

Minutes of the NHS Portsmouth Clinical Commissioning Group Governing Board meeting held on Wednesday 23 September 2015 at 1.00pm – 3.30pm in the Entertainments Hall, St James' Hospital, Locksway Road, Milton, Portsmouth PO4 8LD

**Summary of Actions
Governing Board held on Wednesday 23 September 2015**

| Agenda Item | Action | Who | By |
|--------------------|--|-------------------------|--------------------|
| 5 | Integrated Performance Report - Express workforce vacancy numbers also as a percentage of the total workforce in future reports. | M Spandley | Nov 15 |
| 5 | Integrated Performance Report - 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 |
| 7 | 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 Dec 15 |
| 8 | Guildhall Walk Healthcare Centre Options Appraisal - Conduct formal consultation and report back to the Governing Board in the New Year. | I Richens | End Feb 16 |
| 10 | Update on PMS Contract Reviews - Establish and task and finish group to review requests and define priorities for reinvestments. | I Richens | Nov 15 |
| 12 | 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 |
| 12 | Listening to our Patients - 2014/15 Report - Feedback back proposal for event in north of the City. | I Richens | Nov 15 |
| 12 | Listening to our Patients - 2014/15 Report - Redraft Section 1.9 to take into account comments made by Dr Janet Maxwell. | I Richens | Before publication |
| 12 | Listening to our Patients - 2014/15 Report - Publish full report on website. | I Richens | Nov 15 |
| 13 | Governing Board Assurance Framework – Consider comments from Dr Janet Maxwell as part of the new review of GBAF. | I Richens/T Morton | Jan 16 |
| 17 | Patient Story - Presentation to be uploaded onto the CCG website. | J Collis | Nov 15 |

Present:

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| Dr Dapo Alalade | - Clinical Executive |
| Paul Cox | - Practice Manager Representative |
| Dr Jim Hogan | - Clinical Leader and Chief Clinical Officer |
| Tom Morton | - Lay Member |
| Jackie Powell | - Lay Member |

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| Innes Richens | - Chief Operating Officer |
| Andy Silvester | - Lay Member |
| Michelle Spandley | - Chief Finance Officer |
| Dr Tahwinder Upile | - Secondary Care Specialist Doctor |
| Dr Tim Wilkinson | - Chair of Governing Board/Clinical Executive |

In Attendance

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|------------------|--|
| 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

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|----------------------|----------------------|
| Dr Linda Collie | - Clinical Executive |
| Dr Julie Cullen | - Registered Nurse |
| Dr Elizabeth Fellows | - Clinical Executive |

1. Apologies and Welcome

Apologies received from Dr Linda Collie, Dr Julie Cullen and Dr Elizabeth Fellows.

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 as the meeting had been extended today the Question and Answer session would follow at 3.30pm – 4.00pm.

Dr Tim Wilkinson further explained that Items 8-11 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 that a section had also been added to the front sheet of Governing Board papers which detailed any potential conflict of interest.

2. Declarations of Interest

Dr Dapo Alalade, Paul Cox, Dr Jim Hogan, Dr Tim Wilkinson declared a possible conflict of interest relating to Items 8 – 11 on the agenda and also to Item 6 however, as there is no specific decision to be made, these members may remain for the discussion.

3. Minutes of Previous Meeting

The minutes of the Governing Board meeting held on Wednesday 15 July 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 |
|-------------|---|------------|-----------|-----------|
| 5 | Integrated Performance Report – Month 3 finance information to be circulated to board members. | M Spandley | 31 Jul 15 | Complete. |

| Agenda Item | Action | Who | By | Progress |
|-------------|--|-------------|-----------|--|
| 5 | Integrated Performance Report – Include available relevant information regarding Solent Friends and Family test in future reports. | M Spandley | 23 Sep 15 | Now included in the report. Complete. |
| 5 | Integrated Performance Report – Confirm the planned financial deficits for PHT and Solent. | M Spandley | 23 Sep 15 | Since the meeting both Trusts have been charged with trying to reduce the level of deficit and therefore this is an ongoing issue and when the results are known they will be reported back. Action: M Spandley |
| 6 | Urgent Care: What people locally are telling us – Share the feedback formally with providers if not already done for them to consider. | I Richens | 31 Jul 15 | Complete, has been discussed at Urgent Care Board. |
| 7 | Urgent Care Strategy – Share plan on a page with Governing Board members after the meeting. | J Hogan | 31 Jul 15 | Complete. |
| 7 | Urgent Care Strategy - Bring Strategy to next meeting for approval. | J Hogan | 23 Sep 15 | On agenda. |
| 7 | Urgent Care Strategy – Provide answer in writing to question from Rosy Bremer. | T Wilkinson | 31 Jul 15 | Complete. |
| 8 | Guildhall Walk Health Care Centre – Briefing Update – Full options appraisal to be presented to the next meeting. | I Richens | 23 Sep 15 | On agenda. |
| 12 | Proposal to Extend the Copnor Road Branch Surgery – Confirm if the practice has discussed with planning at the local authority the change in use of the property from a dwelling. | I Richens | 23 Sep 15 | Confirmed this will form part of the planning application. 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:

Emergency Care Improvement Programme (ECIP)

The Portsmouth and South East Hampshire Health and Social Care System has been selected as one of the 27 systems to be part of the programme. The support offered through the programme will consist of four main elements; support from an expanded ECIST team, collaboratives that will involve working with other systems, buddying

arrangements with other systems and dedicated programme management support. This is intended to build on work already done and to ensure it reaches fruition.

Local Digital Roadmaps

The “Five Year Forward View” made a commitment that by 2020 all electronic health records would be fully interoperable so that patient records are paperless. By April 2016 every local area is expected to submit their local digital roadmap detailing how they will achieve the ambition of being paper-free at the point of care by 2020. The CCG is required to complete and return a footprint and governance template by 30 October 2015.

Systems and Processes for Conflicts of Interest, Gifts and Hospitality

Following allegations in the media regarding the conduct of individuals in the NHS and their working relations with the pharmaceutical industry, NHS England asked all CCGs to review their systems and processes and provide assurance to them. The CCG provided its assurance to NHS England by the deadline stating it met the requirements laid out. The Audit Committee of the CCG subsequently reviewed the basis of this assessment on behalf of the Governing Board at its meeting in early September and no significant actions were identified.

Sample Audit of Conflicts of Interest Management in Primary Care Co-Commissioning Arrangements

NHS England have decided to undertake a sample audit of conflicts of interest management in primary care co-commissioning arrangements. The CCG has been selected to participate and the audit will be undertaken by Deloitte LLP and will take place between September and October 2015. Final reports are due to be completed by the end of November.

Dr Jim Hogan explained that one of the ways the CCG is doing things differently is by not setting up a separate Primary Care Committee to deal with Primary Care business but by dealing with the business as part of the Governing Board meetings held in public.

Jackie Powell commented on emergency/urgent care and said that she did not think we were experiencing winter pressures as others did. Dr Jim Hogan said that if we look at the work done locally it seems that we are busier in the summer than we are in winter. Winter pressures disappeared a few years ago and we now have pressure all year round. In the past the CCG has received extra money but now it is included as part of our allocation which is £4m for the whole system. This is half of what we received last year so we need to ensure the money is allocated effectively.

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

5. Integrated Performance Report

Michelle Spandley presented the Integrated Performance Report dated 23 September 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 said that the report had not altered in any great respect to the previous one.

In terms of projects, the use of the covalent system is improving with more robust reports. Programmes are on track however there are exceptions with projects not being taken forward or slippage delays.

- Elective Contracting Project - There has been some slippage in the QIPP achievement for this project notably Hip and Knee Follow Ups.

- Treatment Centre Procurement - The Community Ophthalmology element of this plan is not currently achieving the planned QIPP, activity at PHT is above plan and referrals are not reducing as expected.
- Reducing Inappropriate Admissions of Children into Hospital - Non elective paediatric activity at Portsmouth Hospitals Trust is above planned levels.
- Paediatric Pathways at PHT - The position reported in the last IPR has not moved on for this project. Progress has slowed due to lack of engagement and buy in with the provider.
- Urgent Care Centre Prime Hubs - The planned QIPP for this project is not being achieved.
- Better Care Fund work is progressing well and work is going on to ensure teams come together and it is hoped this will happen during November.
- Urgent Care - A& E performance is improving. The Friends and Family Test feedback at A&E remains positive.
- Ambulance Response - Achieved at Quarter 1 however in July there were issues and are currently under-achieving targets. The targets for the Portsmouth are achieved it is the more rural areas that are having difficulties.
- Referral to Treatment (RTT) - The CCG achieved the 92% incomplete target in July, although the target was not achieved for all specialties, primarily due to the underperformance at PHT in Gastroenterology, Urology and General Surgery. Recovery plans have been developed.

- Finance

The CCG remains on track to meet its surplus position of £3.1m, through the use of its reserves. Contract performance with PHT is above trajectory and Prescribing data continues to show higher than anticipated levels of dispensing. With regards to mental health out of area placements we are continuing to work with Solent on repatriating patients.

- Quality

- The C Diff target is off trajectory with no specific reason showing as to why, the CCG will maintain vigilance going forward.
- There is one MRSA case in PHT in respect of a resident from New Zealand. Clarification as to how non UK residents should be handled with regards the reporting of MRSA cases is being sought.
- The CCG continue to work with GP out of hour's provider on the issues and continue to work on services to patients.
- The CCG is working with Solent NHS Trust on staffing issues related to Community Nursing.

Innes Richens commented on the staffing issues at Solent NHS Trust and said that the CCG are working hard to ensure Solent appreciated the level on concern with regards to

the impact on Primary Care. Updates to member practices will be provided weekly on the steps the CCG has taken and Solent's progress.

Dr Janet Maxwell commented on Pages 30 and 31 of the report explaining that work is progressing regarding long term conditions. There is a clear focus on diabetes and we would still be keen to progress should we not get into the pilot.

Paul Cox commented on behalf of colleagues of their deep concern regarding Community Nursing services and the impact on providing care at home and the new risk GB14 in the Governing Board Assurance Framework (GBAF). Member practices have been asked to provide flu vaccinations to housebound patients which stretches the limited resources practices have. Although there is nothing that can be done for this year the CCG is asked to ensure there are detailed plans in place for next year. Innes Richens said that he noted the comments made and when we are talking to Primary Care for solutions we are talking about existing resources and money to do so, and are not taking a simplistic approach and we do not expect Primary Care to just do it.

Paul Cox asked if the figure of 229 Registered Nurse vacancies detailed on page 18 was high and what would be the impact. Michelle Spandley explained that the CCG recognised these vacancies but that a lot of these would be covered with agency staff etc and that we do monitor the situation and ensures the quality team are satisfied adequate arrangements are in place.

Dr Jim Hogan commented that at a previous meeting we had said we would try and show the vacancy numbers as a percentage of the total workforce and Michelle Spandley agreed to ensure this was reported in future.

Action: M Spandley

Jackie Powell asked about Safe Space mentioned on page 30 of the report and asked what the CCGs position was and how we will take forward. Dr Janet Maxwell said that she was glad this was raised as there is a huge pressure on budgets at the Local Authority. It has been highlighted the Health and Wellbeing Board that we are spending £2.7m a year on alcohol related issues and we are working with the Cabinet to find savings elsewhere as this needs to continue, this is a major issue for both Portsmouth and Southampton. It is the add-on support services that are more at risk which will have a knock-on effect to other health services.

Dr Jim Hogan commented that this is one of a number of services at threat and it would be useful to considered all the services together rather than one at a time. It was agreed that Dr Janet Maxwell would 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.

Action: J Maxwell

Jackie Powell asked about the lack of progress with Paediatric admissions. Michelle Spandley explained that because of the concerns and lack of traction of the plan put in place the CCG are pursuing a contractual route on where they are and how we can progress the situation.

The Governing Board accepted the contents of the Performance report.

6. A Blueprint for Health and Care in Portsmouth

Dr Jim Hogan presented a paper which sets out the proposed direction and model of care for Portsmouth and outlines how the CCG will actively deliver key elements of the wider City blueprint. He explained that the Blueprint for health and care in Portsmouth describes a possible model for prevention, wellbeing and care services in the city. The health and

social care system is under pressure with a rise of frail/elderly patients, more demand for access increasing pressure on the workforce and impact on the ability to deliver services.

A group known as the Portsmouth Health and Care Executive (PHCE) has been formed which consists of representatives from the CCG, Portsmouth City Council, Solent NHS Trust, Portsmouth Hospitals Trust and Portsmouth Primary Care Alliance. Page 4 of the report give a summary of the key messages of the Blueprint and details the recommendations for the Governing Board. It has been taken to the Health and Wellbeing Board and has a lot of support and will be taken to the Boards of all parties looking at where their responsibilities lie.

Innes Richens referred to the key messages commenting that we are committed to do this as a city and is built on good primary and community care close to hospital. It brings together important functions that allow us to deliver front-line services such as HR, Estates, and IT so that we have one approach for the public sector. We hope to simplify the current configuration of urgent care services in the City to make them more accessible. The proposal of “community hubs” is about bringing together services into one location that are currently provided separately, often by different providers and in different locations.

Innes Richens talked about the next steps explaining that the City Health and Care Executive would prioritise its individual work programmes and work together to ensure we are all focusing on building this model of care. It will engage and consult with key partners to ensure early input. The CCG will engage more widely with its membership on the Blueprint and start to bring services together, manage the timescales and assess the proposals and create the capacity to deliver the changes.

Andy Silvester said that he was pleased to see the proposed interactions and the need to ensure these take place. A current survey from Portsmouth City Council to residents is asking them how the Council should find significant savings and Andy Silvester asked if the CCG had looked at these proposals and assessed the impact on those people that may be affected. Innes Richens said that the CCG is working with Portsmouth City Council to look at what schemes they are looking at and are working with the Health and Wellbeing Board.

Tom Morton commented that this gives the opportunity to raise our eyes above the business and try to fit in better ways of doing things and he would encourage every citizen in the City to read it. It would be good to get the press involved to let people know what we are doing.

Jackie Powell asked about the emphasis on social capital and what it means by savings in no monetary way and if this could be a bit clearer. Innes Richens said that this is a helpful point and one that we are talking about the best way of communicating.

Dr Jim Hogan said that as a collaborative we are looking to present the blueprint to the Secretary of State to gain support as we are trying to do things differently.

Dr Janet Maxwell said that she agreed with the whole system thinking and that every part of the system should be working together and we need the population of Portsmouth as part of the journey – without a fully engaged population it will not work. She emphasised the importance of engaging the community and we need social action across to the city to do this. We are looking to more social action to get everyone involved and there is move to get communities on board.

The Governing Board endorsed the Portsmouth Blueprint for Health and Care and supported that the CCG request a proposal for provision of out-of-hospital care based on the Portsmouth Blueprint from a partnership of Portsmouth Primary Care Alliance and Solent NHS Trust.

7. Draft Emergency and Urgent Care: Strategic Framework

Dr Jim Hogan presented the Draft Emergency and Urgent Care Strategic Framework which sets out initial proposals to develop a more integrated emergency and urgent care pathway. He explained that the framework is still in draft format and is out for consultation and comment and a final version will be presented to the Governing Board for formal sign off and ratification.

All organisations are committed to a whole system approach, ensuring that a 24 hour, seven day a week urgent and emergency care service is provided to patients in Portsmouth and South East Hampshire.

Jackie Powell referred to section 4.2.1 and asked if the ways that organisations are paid could be looked at. We are moving forward more to a capitation based formula and we need to look towards outcome based commissioning.

Michelle Spandley explained it is related to pounds per head being allocated rather than paying for items of activity and we are moving contracts to that way of working and outcomes based rather than how many people can be seen and could patients be seen differently. Dr Tim Wilkinson commented that it also allows organisations to know how much money they have. Dr Tahwinder Upile commented that collaboration is important and is difficult with an active acute hospital, community and primary care combined.

Dr Tim Wilkinson commented that it is important to communicate to patients so that they understand what is important for them as they do not like change. A lot of work has been done with member practices to make people aware.

Dr Dapo Alalade commented on increase in growth in the population for the over 85 year group as mentioned on page 13 of the report and asked if there was a reason for this. Dr Tim Wilkinson commented that partly it is related to people living longer in general and partly because we are looking after them better.

The Governing Board noted the comments on the draft Strategy, noted that the document is out for wider engagement and discussion with key stakeholders, and noted that the final version will be brought back to Governing Body for formal sign off and ratification.

Action: J Hogan

PRIMARY CARE COMMISSIONING BUSINESS (ITEMS 8 – 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 8 to 11 on the agenda.

Tom Morton took over chairing the meeting.

Tom Morton referred to the paragraph detailed on the Agenda of the meeting which referred to this section of the meeting. He explained that the CCG are learning and reviewing how we handle such business so that our arrangements may be adapted as we try different approaches. We have introduced a change to the front sheets to identify in advance any potential conflicts of interest for Governing Board meetings to increase openness and transparency. For each specific item of primary care business we will agree handling of potential conflicts of interests before getting into the item itself. We have also agreed that when appropriate GPs can contribute to discussions but cannot take part in the decision.

Tom Morton said that having considered the possible conflicts of interests on the agenda he proposed taking Item 8 and then Item 10 as both of these items have member practice representatives excluded from the discussion, we will then revert to Item 9 and then Item 11.

8. Guildhall Walk Healthcare Centre Options Appraisal

Dr Dapo Alalade, Dr Jim Hogan, Dr Tim Wilkinson and Paul Cox left the meeting and sat in the audience, taking no part in the meeting, due to a conflict of interest relating to this item.

Katie Hovenden, Director of Clinical and Professional Development joined the meeting to assist with any queries relating to the paper.

Innes Richens presented a paper which detailed the full options appraisal for the Guildhall Walk Healthcare Centre. In assessing the options we have taken into account the feedback we have received from multiple pieces of engagement work conducted between June and August. He thanked all those who took the time to provide their views and particularly the services and people who helped the CCG with some of the engagement; The Salvation Army, the Guildhall Walk service itself, PUSH and Portsmouth Healthwatch.

The CCG also considered other criteria when coming to its conclusions such as; the impact on the Emergency Department, affordability, workforce, best use of resources including estate, integration of services, impact on patients and equity of access to GP services across the whole city.

Innes Richens explained that the CCGs preferred option is Option 3 – A GP-led walk-in service to be included as part of the St Mary's Treatment Centre walk-in service at St Mary's Hospital, Portsmouth and; to procure a GP practice to continue to offer primary care services for the current registered list but to be delivered from empty NHS or public sector space in a nearby location. We will commit to ensure that the primary care services currently provided for people who are homeless or have substance misuse or mental health problems will continue to be commissioned by the CCG.

Subject to the CCG Governing Board's endorsement, the CCG intend to move to a formal public consultation on its preferred option for these services. This will be conducted over a 12 week period and will account for the Christmas/New Year period.

Innes Richens explained that there were a few implications of the CCGs preferred option and some common themes in the feedback received as follows:

- Significant concerns raised if the CCG were to disperse the registered list – We have taken on the feedback and reflected this in the option. Patients do have the choice to register at other practices in Portsmouth and whilst a number of practices in the area have indicated they do have capacity to take on additional patients, we would not be in a position to direct patients to these particular practices.
- Using void space in the NHS estate – In recommending we re-procure the practice we need to ensure this is done in a way which represents good value for money.
- Direct Access to a GP appointment – For some of the groups of people serviced by this practice this is particularly important, including students, homeless and other vulnerable groups. When we re-commission the new practice we will be asking the provider to ensure this model of care is available. One of the issues we do need to address is that of equity of access. Currently patients registered at this practice can visit their GP practice 8 til 8 seven days a week – this is because the practice is also funded to provide a GP-led walk in service for people not registered at the practice. This is something that is not offered to other patients in the city and we do not have the GP workforce or funding for all practices to do this. Therefore when we recommission a

service we will need to ensure we do this in a way that is fair and equivalent to the rest of the City's population and look at innovative ways to increase access to Primary Care.

- If it ain't broke, why fix it – There are some confused messages about what the 7-day access strategy of the Government means and having GPs working 7 days per week is not a sustainable solution.
- Location of GP led walk-in – Concerns around capacity and access to the St Mary's Treatment Centre have been raised. Care UK who are the providers of the treatment centre are able to expand the available space to meet the increase in numbers and the service will be available for a longer period than the current GP led service. In terms of location St Mary's is a strategic site within the City and is well used for a range of community health services and access is being reviewed by Solent.

Dr Tahwinder Upile commented that the paper was very good and sensitive when looking at the issues and that he would support Option 3.

Dr Janet Maxwell commented that the majority of students in the City are only here for 2 – 3 years and then they move on. They do have the University Practice and Dr Maxwell asked if there had been any conversations regarding expansion to absorb the numbers. Katie Hovenden explained that in our engagement with member practices they did respond positively regarding the ability to expand. However the CCG cannot direct patients to a particular practice as patients should have the choice and whilst we do not know the exact proportion it is around 25% going by the age breakdown.

Innes Richens commented that two areas which we would like to address is how they can supply wellbeing services and training up healthcare professionals and opportunities to practice while they are learning.

Dr Janet Maxwell commented that there is a small population with housing and drug and alcohol problems and mental health issues and this is a chance to revisit and look to improve care and look for a more joined up pathway of care. Katie Hovenden commented that the Guildhall walk-in has provided a very valuable service for people with no fixed address.

Jackie Powell commented that she liked the idea of an enhanced walk in service but that she was not sure about the costings and asked why consider delivering services from St Mary's rather than other sites. If we are going to use void space we need to look at accessibility and transport such as bus services. Michelle Spandley said that as a result of the phase 2 project on St James Hospital, a transport survey has already been commissioned and we will incorporate issues such as increased use of the treatment centre.

Andy Silvester said that a survey by the council on cuts mentioned the bus service, closing of community centres and public buildings and this needs to be taken into consideration and we need to understand the impact. Innes Richens commented that the issue is whether engagement changes things and engagement to date has changed our thinking on the preferred options for example. We would urge people to provide their views and they do influence our thinking.

Tom Morton commented that we did invest in the centre of excellence at St Marys and there is space available however it is important that the transport assessment is undertaken.

Tom Morton said he would like to formally thank Katie Hovenden and Mark Compton for their work in putting the paper together.

Jackie Powell asked about the costings detailed in the paper and commented that the CCG needs to ensure that there is no loss of quality of service as there is a difference in waiting times between the Guildhall Walk Walk-in and St Mary's Treatment Centre. She also asked about making the best use of training.

Katie Hovenden explained that page 26 of the report showed an indication of current costs and that the new model tries to mirror these costs. A typing error in section 10 was highlighted ("£1.67m" should read "£1.57m"). She explained that waiting times were different as the Guildhall Walk contract had a different structure and targets. The St Mary's Treatment Centre is a standard NHS contract and therefore there is a target of a maximum 4 hour wait, however Care UK regularly exceed this target and two thirds of patients are seen within 2 hours. Care UK is keen to ensure this continues should the decision be made to relocate services to St Mary's. With regards to training, this is something that the CCG is in discussions about with the University and Care UK. The issue of paramedics recruitment is a constant challenge and Care UK have said they would be happy to provide shadow opportunities for them and other health care professionals such as pharmacy students.

The Governing Board endorsed and supported Option 3, namely the relocation of the GP-led WIC to SMTC, and the procurement of a GP practice which should be delivered from current void space in the city as the preferred option for continuation of services beyond the current March 2016 GWHC contract expiration date, and;

Required the CCG to conduct a formal consultation with Portsmouth Health Overview and Scrutiny Panel and the public on the basis of this preferred option from October 2015 for a period of no greater than 12 weeks in line with good practice on public consultation.

Action: I Richens

9. Update on PMS Contract Reviews (Item 10 on the agenda)

Dr Dapo Alalade, Dr Jim Hogan, Dr Tim Wilkinson and Paul Cox remained sat in the audience, taking no part in the meeting, due to a conflict of interest relating to this item.

Innes Richens presented a paper which provided an update on the PMS contract review process to date and next steps. He explained that in January 2014, NHS England Area Teams were asked to review local PMS agreements over a two-year period ending in March 2016. In September 2015 the Wessex Area Team wrote to all PMS practices in Portsmouth City requesting them to complete a template identifying any services they are supplying which they believe are over and above the core normal GMS work. It will then be for the CCG to consider these and decide whether funding for these services is to be continued. All PMS practices in the City receive funding under this PMS premium scheme and there is a potential therefore for funding to be reduced as a consequence of this process.

Dr Janet Maxwell said that she would be keen to be involved in the task and finish group that is being proposed.

The Governing Board noted the update on PMS reviews and supported the establishment of a task and finish group to:

- **review the requests from PMS practices for the CCG to continue to commission specific services being provided over and above GMS;**
- **define the key priorities for reinvestment of the balance of the PMS premiums in all GP practices.**

Action: I Richens

Dr Tim Wilkinson and Dr Dapo Alalade rejoined the meeting.

10. **Proposal for Urgent Care Triage Hub** (Item 9 on the agenda)

Dr Jim Hogan and Paul Cox remained sat in the audience, taking no part in the meeting, due to a conflict of interest relating to this item.

Innes Richens presented a paper which detailed a business case and new model of care for urgent primary care build around an enhanced triage centre. He said that the CCG has a well established commitment to commission sustainable and accessible urgent care services in the City. This proposal has been put forward by two of our member practices and proposes standardised urgent care services to 8 sites which is done in a variety of ways at present.

Innes Richens explained that for patients who seek help from their GP practice in a urgent situation, the model proposed will provide people with self-care information and also online self-referral; provide a telephone triage centre staffed by allied health practitioners and administrators who will be able to book them to the relevant services needed; and where a patient needs a face to face appointment, the practices will be able to offer this which may be at the patients own surgery or at another surgery or location within the pilot.

The initial 6 months costs for the pilot are £256,712 which includes set up, training and recruitment. The annual costs after set-up are then £170,000. NHS England have confirmed a non-recurring amount of funding to be available to fund the first year of the pilot and any recurring costs will be for the CCG to pick up if it decides the pilot successful. The Governing Board is therefore being asked to support the proposal so that delivery can be started as soon as possible.

Jackie Powell commented that it fits neatly in where we are going but that 6 months is not very long for a trial. Katie Hovenden said that NHS England is providing the full set up costs for a year however it would need ongoing support to continue in 2016/17.

Dr Tahwinder Upile commented that if it works well he could not see why it could not be expanded. Katie Hovenden said that it is testing out a new way of working and the model could be escalated and there is the potential to have a better interface with the 111 service.

Tom Morton commented that it is important to provide this information to the patients and asked how this could be assured. Innes Richens said that as it was coming from 2 specific practices they would work with their patients to take them through the process. Tom Morton asked if we would be offering assistance from our communications team and Innes Richens said that could be an option.

Dr Dapo Alalade commented that when the pilot is expanded could smaller practices be considered in order for them to develop.

Michelle Spandley said that with the pilot we need to ensure the baseline is correct in order to obtain the correct performance information so that we are making the best use of money.

The Governing Board supported the proposal, with the proviso that any CCG funding required for 2016/17 will be considered as part of the CCGs prioritisation process.

Dr Jim Hogan and Paul Cox rejoined the meeting.

11. **Update on Practice Mergers and Relocations**

Innes Richens presented a paper which provided a progress report on practice mergers or relocations currently being managed by the Wessex Area Team on behalf of the CCG.

Dr Jim Hogan commented that a lot of this supports the Portsmouth Blueprint but asked if there would be any obstacles to achieving these. Katie Hovenden commented that when we are talking about practices coming together and there is no significant change of services for patients then there would be no issues. If it is about rationalising a number of services there may be some additional reassurance required from NHS England and others to ensure the changes represent an improvement and fit with overall strategies.

Dr Janet Maxwell asked about small practices. Dr Tim Wilkinson said that all single handed practices in the City had disappeared. A lot of the work in the blueprint allows smaller practices to join with others and supports them for the future access to services. We need to demonstrate to patients and the public the quality of services being provided.

Dr Jim Hogan commented that some practices are choosing not to join which will be detrimental to patients.

Dr Tahwinder Upile commented that some changes to PMS may require practices to merge for viability. Dr Tim Wilkinson explained that all practices are now part of the Portsmouth Primary Care Alliance which offers a vehicle for them to work together on specific activities such as service delivery and support functions. Dr Wilkinson also noted that patients will drive change as much as clinicians.

The Governing Board noted the update on progress.

Katie Hovenden left the meeting.

David Williams joined the meeting.

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. Listening to our Patients – 2014/15 Report

Jackie Powell presented the Listening to our Patients 2014/15 Report for information. She thanked Julie Hawkins and Soraya Saeed for the comprehensive piece of work. It includes a summary of the consultation and engagement activities the CCG has undertaken in 2014/15, recommendations to develop the way we listen to our patients for the future and a summary event report for "Your Health, Your NHS". She said there have been a number of real achievements and it shows how people have influenced how we go about our business. Next year the work on veterans can be added.

Tom Morton said that he would be interested to hear more about the veterans work. Jackie Powell explained that Dr Elizabeth Fellows has led on this area over the past 2 years but had not had the opportunity to bring this yet to the Governing Board. Innes Richens commented that it had resulted in better services for veterans and if the Governing Board were interested it could be an item for future discussion.

Action: I Richens

Andy Silvester commented on section 2.4 and asked if something could be done in the north of the City as it would be helpful for people to have access and engagement in both the north and south of the City. Innes Richens said he would be happy to take that back as a proposal for the future.

Action: I Richens

Following comments from Dr Janet Maxwell regarding section 1.9 it was agreed to re-word the final sentence to "However, a decision has subsequently been taken to combine the Healthy Schools team with the Early Years' service".

Action: I Richens

The Governing Board;

- **Supported and approved the recommendations and actions to develop the way NHS Portsmouth CCG listens to patients, contained within Part 2 of the report;**
- **Supported and approved the conclusions and next steps summarised within Part 3;**
Approved the annual report for publication on the CCGs website subject to changes to Section 1.9;
- **Identified any areas which require further action.**

Action: I Richens

13. Governing Board Assurance Framework

Innes Richens presented the Governing Board Assurance Framework which was approved by the Audit Committee at its meeting held on 9 September 2015. He highlighted the new risks as follows:

- GB14 - Solent Community Nursing team staffing - we are working with Solent to bring in capacity.
- GB15 - Delegated Commissioning of Primary Care - specifically around the PMS review and staffing arrangements for ongoing management of primary care contracting/commissioning.

Reduction in scores for:

- GB11 - Serious Case Review Adults - Comms/Media now in place.
- GB08 - IT interoperability - Business case now near completion.
- GB05 - Collaborative working between CCG and NHS England on specialised commissioning - working arrangements now bedding down.

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

14. Standing Orders

Dr Jim Hogan left the meeting and sat in the audience due to a conflict of interest relating to the next item as it related to the two posts which he holds for the CCG.

Andy Silvester presented a paper which detailed proposed changes to the CCG Standing Orders in relation to the roles of Clinical Leader and Accountable Officer. He explained that the Remuneration Committee identified an anomaly in the Standing Orders in that they currently merge the appointment requirements for the separate roles of Clinical Leader and Accountable Officer. The Accountable Officer role is a substantive role and the Clinical Leader role is an elected position. It is proposed that section 2.1.4 of the current Standing Orders be separated into two separate sections and a minor clarification made to our Constitution and these are both detailed in the paper.

Dr Tahwinder Upile commented that this issue was considered at Remuneration Committee and there was ample opportunity for debate and discussion. Andy Silvester took Chairs Action on the decision following comments by Remuneration Committee

members. Dr Tim Wilkinson commented that outside advice had also been sought on this issue.

The Governing Board approved the revised Standing Orders and the variation to its Constitution.

Dr Jim Hogan rejoined the meeting.

15. Minutes for Approval

Dr Tim Wilkinson presented the minutes of the NHS Portsmouth CCG Annual General Meeting held on 15 July 2015 for approval.

The Governing Board approved the minutes.

16. 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 1 July 2015 and 5 August 2015.
- Minutes of the Audit Committee held on 27 May 2015.

The Governing Board accepted the minutes.

17. Patient Story – Safeguarding Adult Review – Mr A

Dr Tim Wilkinson explained that the next item was a key part of the Governing Board meetings. He introduced Suzannah Rosenberg, Director of Quality and Commissioning who presented the Patient Story - Safeguarding Adult Review - Mr A.

Dr Tim Wilkinson said that he was pleased to see the active messages on lessons learnt.

Jackie Powell commented that this was a tragic story and exactly why we need the blueprint and joined up services and to ensure we are seeking out the best from organisations. Jackie asked if we are assured that Solent could manage an emergency situation. Suzannah Rosenberg commented that the events did happen quite a long time ago and some of the key recommendations Solent put in place directly afterwards and so yes we do feel assured. Whilst we have seen difficulties in staffing we know patients are being triaged so that those with greater need are seen as a priority. A lot of actions have been put in place.

Jackie Powell asked how we are managing working across agencies. Innes Richens noted the importance to the city of the blueprint as this is needed to facilitate this across all agencies including our primary care colleagues. It is designed to improve and reduce the number of hand-offs.

Dr Janet Maxwell said there are lessons to be learnt and it comes back to the blueprint and the leadership role of GPs to sort out diagnosis and care plan. We can enable that by having a thriving GP workforce and ensure they are focused on doing the work most appropriate for them to do, with other roles supporting them by taking on some tasks and services. Dr Jim Hogan said this was probably prior to integration that has already taken place.

Dr Tim Wilkinson thanks Suzannah Rosenberg for her presentation.

18. Date of Next Meeting

The next Governing Board meeting to be held in public will take place on Wednesday 11 November 2015 at 1.00pm in the Entertainments Hall, St James' Hospital. This will be followed by a Question and Answer session.

19. Meeting Close

Dr Tim Wilkinson said that he would like to inform the Governing Board that he has spoken with the Clinical Executive earlier that day to let them know that he will not be standing for re-election as a Clinical Executive when his contract expires at the end of March 2016 and hence will also step down as Chair and formally end his association with the CCG at that time. He explained that he will continue to work as a GP in the City after next March for two days a week.

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 apologised that the meeting had overran and we would now go to the Q & A session.

Jayne Collis
9 October 2015