

Governing Board Meeting in Public

A meeting will be held via Microsoft Teams (streamed online) from 1.00pm – 2.00pm on
Wednesday 18 May 2022

AGENDA

	Subject	Lead	Attachment
13:00	1. Apologies for Absence and Welcome No apologies were received.	E Fellows	Verbal
13:10	2. Register and Declarations of Interest To receive and note the register of interests of Committee members and any updates on the interests of members. To review the agenda of this meeting and confirm any potential or perceived conflicts of interest.	E Fellows	Attached
13:15	3. Minutes and Actions of Previous Meeting held on 20 April 2022 a. To approve the minutes of the previous Public Governing Board meeting. b. To note progress against agreed actions.	E Fellows	Attached
13:25	4. Integrated Commissioning and Governance Arrangements with Portsmouth Clinical Commissioning Group To note and approve the recommendations within the paper.	J York	Attached
13:55	5. Date and Time of Next Meeting in Public The next Governing Board meeting to be held in public will take place on Wednesday 22 June 2022 at 2.00pm – 5.00pm and will be streamed online via Microsoft Teams.	E Fellows	
16:40	Meeting Close		

Distribution:

Members

Dr Elizabeth Fellows	- Chair of Governing Board/Clinical Executive (GP)
Maggie Maclsaac	- Accountable Officer
Helen Atkinson	- Director of Public Health, Portsmouth City Council
Karen Atkinson	- Registered Nurse
Dr Linda Collie	- Clinical Lead/Clinical Executive (GP)
Sarah Daly	- Director of Children, Families & Education, Portsmouth City Council
Margaret Geary	- Lay Member
Dr Carsten Lesshaft	- Clinical Executive (GP)

Graham Love	- Lay Member
Jackie Powell	- Lay Member
Andy Silvester	- Lay Member
Dr Simon Simonian	- Clinical Executive (GP)
Michelle Spandley	- Chief Finance Officer
Dr Tahwinder Upile	- Secondary Care Specialist Doctor
David Williams	- Chief Executive, Portsmouth City Council
Jo York	- Managing Director

In Attendance

Jayne Collis	- Business Development Manager
Justina Jeffs	- Head of Governance

Governing Board

Title of Paper	Register and Declarations of Interest		
Agenda Item	2	Date of Meeting	18 May 2022
Director Lead	Dr Elizabeth Fellows, Chair of Governing Board		
Authors	Justina Jeffs, Head of Governance		

Purpose	For Decision		Link to strategic objective	4. Deliver statutory duties and constitutional standards including the promotion and monitoring of quality, safety, safeguarding and performance of commissioned services along with delivering value for money and financial balance
	To Ratify			
	To Discuss			
	To Note/Receive	X		

Executive Summary	
<p>In order to meet its statutory duty, the CCG has revised processes for managing conflicts of interests to reflect national guidance published by NHS England throughout 2016/17.</p> <ul style="list-style-type: none"> The Committee Register of Interest holds information on the Committees, its members and regular attendees. Members are also required to declare any conflicts of interest against agenda items for each meeting. These conflicts are recorded as per the guidance. 	
Recommendations	<p>Committee Members are requested to:</p> <ul style="list-style-type: none"> note the Register of Interests and declare any actual, possible or perceived conflicts against the agenda items of the Committee.
Publication	The Registers are published on the CCG's Website

Please provide details on the impact of following aspects	
Equality and quality impact assessment	Declarations of interests and their management by the committee is designed to enhance equity and transparency in decision-making and prevent any single individual influencing such decision-making.
Patient and stakeholder engagement	N/A
Financial and resource implications/impact	N/A
Legal implications	There is a legal requirement for all individuals who work for, with, or on behalf of the CCG, to record and review their interests regularly. This is to prevent fraud and bribery.
Principal risk(s) relating to this paper	Undue influence in decision-making may damage the reputation of the CCG and legal action could be taken.
Key Committees/Groups where evidence supporting this paper has been considered	The Register of Interests forms a standing agenda item at each decision-making committee within the CCG.

NHS Portsmouth Clinical Commissioning Group Register of Interests - Governing Board/Committee Members

Name		Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk	Committee					
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		Governing Board	Remuneration	Audit	Quality and Safeguarding Committee	Primary Care Commissioning Committee	Executive Committee
Helen	Atkinson	Governing Board Member	Phyllis Tuckwell Hospice			✓	Direct	Trustee	Nov-20	Current	Manage in line with CCG policy	✓				✓	
Helen	Atkinson	Governing Board Member	Portsmouth City Council		✓		Direct	Director of Public Health	Jan-20	Current	Manage in line with CCG policy	✓		✓			
Karen	Atkinson	Registered Nurse Representative on Governing Board	Compass Independent Fostering Agency			✓	Direct	Foster Carer	2018	Current	Manage in line with CCG policy	✓		✓	Chair		✓
Karen	Atkinson	Registered Nurse Representative on Governing Board	Surrey & Borders NHS Trust	✓			Direct	Locum Clinical Safety Manager	Dec-21	Current	Manage in line with CCG policy	✓		✓	Chair		✓
Karen	Atkinson	Registered Nurse Representative on Governing Board	Solent NHS Trust			✓	Indirect	Niece employed	Jan-22	Current	Manage in line with CCG policy	✓		✓	Chair		✓
Karen	Atkinson	Registered Nurse Representative on Governing Board	Southern NHS Foundation Trust			✓	Indirect	Nephew employed	Aug-21	Current	Manage in line with CCG policy	✓		✓	Chair		✓
Karen	Atkinson	Registered Nurse Representative on Governing Board	Girlguiding UK			✓	Direct	Member		Current	Manage in line with CCG policy	✓		✓	Chair		✓
Karen	Atkinson	Registered Nurse Representative on Governing Board	Nursing and Midwifery Council		✓		Direct	Registered Nurse		Current	Manage in line with CCG policy	✓		✓	Chair		✓
Roger	Batterbury	Chair, Healthwatch, Portsmouth	Healthwatch Portsmouth			✓	Direct	Chair	2013	Current	Manage in line with CCG policy					Attendee	
Roger	Batterbury	Chair, Healthwatch, Portsmouth	Rebound Carers Group			✓	Direct	Volunteer Director/Trustee	2014	Current	Would step aside should a grant be discussed.					Attendee	
Roger	Batterbury	Chair, Healthwatch, Portsmouth	Solent NHS Trust	✓			Direct	Bank SIRI Investigator	2016	Current	Should any discussion relate to this role I would declare my role					Attendee	
Roger	Batterbury	Chair, Healthwatch, Portsmouth	East Shore Partnership			✓	Direct	Vice Chair Patient Participation Group	2015	Current	Manage in line with CCG policy.					Attendee	
Roger	Batterbury	Chair, Healthwatch, Portsmouth	Urgent Treatment Centre, Practice Plus Group, St Mary's Community Health Campus			✓	Direct	Chair of Patient Participation Group	2018	Current	Manage in line with CCG policy.					Attendee	
Roger	Batterbury	Chair, Healthwatch, Portsmouth	Nursing and Midwifery Council		✓		Direct	Registered Mental Health Nurse - RMN	1991	Current	Would declare my membership if relevant					Attendee	
Roger	Batterbury	Chair, Healthwatch, Portsmouth	St Mary's Hospital Portsmouth, League of Friends			✓	Direct	Volunteer Director/Trustee	2021	Current	Would declare my membership if relevant					Attendee	
Peter	Budd	Assistant HR Director, PCC	Nil														✓
Nicola	Burnett	Deputy Chief Finance Officer	Healthcare Financial Management Association		✓		Direct	Member	2018	Current	Manage in line with CCG policy.			Attendee		Attendee	✓
Nicola	Burnett	Deputy Chief Finance Officer	Association of Certified Chartered Accountants		✓		Direct	Fellow Member	2018	Current	Manage in line with CCG policy.			Attendee		Attendee	✓
Dr Linda	Collie	Clinical Lead/Clinical Executive	East Shore Partnership	✓			Direct	Partner		Current	Manage in line with CCG policy	✓			✓	✓	✓
Dr Linda	Collie	Clinical Lead/Clinical Executive	Portsmouth Primary Care Alliance Ltd (PPCA)	✓			Direct	Practice is a Member		Current	Manage in line with CCG policy	✓			✓	✓	✓
Dr Linda	Collie	Clinical Lead/Clinical Executive	Portsmouth Primary Care Alliance Ltd (PPCA)	✓			Direct	Sessional GP Work		Current	Manage in line with CCG policy	✓			✓	✓	✓
Dr Linda	Collie	Clinical Lead/Clinical Executive	Children and Adolescent Mental Health Services (CAMHS)			✓	Indirect	Family member is receiving support from service		Current	Manage in line with CCG policy	✓			✓	✓	✓
Dr Linda	Collie	Clinical Lead/Clinical Executive	Portsmouth Hospitals University NHS Trust	✓			Direct	Medical Examiner		Current	Manage in line with CCG policy	✓			✓	✓	✓
Mark	Compton	Director of Transformation	Nil													✓	✓

Name	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk	Committee							
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		Governing Board	Remuneration	Audit	Quality and Safeguarding Committee	Primary Care Commissioning Committee	Executive Committee		
Hayley	Cook	Marketing and Communications Manager (Health and Care Portsmouth)	Home-Start Portsmouth			✓	Direct	Trustee	Aug-21	Current	To declare interest at any meetings related to commissioning of children/young people/family services that Home-Start might be involved with.							
Simon	Cooper	Director of Primary Care and Medicines Optimisation	NHS England		✓		Direct	Seconded as National Adviser on Medicines Optimisation Data Strategy	01/04/2022	01/09/2022	Declaration at all IT, digital or data meetings and where appropriate or requested decline meetings for my deputy to attend.					✓	✓	
Sarah	Daly	Governing Board Member	Portsmouth City Council		✓		Direct	Director Children, Families and Education	01/01/2022	Current	Manage in line with CCG policy	✓						
Jason	Eastman	Associate Director of IM&T	Integrated Care System	✓			Direct	New role as ICS Digital Programme Lead	01/01/2022	Current	Will declare conflict as when arises at the relevant meetings, etc.					✓	✓	
Lucy	Elliott	Marketing Manager, Health and Care Portsmouth	Southampton and District Samaritans			✓	Direct	Member of senior leadership Team	June 202	Current	To declare interest at meetings related to commissioning services provided by local Samaritans branches across Hampshire, Southampton, Portsmouth and Isle of Wight. Where possible to re-assign work where a conflict of interest is present, e.g. promotional activity or research & engagement projects.						✓	
Dr Elizabeth	Fellows	Chair/Clinical Executive	East Shore Partnership	✓			Direct	Salaried GP			Manage in line with CCG policy	Chair	✓					
Dr Elizabeth	Fellows	Chair of Governing Board/Clinical Executive	Circle Health	✓			Direct	Shareholder		Current	Manage in line with CCG policy	Chair	✓					
Dr Elizabeth	Fellows	Chair of Governing Board/Clinical Executive	NHS Portsmouth Clinical Commissioning Group	✓			Direct	Designated Doctor for Looked After Children	01/07/2019	Current	Manage in line with CCG policy	Chair	✓					
Vicki	Fisher	Safeguarding Specialist Nurse	Children and Adolescent Mental Health Services (CAMHS)			✓	Indirect	Child is a service user		Current	Manage in line with CCG policy				✓			
Margaret	Geary	Lay Member	Age UK Portsmouth			✓	Direct	Trustee on the Board	Sep-13	Current	Will declare an interest when/if the business discussed at any of the CCG committees I am participate in involves reference to AgeUK Portsmouth.	✓			✓	Chair		
Margaret	Geary	Lay Member	EC Roberts Centre - A local children and families charity			✓	Direct	Trustee on the Board	Sep-13	Current	Will declare and interest if the CCG business discussed involves reference to EC Roberts Centre.	✓			✓	Chair		
Margaret	Geary	Lay Member	Action Hampshire - a voluntary sector infrastructure organisation in Hampshire			✓	Direct	Trustee on the Board	Oct-13	Current	Will declare an interest in the CCG business discussed if it refers to the involvement of Action Hampshire.	✓			✓	Chair		
Margaret	Geary	Lay Member	Association of Directors of Adult Social Care		✓		Direct	Associate Member	Jul-13	Current	Will declare an interest if I ever undertake work for ADASS that relates to the business of the CCG	✓			✓	Chair		
Meyrick	Grundy	Quality Manager	Nil												✓			
Jo	Hanswenzl	NHS England & NHS Improvement	Nil														Attendee	
Christine	Horan	Primary Care Improvement Manager	Nil														Attendee	
Katie	Hovenden	Clinical Associate	Portsmouth Hospitals University NHS Trust			✓	Indirect	Sister is Senior Orthopaedic Secretary		Current	Manage in line with CCG policy					Left 28/08/22	Left 28/08/22	
Katie	Hovenden	Clinical Associate	NHS Solent	✓			Direct	Bank Contract to work in Covid Vaccination Centre	Aug-21	Current	Manage in line with CCG policy					Left 28/08/22	Left 28/08/22	
Justina	Jefferies	Head of Governance	Nil									Attendee	Attendee	Attendee	Attendee	Attendee	Attendee	✓

Name		Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk	Committee						
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		Governing Board	Remuneration	Audit	Quality and Safeguarding Committee	Primary Care Commissioning Committee	Executive Committee	
Rochelle	Kneller	HR Provider	Nil															
Dr Carsten	Lesshafft	Clinical Executive	Trafalgar Medical Group	✓			Direct	Salaried GP	Jun-19	Current	Manage in line with CCG policy	✓	Attendee					
Dr Carsten	Lesshafft	Clinical Executive	NHS Portsmouth Clinical Commissioning Group			✓	Indirect	In a relationship with a Commissioning Manager	Feb-17	Current	Manage in line with CCG policy	✓						
Dr Carsten	Lesshafft	Clinical Executive	British Medical Association			✓	Direct	Member	1995	Current	Manage in line with CCG policy	✓						
Dr Carsten	Lesshafft	Clinical Executive	Fine-Line Medical Aesthetic Treatments	✓			Direct	Sole Trader	2000	Current	Manage in line with CCG policy	✓						
Dr Carsten	Lesshafft	Clinical Executive	NHS England/Wessex		✓		Direct	GP Appraiser	Jun-19	Current	Manage in line with CCG policy	✓						
Graham	Love	Lay Member	University Hospitals Sussex NHS Foundation Trust		✓		Direct	Head of Employee Relations	Dec-17	Present	Manage in line with CCG policy	✓	Chair	✓				
Graham	Love	Lay Member	Chartered Institute of Personnel and Development		✓		Direct	Member	Jun-05	Present	Manage in line with CCG policy	✓	Chair	✓				
Sylvia	Macey	Primary Care Estates Programme Manager	Company that delivers First Aid and Resuscitation training to GP and dental practices in Hampshire			✓	Indirect	Husband owns the company	11/09/2019	Current	Manage in line with CCG policy. Exclusion from involvement in related commissioning or decision making.							✓
Maggie	Maclsaac	Accountable Officer	Nil - A non financial personal interest was declared in her role as AO for HS&IOW CCG and CEO of the ICS.									✓	✓					
Steve	McInnes	Head of Primary Care	Nil															✓
Dr Nicholas	Moore	Clinical Executive	Derby Road Group Practice	✓			Direct	Salaried GP	Aug-19	Current	Manage in line with CCG policy	Left 24/11/21						
Dr Nicholas	Moore	Clinical Executive	Health Education England, Wessex		✓		Direct	GP Trainer	Jan-12	Current	Manage in line with CCG policy	Left 24/11/21						
Dr Nicholas	Moore	Clinical Executive	Wessex GP Appraisal Service	✓			Direct	GP Appraiser	Jul-19	Current	Manage in line with CCG policy	Left 24/11/21						
Dr Nicholas	Moore	Clinical Executive	Craneswater Group Practice	✓			Direct	GP Partner	Nov-11	30/06/2019	Manage in line with CCG policy	Left 24/11/21						
Julia	O'Mara	Nurse Advisor/Practice Nurse Representative	J2S Limited	✓			Direct	Director in Nurse training company providing training locally	2011	Current	Will always declare this interest if involved in discussions regarding the provision of nurse education and will not participate in decision making regarding the award of any funding.							✓
Stephen	Orobio	Clinical Quality Manager	Portsmouth Hospitals University NHS Trust			✓	Indirect	Spouse is an employee	Mar-21	Current	No action required							Attendee
Anna	Plumbly	Quality Improvement Officer	Nil															✓
Jackie	Powell	Lay Member	Solent NHS Trust	✓			Direct	Associate Hospital Manager	2013	Present	Declare conflict where appropriate in discussions relating to Solent and Mental Health Services	✓	✓	✓				✓
Jackie	Powell	Lay Member	Southern NHS Foundation Trust	✓			Direct	Mental Health Act Manager	2013	Present	Declare conflict where appropriate in discussions relating to Mental Health Services	✓	✓	✓				✓
Jackie	Powell	Lay Member	Off The Record - a Young Persons Support and Counselling Service		✓		Direct	Director	2013	Present	Declare conflict where appropriate in discussions regarding mental health and wellbeing of young peoples' services	✓	✓	✓				✓
Jackie	Powell	Lay Member	Off The Record - a Young Persons Support and Counselling Service		✓		Direct	Counsellor	2013	Present	Declare conflict where appropriate in discussions regarding mental health and wellbeing of young peoples' services	✓	✓	✓				✓
Jackie	Powell	Lay Member	You Trust		✓		Direct	Counsellor	Jan-18	Present	Declare conflict where appropriate in discussions regarding mental health and wellbeing of young peoples' services	✓	✓	✓				✓
Jackie	Powell	Lay Member	Relate - Young Persons Counsellor	✓			Direct	Counsellor	Oct-17	Present	Declare conflict where appropriate in discussions regarding mental health and wellbeing of young peoples' services	✓	✓	✓				✓

Name		Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk	Committee						
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		Governing Board	Remuneration	Audit	Quality and Safeguarding Committee	Primary Care Commissioning Committee	Executive Committee	
David	Scarborough	Practice Manager Representative on Governing Board	NHS Portsmouth Clinical Commissioning Group			✓	Indirect	Wife is Deputy Director of Quality and Safeguarding	01.04.18	Current	Manage in line with CCG policy	Left 12/11/21					Left 12/11/21	
David	Scarborough	Practice Manager Representative on Governing Board	Trafalgar Medical Group	✓			Direct	Business Manager	01.04.18	Current	Manage in line with CCG policy	Left 12/11/21					Left 12/11/21	
David	Scarborough	Practice Manager Representative on Governing Board	Portsmouth South Coast Primary Care Network	✓			Direct	Business Lead	01.07.19	Current	Manage in line with CCG policy	Left 12/11/21					Left 12/11/21	
Tina	Scarborough	Director Quality and Safeguarding	Trafalgar Group Practice			✓	Indirect	Husband is Business Manager for Trafalgar Group Practice	Apr-16	Current	Manage in line with CCG policy.				✓			✓
Tina	Scarborough	Director Quality and Safeguarding	Portsmouth South Coast Primary Care Network			✓	Indirect	Husband is Business Lead for Portsmouth South Coast Primary Care Network	Jul-19	Current	Manage in line with CCG policy.				✓			✓
Tina	Scarborough	Director Quality and Safeguarding	Hampshire County Council			✓	Indirect	Daughter is Team Manager of Hampshire County Council Looked After Children Team	Nov-20	Current	Manage in line with CCG policy.				✓			✓
Sarah	Shore	Head of Safeguarding	Nil															
Andrew	Silvester	Lay Member	Portsmouth Civil Service Sports Council			✓	Direct	Chair and some CCG staff are CSSC members	2016	Current	Manage in line with CCG policy	✓	✓	Chair			✓	
Andrew	Silvester	Lay Member	Portsmouth Hospitals University NHS Trust			✓	Indirect	Spouse is an employee	2016	Current	Manage in line with CCG policy	✓	✓	Chair			✓	
Andrew	Silvester	Lay Member	Portsmouth City Council		✓		Direct	Chair of Portsmouth Event Safety Advisory Group (PESAG)	2016	Current	Manage in line with CCG policy	✓	✓	Chair			✓	
Simon	Simonian	Clinical Executive	Simonian Medical Limited	✓			Direct	Director	2014	Current	Manage in line with CCG policy	✓						
Simon	Simonian	Clinical Executive	Winbell Limited	✓			Direct	Helps father with business		Current	Manage in line with CCG policy	✓						
Simon	Simonian	Clinical Executive	Lola Alvarez Psychotherapist			✓	Direct	Clinical Trustee		Current	Manage in line with CCG policy	✓						
Simon	Simonian	Clinical Executive	Portsmouth Primary Care Alliance Ltd (PPCA)	✓			Direct	Sessional GP Work		Current	Manage in line with CCG policy	✓						
Simon	Simonian	Clinical Executive	Lake Road Health Centre	✓			Direct	Locum (occasional)		Current	Manage in line with CCG policy	✓						
Simon	Simonian	Clinical Executive	SHPCA	✓			Direct	Sessional GP Work		Current	Manage in line with CCG policy	✓						
Michelle	Spandley	Chief Finance Officer	Chartered Institute of Management Accountants (CIMA) and Chartered Global Management Accountants (CGMA) designation.		✓		Direct	Member	22.12.16	Current	Manage in line with CCG policy	✓	Attendee	Attendee			✓	✓
Michelle	Spandley	Chief Finance Officer	Healthcare Financial Management Association		✓		Direct	Member	22.12.16	Current	Manage in line with CCG policy	✓	Attendee	Attendee			✓	✓
Michelle	Spandley	Chief Finance Officer	Portsmouth Hospitals University NHS Trust			✓	Indirect	Daughter (Rebecca Frye) is employed in the Finance Department		Current	Daughter will not have any direct contact in her new role and her position at PHU will not have direct link with the CCG.	✓	Attendee	Attendee			✓	✓
Tahwinder	Upile	Secondary Care Specialist Doctor on Governing Board	University Hospitals Southampton NHS Foundation Trust & Hampshire Hospitals NHS Foundation Trust	✓	✓		Direct	Consultant	Aug-07	Current	Manage in line with CCG policy	✓	✓					
Tahwinder	Upile	Secondary Care Specialist Doctor on Governing Board	Concordia/Omes Healthcare	✓	✓		Direct	Clinical Supervisor	Jan-17	Current	Manage in line with CCG policy	✓	✓					
Tahwinder	Upile	Secondary Care Specialist Doctor on Governing Board	Harley Street LMA Group	✓	✓		Direct	Consultant	Aug-12	Current	Manage in line with CCG policy	✓	✓					
Tahwinder	Upile	Secondary Care Specialist Doctor on Governing Board	Kent Surrey Sussex Deanery	✓	✓		Direct	Secondary and Primary Care Physician		Current	Manage in line with CCG policy	✓	✓					

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				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		Governing Board	Remuneration	Audit	Quality and Safeguarding Committee	Primary Care Commissioning Committee	Executive Committee	
David	Williams	Governing Board Member	Portsmouth City Council		✓		Direct	Chief Executive	2007	Current	None	✓						
David	Williams	Governing Board Member	Gosport Borough Council		✓		Direct	Chief Executive	2016	Current	None	✓						
David	Williams	Governing Board Member	Solent NHS Trust		✓		Direct	Appointed Governor	2010	Current	None	✓						
David	Williams	Governing Board Member	UTC Portsmouth		✓		Direct	Member	2014	Current	None	✓						
David	Williams	Governing Board Member	Portsmouth Harbour Marine CIC		✓		Direct	Director	2020	Current	None	✓						
Jo	York	Managing Director Health & Care Portsmouth	Nil									✓	Attendee			✓		✓
STAFF LIST																		
Marcel	Britton	Executive Assistant	Nil															Minutes
Jayne	Collis	Business Development Manager	Solent NHS Trust			✓	Indirect	Sister in Law works at Solent NHS Trust	Jun-20	Current	Manage in line with CCG policy	Minutes						
Victoria	Sexton	Business Development Manager	Nil															Minutes
Lisa	Stray	Executive Assistant	Nil										Minutes					Minutes

Governing Board

Title of Paper	Minutes of Previous Meeting		
Agenda Item	3a	Date of Meeting	18 May 2022
Director Lead	Dr Elizabeth Fellows, Chair of Governing Board		
Authors	Jayne Collis, Business Development Manager		

Purpose	For Decision	X	Link to strategic objective	4. Deliver statutory duties and constitutional standards including the promotion and monitoring of quality, safety, safeguarding and performance of commissioned services along with delivering value for money and financial balance
	To Ratify			
	To Discuss			
	To Note/Receive			

Executive Summary	
To approve the minutes of the Governing Board Meeting held on Wednesday 20 April 2022.	
Recommendations	Committee Members are requested to: <ul style="list-style-type: none"> Approve the minutes
Publication	Available on CCG website

Please provide details on the impact of following aspects	
Equality and quality impact assessment	N/A
Patient and stakeholder engagement	N/A
Financial and resource implications/impact	N/A
Legal implications	There is a legal requirement for the minutes to be approved by Governing Board members.
Principal risk(s) relating to this paper	N/A
Key Committees/Groups where evidence supporting this paper has been considered	The Minutes of the Previous Meeting are a standing agenda item at each Governing Board meeting.

Minutes of the NHS Portsmouth Clinical Commissioning Group Governing Board Meeting held on Wednesday 20 April 2022 at 2.00pm via Microsoft Teams (streamed online)

**Summary of Actions
Governing Board Meeting held on Wednesday 20 April 2022**

Agenda Item	Action	Who	By
2	Register and Declarations of Interest - Amendments to be made to the entries for Dr Simon Simonian and Dr Elizabeth Fellows.	J Collis	May 22
3b	Minutes of Previous Meeting held on 16 February 2022 – Actions relating to Agenda Item 5 to be looked into and reported back.	J York	May 22
6c	Portsmouth and South East Hampshire Local Delivery System – Primary Care development plan to be shared with the Governing Board.	J York	May 22
7b	Performance Report – Discussion with commissioning leads around IAPT and mental health service provision	B Allen	May 22
7c	Portsmouth and South East Hampshire Improvement Programme Report – comments on RAG ratings relating to processes and outcomes to be taken back to the team.	B Allen	May 22
8	Quality and Safeguarding Report – Workforce plans to be shared with Governing Board members.	K Atkinson	May 22
9	Governance Board Assurance Framework and Corporate Risk Register – Ambulance Handover score to be reviewed.	J Jeffs	May 22
10	Ockenden Report – Percentage of those accessing perinatal mental health services to be looked into.	S Daly	May 22

Present:

Dr Elizabeth Fellows	- Chair of Governing Board/Clinical Executive (GP)
Maggie Maclsaac	- Accountable Officer (until 3.15pm)
Karen Atkinson	- Registered Nurse
Dr Linda Collie	- Clinical Lead/Clinical Executive (GP)
Sarah Daly	- Director of Children, Families and Education, Portsmouth City Council
Margaret Geary	- Lay Member
Dr Carsten Lesshaft	- Clinical Executive (GP)
Graham Love	- Lay Member
Jackie Powell	- Lay Member
Dr Simon Simonian	- Clinical Executive (GP)
Michelle Spandley	- Chief Finance Officer
David Williams	- Chief Executive, Portsmouth City Council
Jo York	- Managing Director

In Attendance:

Bernie Allen	- Deputy Director of Performance and Planning
Nikki Burnett	- Deputy Chief Finance Officer
Jayne Collis	- Business Development Manager
Justina Jeffs	- Head of Governance
Matthew Gummerson	- Strategic Lead for Intelligence, Portsmouth City Council (for H Atkinson)

Apologies:

Helen Atkinson - Director of Public Health, Portsmouth City Council
Andy Silvester - Lay Member
Dr Tahwinder Upile - Secondary Care Specialist Doctor

1. Apologies and Welcome

Apologies were received from Helen Atkinson, Andy Silvester and Dr Tahwinder Upile. Dr Elizabeth Fellows welcomed everyone to the meeting via Microsoft Teams noting that the Governing Board were meeting virtually in response to the limitations placed on governance by the Covid-19 pandemic. Members of the public had been invited to view the meeting via a link available from the CCG website. The meeting was also being recorded so that in the event of a failure of technology it would continue and then be uploaded to the CCG website.

2. Register and Declarations of Interest

The Register and Declaration of Interest was presented. Amendments relating to the entries for Dr Elizabeth Fellows and Dr Simon Simonian were highlighted and it was agreed these would be made to the register.

Action: J Collis

The Governing Board noted the Register and Declarations of Interest.

3. Minutes and Actions of Previous Meeting held on Wednesday 16 February 2022

- 3a.** The minutes of the Governing Board meeting held on Wednesday 16 February 2022 were presented for approval.

The Governing Board approved the minutes of the meeting held on Wednesday 16 February 2022.

- 3b.** The Summary of Actions from the Governing Board meeting held on Wednesday 16 February 2022 were presented for information. Jo York agreed to look into the action which was related to Agenda Item 5 from the Governing Board meeting held on 16 February 2022, and report back.

Action: J York

Jackie Powell commented on the home that had been re-inspected by CQC in February and remained inadequate and if there was anything else that could be done to ensure those in the care home were being treated safely and appropriately. Karen Atkinson explained that the quality and safeguarding team were working closely with the home and the CQC to make improvements.

The Governing Board noted the Summary of Actions from the Governing Board meeting held on Wednesday 16 February 2022.

4. Health & Care Portsmouth Covid-19

Matt Gummerson, on behalf of Helen Atkinson, presented the Covid-19 Intelligence Summary which provided an update on the rates of infection. He explained that as restrictions had been lifted and we had moved to the government's plan for living with Covid-19, the information was provided by the Office for National Statistics which was based on a random sample of people who were tested weekly.

- In the week ending 9 April 2022 6.92% of the population (or 1 in 14) in England tested positive for Covid-19. Estimates for the South East were lower at 6.4% (1 in 16).
- The percentage of the population aged 12 years and over in the UK who had received their first dose was 92.2%, with 86.5% received their second dose and 67.9% received their third or booster dose
- Case numbers may have been affected by the reduced availability of free universal tests for the general public in recent days and weeks.
- There had been 1,030 new infections in Portsmouth recorded in the past week as at 13 April 2022.
- There had been a reduction in rates of infection for all age bands in Portsmouth.
- Admissions to Portsmouth Hospitals University Trust for Covid-19 were at a high level with 233 patients in hospital with covid but this had started to decline.
- The percentage of the population aged 12 years and over in Portsmouth who had received their first dose was 80%, with 75% received their second dose and 57.7% received their third or booster dose.
- There had been 7 deaths in the last 7 days.

Karen Atkinson asked about the 233 patients in hospital with covid and if they had been admitted with Covid. Matt Gummerson explained that not all patients had been admitted with Covid, some had tested positive in hospital and some had caught Covid in hospital.

Jackie Powell commented that the performance RAG rating for vaccination uptake was 83% with a target of 90% and asked if this was a concern and if there was anything else that could be done. Matt Gummerson explained that this position was expected and stressed that there was no cause for concern however anything that could be done would be beneficial. Bernie Allen explained that the target was a national NHSEI target and our compliance rates were in line with other areas that had the same demographic. Jo York noted that work was ongoing to try to increase the uptake with pop-up clinics etc.

Dr Elizabeth Fellows thanked Matt Gummerson for his presentation.

5. CCG Executive Report

Jo York presented a paper which provided a summary of the key decisions, actions and matters of information from the CCG's Executive. She highlighted the following:

- Quality and Safeguarding Committee Update

Portsmouth Primary Care Quality Report – discussion regarding the risk that access may have been compromised due to GP practices being asked to focus on the Covid vaccination programme.

South Coast Ambulance Service (SCAS) CQC Report – Unannounced focussed safeguarding inspection in November 0221 by CQC and improvement plan submitted by SCAS.

- Remuneration Committee Update

Due to the delay on the establishment of the ICB to 1 July 2022 the Committee met and agreed the requirements of the Governing Board within the specified timeframe and beyond.

- Covid -19 Enquiry Update

A Covid-19 Inquiry working group had been established across Hampshire and the Isle of Wight to ensure that both CCGs are prepared should they be called to provide evidence.

- Communications and Engagement

Details were provided on the current projects being undertaken by the integrated Health and Care Portsmouth Communications and Engagement team.

The Governing Board noted the CCG Executive Report.

6. System Update

6a. Hampshire and Isle of Wight Integrated Care System

Maggie Maclsaac provided a verbal update noting that it was likely that the establishment of the ICB would go ahead in July 2022. A briefing note to all Boards in Hampshire and the Isle of Wight would be sent out shortly.

The team were working closely with staff to ensure a smooth transfer given that people are working in a hybrid fashion. The staff platform Stay Connected was being used to inform staff and provided updates including place-based updates and we would continue to use this as well as other local mechanisms.

The consultation on the formal process of TUPE of staff to the Integrated Care Board on 1 July 2022 was underway. Drop-ins were being held for staff along with other opportunities to raise any concerns. This process would affect all staff however there were employment protection arrangements in place for all staff.

The Integrated Care Board constitution was due shortly and therefore conversations with partner groups etc and all involved were ongoing. Further changes were anticipated as a result of the legislation process. Once the document was finalised it would be circulated. The Constitution had been designed to allow maximum flexibility.

Appointments to the Integrated Care Board were progressing. It was expected that Non-Executive Director appointments would be made by the end of April 2022. Partner Member appointments were being worked through and the process of appointments for local authority membership would not start until after 6 May 2022 due to local elections.

More work needed to be done on place, what it meant and how it would be governed. Focus groups had been established to work through the detail against the national deadline of the end of the 2022/23. Provider collaborative work was also progressing.

The publication of the Fuller report – a review of the contribution of primary care, would be valuable in moving forwards. The publication is expected in May.

Integrated Care Partnership was statutory Committee that would be formally convened between the upper tier Local Authorities and the Integrated Care Board. A plan was in place for Lena Samuels (ICS Chair) and the team to work with the four Local Authorities to work out how the Committee would work.

Dr Linda Collie commented that conversations were taking place regarding representation across the ICS. This included the membership of clinical cabinets and their relationship to the ICB Board.

Jo York noted that safe transfer work was ongoing and the TUPE process was underway with letters to all staff being distribution yesterday. An all-staff briefing had been scheduled

for 27 April 22 which would be a joint briefing with the other CCGs. There was a range of opportunities for staff engagement and involvement including through the CCG's Staff Engagement Group and FAQ's available on the staff intranet.

Jackie Powell asked who the Local Authority representative would be for the Integrated Care Board and how it would fit in with the Provider Board. Maggie Maclsaac explained that the formal requirement was one Local Authority member for the Integrated Care Board however Lena Samuels was looking at options on how we could get to a position where we had good representation. The whole Board would be looked at from a skill and experience perspective to ensure balance with richness and diversity.

David Williams commented that discussions were ongoing, and he had been meeting with other Local Authority representatives to ensure representation was as strong as possible on the Board and it was hoped we would be able to come to an agreement.

Jackie Powell asked about the establishment and operation of the Integrated Care Partnership. Maggie Maclsaac explained that this was in development.

Dr Elizabeth Fellows thanked Maggie Maclsaac for the update.

6b. Health and Care Portsmouth

David Williams provided a verbal update noting the development of the Section 75 agreement which allowed the sharing and pooling of funds.

The work was going well and currently there were three Section 75 agreements: Continuing Healthcare, Better Care Fund and Health and Care Portsmouth commissioning strand. He said that it was being broadened to have six contributory strands within the new Section 75 agreement. The previous Section 75 agreement covered approximately £100m in spend for both Portsmouth CCG and Portsmouth City Council. It had been agreed with the Cabinet that the council investment would increase to £160m-£170m. This demonstrated the commitment to the wider determinates of health and highlighted the significance of the children and young peoples agenda, public health and the adult and the elderly agenda.

The focus was to ensure that Portsmouth, under the umbrella of Health and Care Portsmouth, was in the best possible position to fulfil the aspiration that we have as much delegation to place as possible.

A meeting of the Joint Commissioning Board had recently taken place. A further review of the JCB membership and terms of reference was required to ensure that it could continue into the ICB and support delegation to place.

There had been progress on joint work with other public service partners including the NHS, Police and Fire and Rescue regarding the estate at Cosham.

We have also ensured that where Section 113 arrangements were in place with individual members of staff, everything was in place to enable full delegation to place.

Margaret Geary asked how Health and Wellbeing Boards would fit in as she assumed they would still be a statutory body in each place. David Williams said that the Health and Wellbeing Board would be fundamental and would still have a responsibility for commissioning and signing off the Joint Strategic Needs Assessment (JSNA) which was the building block of much of our work.

The Council delegated authority to David Williams to sign the Section 75 agreement to avoid any delay. Margaret Geary asked if this had been reflected in other places across Hampshire

and the Isle of Wight. Maggie Maclsaac said that everywhere were in different places and Portsmouth had pooled more funding historically than other areas.

Margaret Geary asked what would happen if the statutory Health and Wellbeing Board in Hampshire, Southampton and Isle of Wight and Portsmouth took a different line than that of the Integrated Care Partnership. Maggie Maclsaac explained that conversations would be taking place with Health and Wellbeing Board Chairs to consider ways of working. It was anticipated that this work would continue through the year.

David Williams said that the Directors of Public Health had been working together to look at the similarities and differences between the various strategies for the four different areas with a view to that being an input to one of the roles that the Care Partnership would have.

Dr Elizabeth Fellows referred to David Williams comment that he had been given delegated authority to sign the Section 75 agreement on behalf of Portsmouth City Council and asked what the process was for the CCG. Jo York explained that they were still finalising the Section 75 agreement. Further work will be brought back to the Governing Board.

Dr Elizabeth Fellows thanked David Williams for the update.

6c. Portsmouth and South East Hampshire Local Delivery System

Jo York provided a verbal update on the Portsmouth and South East Hampshire Local Delivery System. She noted that there had been some significant challenges in the local delivery system through Portsmouth Hospitals University Trust including ambulance handover delays in last month due to high numbers of covid, admissions and the impact on staffing. The local system agreed a business continuity and incident plan in March which would take us through Easter and to the first May Bank Holiday weekend.

It was reported in the media that in early April both South Central Ambulance Service and Portsmouth Hospitals Trust had to declare a major incident over a 24-hour period, however the position had improved since then.

There had been an effective redirection service at the front door to ensure the Emergency Department only dealt with emergencies. The booking system had been improved and utilised the Clinical Assessment Services provided by the GP Alliances. We had also increased numbers of staff working on wards to support the discharge process

Easter was a better position than expected through these actions however occupancy had increased. The CCG was identifying ways in which these improvements could be maintained and sustained, particularly the Emergency Department redirection service.

Simon Simonian commented that the GP Out of Hours service had also been in a better position than on previous bank holidays.

Jo York commented that one of the things that had made a difference was strong and proactive communications to the public about how they could access the right services in the right place and focussing on self-care.

Jackie Powell raised concerns on how the work could be sustained and on the percentage of vacancies at the Urgent Treatment Centre, noting that increasing salaries was mentioned in Quality and Safeguarding Report. Jo York explained that it was a complex process and the pay more was something that the Practice Plus Group, who provide Urgent Treatment Centre at St Mary's, had been looking at as they had staffing issues and had been relying on a cohort of agency staff for some time. We were continuing to work with them on how they manage their staffing. We had to reduce opening times of the Urgent Treatment Centre to 8pm want to get it back up to 10pm. A joint operational team had been set up across the

three Urgent Treatment Centres and the aim was to do more rotational work and look at how to support recruitment across the board.

Maggie Maclsaac left the meeting.

Dr Linda Collie commented that we needed to be mindful of rates of pay and the potential of creating an unknown problem. Jo York explained that there was no intention around that and that there was a particular issue with St Mary's Treatment Centre and how as an independent organisation they can improve their recruitment potential. The work with the PPCA was whether they could offer salaried posts working with PCNs to offer additional sessions into practices to make Portsmouth an attractive place for GPs. Those conversations were ongoing, and we were mindful that there was no unintended consequences.

Dr Elizabeth Fellows asked if some of the plans could be shared more broadly with the Governing Board. Jo York agreed to share the Primary Care development plan with the Board.

Action: J York

Dr Elizabeth Fellows thanked Jo York for the update and asked that thanks be passed on to everyone who had been working on the plans and on front line delivery.

7. Finance & Performance Reports

7a. Finance Report

Nikki Burnett presented the Month 11 Finance Report noting that they were in the process of closing the month 12 accounts.

Key Performance Indicators – As at month 11 there were some issues around cash utilisation and debtors and creditors position at percentages about our target. As at year end we closed with a cash position in line with the national expectation and the issues that we had encountered with the Local Authority regarding invoicing had been resolved and all debtors had been cleared.

A major creditor was NHS Property Services and was around disputes with voids and St James Hospital and we were in final negotiations with them to settle the position.

The ledger was closed at 5pm last night and we have closed our position in line with our projected break-even position. The first draft of annual accounts and report would be shared with Board members shortly.

Jackie Powell asked about the -£3.8m in reserves and contingency. Nikki Burnett explained that it related to the way in which the CCG received system money which was via Hampshire, Southampton and the Isle of Wight CCG via invoicing. It made it look like an income rather than an allocation and made it look like our reserves were in a negative budget.

The Governing Board accepted the report.

7b. Performance Report

Bernie Allen presented the Performance Report dated 20 April 2022 which provided a high-level overview of the CCG performance against the key System Oversight framework, constitutional targets and other key standards.

She noted that in the tables and headline measures the CCG had reported an absolute red or green with regards to delivery of the metric compared to the national target which was

consistent with the methodology that was applied across the ICS. However, in the summary Alert Advise Assure section (January position) we had applied some amber scoring recognising where things were improving.

Updated indicators were published last Thursday. The ambulance handover position remained tight, as part of the urgent and emergency care flow. However, the number of 52 weeks waiters had come down from 365 to 325. The number of 78 week waits had come down from 42 to 36 and the 104 week waits had gone down from 7 to 4, all of which was heading in a better direction. Similarly, the 6 week diagnostic waits had improved from 68% to 74% so an improved position in terms of the key metrics. The areas of focus continued to be improving the diagnosis rate for people with dementia and IAPT access rates. The waiting times for IAPT services remained low, it was about introducing people to the services available.

Dr Elizabeth Fellows asked how many other areas had a service like positive minds that we use as our first service rather than IAPT and if we had any comparators. Bernie Allen said it was something that could be looked into with commissioning leads. Dr Elizabeth Fellows commented that a lot of work that positive minds did was to prepare people to go into therapy and it could be contributing to our improved recovery as those that access talking change had a better understanding of services they would receive.

Dr Linda Collie commented that we also had social prescribers and perhaps employers were putting in more support because of Covid. Dr Elizabeth Fellows asked if there was a way of finding out. Bernie Allen agreed to look into it further.

Action: B Allen

Jo York said there was a similar service in Hampshire and we could look at where it was different and share learning. Dr Elizabeth Fellows commented that there was lots going on such as piloting mental health practitioners and it would be useful to know what was making a difference

Margaret Geary requested that the Glossary be made easier to read.

The Governing Board accepted the contents of the Performance Report.

7c. Portsmouth and South East Hampshire Improvement Programme Report

Bernie Allen presented the Portsmouth and South East Hampshire Improvement Programme report which provided an overview of the work being undertaken in support of Portsmouth Hospitals University Trust, the Ambulance Trust (SCAS) and the wider system.

Since November we had focussed our efforts into the urgent and emergency care programme and would be continuing with the business continuity approach until early May 2022. Formal reporting detailed the steps being taken to ensure sustained changes and improvements to our urgent and emergency care.

Dr Linda Collie asked about the RAG rating for the Ambulance Rapid Release pilot as the target was not achieved but it was rated as green which seemed confusing. Bernie Allen explained that it was a balance of completing the agreed steps and their impact. Dr Elizabeth Fellows commented that the green rating related to the process being completed. Dr Linda Collie asked whether we should have an outcome measure ie. have we done what we said we were going to do and if it had the desired impact.

Graham Love asked about the Lightfoot risk management tool being used for admission avoidance and if it had added any value to the work being looked at. Jo York explained that there had been some limited data on some practices and where we were able to get the data it had helped but it had not been universal.

Jackie Powell commented that if the green RAG ratings related to getting processes done correctly that was not helpful and it would be better to see outcomes or both. Jo York said she agreed and the report was designed to show both. Slide 3 showed the impact and usually there was an arrow included which showed whether there had been an improvement or not. Because of the challenges of covid and the impact on the Trust alongside the staffing challenges the actions taken have not had the intended impact we had hoped. The comments will be taken back to the team. Dr Elizabeth Fellows said that it would also be useful to have the next steps included when the actions taken have not had the intended impact.

Action: B Allen

The Governing Board accepted the report.

8. Quality and Safeguarding Report

Karen Atkinson presented the Quality and Safeguarding Report for March 2022. She noted that there were no signification changes to the system risks. There were however unprecedented levels of demand and intense staffing challenges in the health and care system and whilst actions were being taken, the quality risks remained the same. The following were highlighted:

- Solent/British Pregnancy Advisory Service (BPAS) – The Quality team had been working to change the position however the Government response was that pills by post would still be available.
- The unaccompanied minors GP hub had commenced which was linked to the Portsdown Practice. Portsmouth currently has 41 unaccompanied minors.
- Digital notes – concerns raised via safeguarding around digital notes and patients accessing digital records from April, particularly childrens files if parents have parental responsibility. Potential risk of domestic abuse survivors being located and children in placements being located. The issue has been raised nationally and the CCG is in discussions with local hospitals regarding redacting addresses from letters sent to GPs.
- The Department of Health and Social Care had commenced a public consultation on the mental capacity act code of practice with Liberty Protection Safeguards (LPS) would replace the Deprivation of Liberty Safeguards (DoLS) and the CCG would become the Liberty Protection Safeguarding responsible body. The consultation runs until 7 July 2022.
- A deep dive had been undertaken on the Practice Plus Group (PPG) around the quality impact of the workforce issues. They had successfully increased their staffing salaries in line with NHS rates which may have an impact. A Safer Staffing Procedure has also been introduced.
- A deep dive had been undertaken on South Coast Ambulance Service (SCAS) around the CQC concerns on the safeguarding and quality of service. An extensive improvement plan had been drawn up to address the issues identified. The risk has been reduced to green.
- A deep dive was undertaken on the Asylum Hotel because there were concerns regarding the health needs for the residents not being met. The quality and safeguarding team had set up and supported weekly operational meetings between frontline staff at the hotel and local services and there was a lot of work going on to ensure their health needs are being met.

Graham Love asked about providers and primary care workforce plans and asked for this to be considered at a future Governing Board development session.

Action: K Atkinson

Graham Love asked about the thematic review that was taking place on the serious incidents involving urgent and emergency care that had taken place in October and if there was a timescale of when that would report back. Karen Atkinson agreed find out the timescales and report back.

Jackie Powell asked about issues around children being taken to the PHU Paediatric Unit as a place a safety when they were experiencing a crisis in their behaviour and what the solution was. Karen Atkinson explained that they had requested a deep dive. Sarah Daly explained that some work had been done looking at children that had been placed on wards and the challenge identified was the move on and the lack of Tier 4 beds which was a national challenge.

The Governing Board noted the report.

9. Governance Board Assurance Framework and Corporate Risk Register

Justina Jeffs presented the Governing Board Assurance Framework (GBAF) and Corporate Risk Register which highlighted the current risks associated with the strategic objectives of the CCG. She reminded Governing Board members that the strategic objectives changed at the end of last year and as a result of that the Governing Board Assurance Framework was updated. There is a sub group of the Audit Committee that meet that looked at the GBAF at the end of March and requested two risks to be added 008 and 009.

Graham Love highlighted that the Ambulance Handover scored needed to be aligned as it scored 16 on the risk register and 20 on the Quality and Safeguarding Report.

Action: J Jeffs

The Governing Board noted the Governing Board Assurance Framework and Corporate Risk Register.

10. Ockenden Report

Sarah Daly gave a presentation on the Ockenden Maternity Review which was an independent review into maternity services at the Shrewsbury and Telford Hospital NHS Trust and thanked Anthony Harper for preparing the presentation. It was agreed the presentation would be made available on the CCG website.

The first report was published back in December 2020 and was the result of an independent review into maternity services at the Shrewsbury and Telford Hospital NHS Trust following some significant concerns over a number of years and detailed 7 essential and emergency actions.

The final report was published in March 2022 and outlined some large widescale failings that relate back to governance and quality of care. The main message was that the Trust did not invest, learn or listen to families. The 4 key pillars for immediate emergency actions were: safe staffing, a well trained workforce, learning from incidents and listening to families. The report had 15 themes for maternity services to review in every area.

The CCG Board was written to having a duty to prevent similar occurrences and to review and agree actions to mitigate any risks that we identified. A self-reported compliance for the Trust across the local maternity and neonatal services was undertaken in January 2022.

There were some concerns regarding the monitoring of foetal wellbeing and risk assessment throughout pregnancy and informed consent however these were continuing to improve. The managing of complex pregnancies had been a priority and a funding and spec was in place for a new service offer across the ICS. Additional senior team members had been recruited to oversee the process and protocol relating to foetal wellbeing. BadgerNet had been implemented across maternity services which would continue to improve risk assessment throughout pregnancy.

The next steps locally were staffing and staffing pressures within the system. The review undertaken in January would be repeated and we would continue to look at the improvements made.

Jackie Powell said that it felt reassuring and asked about staffing levels as the gap of 17 WTE was a big gap and if there were any plans to recruit.

Sarah Daly said that it was a big gap which was also a national gap. The whole offer of education and bringing new people through the system and needed to be looked at in Portsmouth and how we targeted particular areas where we had challenges in recruiting into our workforce.

Jackie Powell commented on the percentage of those accessing perinatal mental health services was off target and asked if there were any plans to get it back where it needed to be. Sarah Daly agreed to look into it and report back.

Action: Sarah Daly

Dr Elizabeth Fellows commented that there were young women in the city accessing support elsewhere rather than perinatal mental health within the city, as there was a long wait on support which meant they may have been accessing services such as positive minds rather than the specialist services. Jackie Powell asked if this could be reviewed.

Dr Elizabeth Fellows thanked Sarah Daly and Anthony Harper for the presentation.

11. Minutes from Other Meetings

The minutes of the following meetings were presented for noting.

- Minutes of the Primary Care Commissioning Committee meeting held on 24 November 2021.
- Minutes of the Health and Wellbeing Board meeting held on 24 November 2021.

The Governing Board accepted the minutes.

12. Date and Time of Next Meeting in Public

The next Governing Board meeting to be held in public will take place on Wednesday 18 May 2022 at 2.00pm and will be streamed online. The meeting may be amended slightly, and details will be posted on the CCG website and members will be kept informed. The final meeting of the CCG Governing Board would take place in June 2022.

Jayne Collis
4 May 2022

Governing Board - Attendance Log

Member Name	Apr 22	May 22	Jun 22
Helen Atkinson	A		
Karen Atkinson	✓		
Dr Linda Collie	✓		
Sarah Daly	✓		
Dr Elizabeth Fellows	✓		
Margaret Geary	✓		
Dr Carsten Lesshafft	✓		
Graham Love	✓		
Maggie MacIsaac	✓		
Jackie Powell	✓		
Andy Silvester	A		
Dr Simon Simonian	✓		
Michelle Spandley	✓		
Dr Tahwinder Upile	A		
David Williams	✓		
Jo York	✓		

Key: ✓ - Present
A - Absent

Governing Board

Title of Paper	Integrated Commissioning and Governance Arrangements with Portsmouth Clinical Commissioning Group		
Agenda Item	4	Date of Meeting	18 May 2022
Director Lead	Jo York, Managing Director		
Authors	Jo York, Managing Director		

Purpose	For Decision	x	Link to strategic objective	2. In collaboration with our partners, deliver improvements in health outcomes and reduce health inequalities.
	To Ratify			
	To Discuss			
	To Note/Receive			

Executive Summary

From 1 July 2022 the HIOW Integrated Care Board (ICB) will become accountable for the statutory functions previously exercised by Portsmouth CCG, and some functions also previously provided by NHS England. There will be a focus on place-based working as part of new arrangements. It is expected that the new way of working will strengthen integration between health and care services, and colleagues from the Portsmouth local system continue to actively contribute to the development of thinking around the necessary structures and relationships in the ICS that will enable this work to happen successfully.

The CCG and Portsmouth City Council have worked to develop an overarching Section 75 framework which will take this integration into the future – supported by Bevan Brittan LLB.

Previous discussions at Governing Board meetings have supported this direction of travel.

Recommendations	The Governing Board is asked to note and approve the individual recommendations within the attached paper.
Publication	Include on public website - yes

Please provide details on the impact of following aspects

Equality and quality impact assessment	-
Patient and stakeholder engagement	-
Financial and resource implications/impact	N/A
Legal implications	These are contained with the Section 75 document (previously circulated)
Principal risk(s) relating to this paper	If we are unable to continue to work in partnership as Health and Care Portsmouth then it will be detrimental to the local population.
Key Committees/Groups where evidence supporting this paper has been considered	Previously discussed at Governing Board.

Title of meeting: Portsmouth CCG Governing Board

Date of meeting: 18th May 2022

Subject: Integrated commissioning and governance arrangements with Portsmouth Clinical Commissioning Group

Report by: Jo York, Managing Director, PCCG

Wards affected: All

Key decision: No

Full Council decision: No

1. Purpose of report

- 1.1 To update the Portsmouth CCG Governing Board on plans to develop local arrangements in Portsmouth to complement the system wider arrangements of the ICS, including through review of s75 agreements and other local governance arrangements.

2. Recommendations

2.1 The Governing Board is asked to:

- Note the work being undertaken to shape the structures of the ICS and the work that is taking place within this to ensure that arrangements in Portsmouth complement and facilitate this wider work
- Approve the overarching Section 75 agreement
- Approve the schedules for Better Care Fund, Continuing Health Care and Health and Care Portsmouth commissioning, which were previous S75 agreements in their own right
- Endorse the ambition to increase funding arrangements, alongside Portsmouth City Council commitment to include an additional £48million within the S75 arrangements. As a first step the priority is to include Extra Contract Referrals, children's community services and HCP communications funding with an aim for these to be agreed by 1st July 2022.
- Note and support that in coming months, further work will be undertaken in collaboration, as part of the ICB development arrangements to further develop and extend the aligned funding arrangements within the S75 agreement.
- Delegate responsibility to the Place Director to agree final amendments and to authorise the execution of the agreement in final form.

- Note the ongoing work to develop place-based delegation governance arrangements within the ICS and the intention to develop the Joint Commissioning Board as the Portsmouth Health and Care Partnership.

3. Background

3.1 There is a strong history of partnership working in Portsmouth, and there are a number of key documents that set out the shared understanding and priorities among local partners. These include:

- The City Vision developed through the Imagine Portsmouth exercise led by the community and which all partners have contributed to
- The recently refreshed HWB strategy, developed through the mature Health and Wellbeing Board arrangements
- Health and Care Portsmouth Blueprint with clear service improvement priorities and plan.

3.2 The development of the ICS presents an opportunity to strengthen the partnership arrangements to improve health outcomes and reduce health inequalities both locally and working more at scale across HIOW ICS

3.3 From 1 July 2022 the HIOW Integrated Care Board (ICB) will become accountable for the statutory functions previously exercised by Portsmouth CCG, and some functions also previously provided by NHS England. Services in the future will be commissioned at the level where it makes most sense to do so to ensure the best outcomes, and that there will be a focus on place-based working as part of these arrangements. It is expected that the new way of working will strengthen integration between health and care services, and colleagues from the Portsmouth local system continue to actively contribute to the development of thinking around the necessary structures and relationships in the ICS that will enable this work to happen successfully.

4. Functions and governance for place-based partnership arrangements from July 2022

4.1 HIOW ICS wide place-based focus group has been established to support transition to the ICB, maintain existing 'Place based' partnership arrangements in place across Hampshire, Southampton, Isle of Wight and Portsmouth (our 4 places within the ICS) and consider future governance requirements. A set of principles have been agreed to support the work.

4.2 A draft ICS operating model structure has now been released for engagement looking at key roles that will be enable "places" to function as part of the wider ICS. The draft structure envisages that at place level, there will be a "place director", as well as a clinical director and lead nurse/AHP role. In addition to the Place Director roles, the structure also sets out a number of portfolio director roles to support priority work programmes to deliver at scale. Work is ongoing as part of the engagement

to define functions and responsibilities across place and programme and the matrix model that will support the work of this extended ICB leadership team, as well as to look at the other supporting functions and structures that will be required to support the delivery of the new operating model.

- 4.3 There is a working assumption that at July 2022 the Place Director will be responsible for continuing to discharge those commissioning functions carried out by PCCG and existing S75 arrangements continue to be governed via the Joint Commissioning Board.
- 4.4 As previously discussed at the Governing Board, it is proposed that to enable the smoothest possible delivery of work programmes locally, to provide the greatest resilience and adaptability to change, and to enable continued and strengthened integration in Portsmouth, existing s75 agreements will be brought together into one overarching s75, with schedules that set out the separate elements that are covered. Our aspiration is that over time, there are six schedules, mirroring key work programmes, as well as further development of an "enabling" schedule that builds on the S75 arrangements for the joint commissioning team to better enable joint working at place across a range of teams including corporate and support functions where it makes sense to do so.

5. Achieving revised s75 agreement for Portsmouth

- 5.1 It is noted that this is an ambitious scope of work, particularly in the context of wider change, and therefore a measured approach is suggested to minimise unintended consequences on NHS funding. This means that we will take a phased approach, and that in the first instance, arrangements proposed in Portsmouth will all be on the basis of aligned budgets with joint commissioning (with the exception of limited areas where pooling is already notionally in place (some CHC elements). This approach will bring benefits by providing a robust platform for local decision making and harness the continuing commitment to partnership by the local authority.
- 5.2 The initial 'roll-over' position will be to replace existing S75 agreements with the new Section 75 framework agreement and to reconfigure some elements of the current BCF schedule to enable the continued development of the new schedules for children's services, vulnerable people and health and wellbeing improvement. With a phased approach to increase the funding arrangements as part of the ongoing ICS development work programme.
- 5.2 The ambition is to achieve Phase I of work in time for the transfer to the ICS on 1st July. This will be to continue to work with HIOW ICS Executive team and managing directors to better understand the potential implications of:
- moving the ECR budget into the s75 to mirror the existing work programme that has been so successful for CHC,
 - aligning the children's community commissioning budget through the s75
 - Including HCP communications as part of the enabling schedule.

- 5.3 Phase II of the proposed work covers the residual s75 developments we envisage for the city noting that these will progress on a longer time frame as we collaboratively work through the impact across other places in the ICS. We are continuing to work with the ICS Executive team to produce a timetable for this work and an ambition to finalise the arrangements by September 2022.
- 5.4 Finally, there are some areas where the current working assumption is that these will move in time to at-scale ICB-wide arrangements, when infrastructure is developed to enable that transition. Based on working with the draft ICB decision-tree, these are considered to be out of scope of local s75 arrangements:-
- In-patient mental health
 - Planned and elective care
 - NCA contracting and other specialised areas of commissioning
 - Primary Care core contract
 - Prescribing
- 5.5 The table below sets out the potential future financial implications of these assumptions:

	Roll Over Position			Developments Anticipated			Anticipated Future Position			
	Place Based Director for Portsmouth	Portsmouth Health and Care Partnership	Total	Phase I transfer to Partnership	Phase II transfer to Partnership	Centralised	Place based Director for Portsmouth	Portsmouth Health and Care Partnership	Centralised	Total
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Acute	178.9	0.0	178.9	0.0	0.0	168.7	10.2	0.0	168.7	178.9
Mental Health	49.6	0.0	49.6	18.2	31.3	0.8	0.0	48.9	0.8	49.6
Community	32.5	11.6	44.1	3.2	29.3	0.0	0.0	44.1	0.0	44.1
Primary Care	79.7	0.4	80.2	0.0	1.8	72.9	5.1	2.2	72.9	80.2
Continuing Care	1.4	18.9	20.4	1.4	0.0	0.0	0.0	20.4	0.0	20.4
Other	5.6	9.3	14.9	1.3	1.2	3.1	0.0	11.8	3.1	14.9
Running Costs	3.5	0.6	4.1	0.8	0.0	2.5	0.2	1.4	2.5	4.1
	351.3	40.9	392.2	24.9	63.5	248.0	15.4	128.7	248.0	392.2

6. Local governance to support the arrangements

- 6.1 Work is underway in the ICB to set out the key local delegations that will support place-based working but still enable the right level of oversight and accountability.
- 6.2 Alongside this, we will need to put in place robust partnership arrangements to support place-based decision-making and resource allocations, linked to the work programmes that are underpinned by the s75 agreement.
- 6.3 It is therefore proposed to review the existing relevant Performance Management Groups (PMGs). These will report into the Joint Commissioning Board, which will continue to be the forum where senior leaders of the partner organisations come together to ensure that activities are effective and support improvement locally.
- 6.4 As previously discussed by the Governing Board, it is recommended that the Joint Commissioning Board is the basis for developing a wider

Portsmouth Health and Care Partnership, to ensure that all key local partners are represented in strategic planning for the city. This will be achieved by broadening arrangements to include key providers, acute trust, primary care alliance and VCSE. This will need to happen in the context of, and in alignment with, the wider work on ICS design and the development of the model for delegation to place.

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Signed by: Jo York, Managing Director, Portsmouth Clinical Commissioning Group