her appointment. Dr Tim Wilkinson also congratulated Dr Elizabeth Fellows on her appointment commenting that he was sure she would take the CCG forward to meet its future challenges with the full support of the Governing Board.

12. Review of Lay Member Portfolios

Dr Tim Wilkinson presented a paper which set out the outcome of a recent review into the effectiveness of the CCG Lay Member portfolios and the changes recommended.

The revised arrangements are set out on page 2 and will be put in place with effect from 1 February 2016.

Jackie Powell asked if Andy Silvester's portfolio will include voluntary sector as it did previously. Andy Silvester agreed to include voluntary sector as part of the portfolio and it was agreed the paper would be amended accordingly.

Action: T Wilkinson

The Governing Board approved the revised portfolios for Lay Members and agreed that they would come into effect from 1 February 2016 and noted the change to the portfolio for Andy Silvester to include Voluntary Sector.

13. NHS England enquiry regarding CCG Governance

Dr Tim Wilkinson presented a paper which detailed a letter received from NHS England requesting explanations and information from the CCG regarding Governance along with the CCGs response.

Dr Tim Wilkinson said that as Chair he has lead for governance and with Tracy Sanders' assistance and help from professional advisers they put together a response.

Dr Tahwinder Upile commented that from his point of view, as a member in another CCG and having worked with other CCGs, he felt Portsmouth did a good job and he wished other CCGs were more like them.

Dr Jim Hogan commented that the challenge was the timing of the letter which was received on 22 December 2015 and also that we are different to other CCGs in our governance and leadership arrangements. We are the only CCG in Wessex that has a clinical leader as Accountable Officer so it is a challenge for NHSE to understand. We need to step up to the challenge and think about how we deliver on a wider basis. We will probably be tested against the effect of our leadership model.

Dr Tim Wilkinson said that the CCG is a membership organisation and we need to remember this and that through our clinical leadership model and clinical engagement we have motivated our membership and taken them with us. We need to maintain clinical leadership in order to continue to take GPs with us.

Andy Silvester referred to the comments he made at Remuneration Committee about the letter arriving two days before Christmas and the amount of correspondence that was back and forth between NHSE and the CCG. The effort by the CCG was remarkable and thanks to the team within the CCG who put it together. It represents professionalism and dedication of our management.

Dr Tim Wilkinson thanked Tracy Sanders for her work on the matter.

The Governing Board:

- **Discussed and noted the enquiry from NHS England and the CCGs response.**
- **Agreed the actions the CCG are planning to take to further review and improve its effectiveness for the future.**

14. 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 October 2015 and 2 December 2015.

- Minutes of the Audit Committee meeting held on 9 September 2015.
- Minutes of the Health and Wellbeing Board meeting held on 16 September 2015.

The Governing Board accepted the minutes.

15. Date of Next Meeting

The next Governing Board meeting to be held in public will take place on Wednesday 16 March 2016 at 1.00pm in the Conference Room A, 2nd Floor, Civic Offices. This will be followed by the Primary Care Commissioning Committee.

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
19 February 2016