

HSI21/021

GOVERNING BODY

Title of paper	Minutes of last Governing Body meeting		
Agenda item	10	Date of meeting	9 June 2021
Director lead	Margaret Scott, Chair		
Clinical lead (if applicable)	Dr Nicola Decker, Clinical Lead		
Author	Jackie Zabiela, Governance Manager		

Purpose	For decision	<input checked="" type="checkbox"/>
	To ratify	<input type="checkbox"/>
	To discuss	<input type="checkbox"/>
	To note/receive	<input type="checkbox"/>

Link to strategic objective	The objectives of the NHS Hampshire, Southampton and Isle CCG are submitted to this meeting for approval
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Executive Summary	
This paper sets out the minutes and actions arising from the last meeting of the Governing Body of NHS Hampshire, Southampton and Isle of Wight CCG held on 28 April 2021	
Recommendations	The Governing Body is asked to consider whether the minutes and actions of the meeting reflect an accurate record and, if so, to approve them, noting any updates.
Publication	Include on public website ✓

Please provide details on the impact of following aspects	
Equality and quality impact assessment	This paper does not request decisions that impact on equality and diversity.
Patient and stakeholder engagement	Not applicable

Financial and resource implications / impact	Not applicable
Legal implications	There are no legal implications arising from this paper.
Principal risk(s) relating to this paper	Not applicable
Key committees / groups where evidence supporting this paper has been considered.	Not applicable

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GOVERNING BODY

Minutes of the meeting of the Governing Body held at 14:00 on Wednesday 28 April 2021 via Microsoft Teams.

Present

Margaret Scott	Independent Chair
Nicola Decker	Clinical Leader
Simon Garlick	Non-Executive Director (Governance)
Judy Gillow	Non-Executive Director (Patient and Public Involvement)
Karl Graham	Clinical Director, South West Hampshire
Zaid Hirmiz	Clinical Director, South East Hampshire
Charlotte Hutchings	Clinical Director, North and Mid Hampshire
Michele Legg	Clinical Director, Isle of Wight
Maggie Maclsaac	Chief Executive
Ed Palfrey	Secondary Care Clinician (Non-Executive)
Roshan Patel	Chief Finance Officer
Stephanie Ramsey	Managing Director, Southampton and Interim Chief Nursing Officer
Derek Sandeman	Medical Director
Matt Stevens	Non-Executive Director (Primary Care Commissioning)
Sarah Young	Clinical Director, Southampton

In attendance

Inger Bird	Non-Executive Advisor, South East
Simon Bryant	Director of Public Health, Hampshire County Council (item 4)
Norma Cadavieco	Senior Governance Manager
Debbie Chase	Director of Public Health, Southampton City Council (item 4)
Jane Cole	Director of Finance
Ian Corless	Head of Business Services
Steve Cummins	Governance Manager
Paul Gray	Executive Director of Strategy
Fiona Howarth	Chief of Staff
Helen Ives	Executive Director of Workforce
Amy McCullough	Consultant in Public Health, Southampton City Council (item 4)
Emma McKinney	Director of Communications and Engagement
Alison Smith	Managing Director, Isle of Wight
Jackie Zabiela	Governance Manager (minutes)

1	Welcome and Introductions
1.1	The Chair welcomed everyone present to the inaugural meeting in public of the Hampshire, Southampton and Isle of Wight CCG Governing Body. The meeting was recorded and would be published on the CCG website following the meeting. The Governing Body noted the intention that future meetings would be streamed live.

2.	Declarations of Interest (Paper HSI21/001)
2.1	The Register of Board Members Interests was received and noted. The Secondary Care Clinician declared an additional interest, advising that he was serving as Chair of the Frimley Integrated Care System (ICS) for a short period until a clinical chair was elected, having changed from a collaborative arrangement to a formal CCG. The Clinical Director for North and Mid Hampshire declared that she was a Trustee for St. Michaels Hospice in Basingstoke.
2.2	No interests were declared where there may be a potential or perceived conflict of interest in relation to any of the business items on the agenda.
2.3	AGREED The Governing Body accepted the Register of Board Members' Interests.
3	Chief Executive's Report (Paper HSI21/002)
3.1	<p>The Chief Executive provided a verbal highlight report to the Governing Body, which brought together a number of strategic issues relevant to the wider health sector which impact on the work of the CCG:</p> <p><i>The Hampshire, Southampton and Isle of Wight system response to the COVID-19 pandemic, the implementation of the vaccination programme and recovery of services</i></p> <ul style="list-style-type: none"> • The Chief Executive expressed her thanks to all staff who had worked with partners in serving the population during this difficult time. Huge progress had been made and the position was stabilising. Whilst COVID-19 had brought many traumas, bereavements and difficulties, it had also brought insights, not least on inequalities, as well as achievements from working together with local authorities, police and fire services etc. • There was also very strong performance in the vaccination programme across Hampshire, Southampton and the Isle of Wight; nearly a million people had received their first dose and were receiving their second doses. Performance in each of the age cohorts was high and ahead of the national average in every category. • A large piece of work was underway on access to services / recovery, with a focus on waiting lists and working together moving forward. There had been significant changes in primary care during the pandemic, with a huge increase in on-line or telephone appointments in the last 12 months. Further work was needed in a number of areas, including ensuring that primary care was resilient for the future. • More work was required to sustain the workforce. There had been a great many volunteers as well as people returning to the NHS to offer their support and the aim was to consolidate to ensure that the wider workforce became more resilient for the future. <p><i>Working together with Portsmouth CCG and creating a single strategic commissioning function</i></p> <ul style="list-style-type: none"> • The Chief Executive confirmed she was also the Accountable Officer with Portsmouth CCG and the two Governing Bodies were working closely to create a single commissioning function. <p><i>Developing the Hampshire and Isle of Wight Integrated Care System, pending the publication of guidance to develop the statutory organisation</i></p>

	<ul style="list-style-type: none"> • There was a Government White Paper regarding the future of Integrated Care Systems (ICSs) which, if approved will require the CCG functions to be subsumed into the ICS. Work is already in train to take this forward. Key areas of focus would include working locally and in local authority geographies, working in systems around local hospitals and for some areas working across the ICS geography, to achieve the best results for the population. • A key theme from last year was the continued process of ensuring the Isle of Wight and all its services were sustainable, working in partnership with services on the mainland and with those on the island. <p><i>Modernising Our Hospital and Health Services in north and mid Hampshire – and the finalisation of plans to launch a public consultation in May 2021</i></p> <ul style="list-style-type: none"> • This work provided an opportunity to receive capital to replace facilities in North and Mid Hampshire, coordinating with wider facilities across the whole of Hampshire. <p><i>Commencement of the shared CCG and ICS executive team</i></p> <ul style="list-style-type: none"> • The Chief Executive confirmed that the Hampshire, Southampton and Isle of Wight CCG Governing Body was in place as well as the joint CCG and ICS executive team, many of whom were present at the meeting.
3.2	AGREED
	The Governing Body noted the Chief Executive’s Report (April 2021).
4	The Health of Hampshire, Southampton and Isle of Wight (Presentation)
4.1	The Chair welcomed Debbie Chase and Simon Bryant, Directors of Public Health for Southampton and for Hampshire and Isle of Wight respectively who were in attendance to provide an update on the health of people residing in Hampshire, Southampton and the Isle of Wight, including the impact of the COVID-19 pandemic on the population which had exposed, exacerbated, and created health and social care needs and new inequalities.
4.2	<p>The following points were raised during discussion:</p> <ul style="list-style-type: none"> • Clarification was sought as to how the data would be used / if it had been translated into specific care pathways with Key Performance Indicators to measure success regarding reducing inequalities, and whether the same data would be used across Hampshire, Southampton and the Isle of Wight. It was noted that Child and Adolescent Mental Health Services (CAMHS) were not specifically mentioned when national and local demand was growing. • In response it was advised that the data used with regard to population health need should be common across the area, acknowledging that different organisations count activity in different ways. It was confirmed that the presentation mentioned young people and that there was a young people’s health need, however it was recognised that there were CAMHS service supply and demand issues and consideration needed to be given to how these health needs were measured. The presentation outlined the need of the population which should be embedded into the ICS, working as partners across Hampshire, Southampton and the Isle of Wight whilst also focussing on the specific needs of Place. The Governing Body noted that Southampton had undertaken a needs assessment on Children and Young Peoples Mental Health which had been identified as a priority.

	<ul style="list-style-type: none"> • It was clarified that elected councillors and others in the local authority had sight of this information / Joint Strategic Needs Assessments (JSNAs) through Health and Wellbeing Boards; with the Clinical Leader acting as the CCG's representative. JSNAs were being reviewed in light of the impact of COVID-19 on population needs. Elected members were very engaged and key in understanding the needs of their populations. The importance of engagement with elected members, both in the Health and Wellbeing Boards and outside was acknowledged. Health Overview and Scrutiny Committees also had a role in discussing the needs of systems as well as a Place based approach. • It was confirmed that data was available broken down by Ward level to gain an understanding of inequalities and ensure these were not hidden. This helped to engage other agencies regarding the potential for home visits or providing insight where there may be pockets of deprivation. • It was noted that a pilot had been running on blood pressure monitoring at home. On review of data most areas where blood pressure was less well controlled were amongst the most deprived and so the pilot started with focus on those areas; it was queried if there would be more work on how such areas were identified and targeted. In response Simon Bryant gave an example where the ICS Prevention and Inequalities Board initiated a Hampshire Healthy Hearts programme initially piloted in Andover which was being rolled out across the patch. Services were based around lifestyle risk factors, focussing on inequalities so the ICS could focus services on deprivation and change its offer so it was distinct for those areas. It was necessary to ensure that responses were proportionate to the levels of need, working together to get the greatest benefit for all patients, as well as those that were the most deprived. • The Governing Body queried how data was made real for partners i.e. NHS organisations, local authorities, police and fire services to ensure focus and that the right balance was struck between NHS constitutional performance regarding COVID-19 whilst the longer term strategy was also considered. Simon Bryant acknowledged that the JSNA had previously been developed somewhat in isolation; the intention was for colleagues to develop, understand and use it, and for the Governing Body to challenge whether the JSNA had been considered when new programmes were proposed; Public Health colleagues confirmed they would be happy to be part of that development with the CCG. • It was queried if there was enough Public Health capacity to drive delivery, or whether there was a need to start training people in the Public Health arena. It was advised that there were a limited number of Public Health training places when compared with other specialities so the way in which skills were drawn together in the most effective way was key e.g. how hospital services could be used to talk to people about smoking whilst in hospital. • The Governing Body noted that training for the workforce was a significant consideration, with the ICS currently in the workforce planning round on what the future of the workforce might look like. This was linked to how work took place with Health Education England, universities and the Academic Health Science Networks in terms of health psychology and behaviour change to ensure there was a sustainable business model / training programme for Public Health. It was suggested that there could also be greater focus on public health within GP primary care contracts in order to support the agenda.
4.3	<p>AGREED</p> <p>The Governing Body noted the briefing presentation regarding the health of the population of Hampshire, Southampton and Isle of Wight.</p>

5	Clinical Leader's Report (<i>Presentation</i>)
5.1	The Clinical Lead introduced a presentation on how leadership needed to work differently, focusing on the importance of people and relationships given the perception of the NHS is measured by patients' latest contact with services. There was now an opportunity to come together and transform the NHS into something meaningful for the CCG's population, working with patients and practices to make a difference.
5.2	In response to COVID-19, NHS organisations broke out of traditional silos, improvised and achieved. The ambition was to lead difficult conversations around complex issues which required leadership and working across boundaries. The need was to create an enabling environment and re-orientate how the CCG worked, coordinating services within and across sectors, engaging and empowering people and communities, and strengthening governance and accountability.
5.3	To reinforce the message, the Chief Executive noted that in order to solve problems and deal with inequality, the CCG needed to work very differently, to not focus on pushing front line services to work harder; but on working differently together. The Governing Body needed to challenge one another to ensure outcomes were sought to focus priorities and make a difference.
5.5	AGREED The Governing Body noted the Clinical Leader's report.
6	Our Values – NHS Hampshire, Southampton and Isle of Wight CCG (<i>Paper HSI21/003</i>)
6.1	The Chief of Staff introduced a paper which set out the process of identifying a proposed set of six organisational values for the newly formed Hampshire, Southampton and Isle of Wight CCG and engagement with staff. It also summarised the feedback and proposed next steps. The proposed values were: <ul style="list-style-type: none"> • Put people and communities at the heart of what we do • Act with honesty and integrity • Treat everyone with kindness and compassion • Promote inclusion and tackle inequity • Courage and innovation • Working together.
6.2	The following points were raised during discussion: <ul style="list-style-type: none"> • The Chief Executive noted that the point of the values was the way the CCG worked, what they mean and how they are reflected in staff behaviour. In addition to staff feeling that they belong, it was also important to ensure the values connect with partners working together as one system. • The Governing Body noted a suggestion that it may be helpful to work with partners on other common values to build a collaborative model and way of working across the patch. Consideration was needed as to how the elements related to Trust and Respect were reformulated, as this was key to working effectively together with partners, as well as positively engage in new and innovative ways of working. The Chief of Staff confirmed that this feedback would be taken back, with the intention to get to six values that staff would recognise, each with clarification statements behind them.

	<ul style="list-style-type: none"> The Governing Body expressed thanks for the work carried out, noting that it may be beneficial to have something that reminded staff of the values; an example where values were printed on the back of identity cards was cited.
6.4	<p>AGREED</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> Noted the process and progress to date in the development of organisational values for the CCG Discussed the proposed values and provided feedback Noted that a final set of values would be presented to the CCG Governing Body meeting in May.
7	<p>CCG Operating Plan for 2021/22 (Paper HSI21/004)</p>
7.1	<p>The Chief Finance Officer shared an update on progress in drawing together the CCG's Operating Plan for the first half of the year. The briefing set out some of the components undertaken at local Place level and at ICS level. The premise of the Operating Plan was to tackle inequalities. The Governing Body noted a number of key deadlines, with the final submission due on 6 June. Further narrative on what had been completed would be provided to the Quality, Performance and Finance (QPF) Committee on 26 May and discussions were underway regarding how to balance questions on workforce / money. Hampshire, Southampton and Isle of Wight ICS were likely to hold a £50m deficit for the first half of 2021/22: the aim was to bring this into a breakeven position however, a number of components needed to be drawn together in order to achieve this.</p>
7.2	<p>The Non-Executive Director for Governance stated he was pleased to see that mitigations to reduce the gap existed and that the intention was to breakeven. He noted that each Trust had significant issues to address and queried whether the CCG was working collaboratively to address this. It was advised that work around the planning process had been wholly integrated; throughout the week before there had been meetings within each system to determine how performance and workforce issues could be addressed collectively as one. System collaboration had also increased, building on learning through COVID. The expectation was that Trust financial deficits would be mitigated and all had committed to try and achieve this. The Governing Body noted that the £50m deficit should be viewed in the context of a half yearly budget of £1.3 billion.</p>
7.3	<p>AGREED</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> Noted the update regarding the development of the system operational plan submissions Noted further work to be undertaken with regard to: <ul style="list-style-type: none"> The need to incorporate any required changes into the operating plan should the planned care accelerator/innovation bid be approved The required actions to close the remaining financial gap The financial flows of the Elective Recovery Fund Delegated the review of the revised plan to the Quality, Performance and Finance Committee with sign off of the Final CCG submission delegated to the Chair, Chief Executive Officer and Chief Finance Officer for the 6 June submission.

8	Quality Report (<i>Paper HSI21/005</i>)
8.1	The Managing Director for Southampton and Interim Chief Nursing Officer presented a report which provided an overview of the quality of care being provided across the CCG, working collaboratively to achieve good outcomes. It was recognised that further work was needed to build in patients' experience of services. Key issues continued to relate to the impact of the pandemic on services, workforce challenges including recruitment and retention of staff, and potential harm arising from delays to treatment.
8.2	Detailed reports were reviewed at the Hampshire, Southampton and Isle of Wight ICS Quality Board and quality leads were coming together to review risks to ensure there was oversight and that actions were being undertaken. It was highlighted that Personal Protective Equipment (PPE) was recorded as a risk, however this related to ambulance providers and the use of PPE in the very confined space within an ambulance, not across wider services.
8.3	It was highlighted that since 2017 90% of Learning Disability Mortality Reviews (LeDeR) had been undertaken; 19 more were due and would be completed by the end of April with 6 cases to go forward into the next year. A new way of recording and collating data with a new platform for reporting would be in place from June. Work was ongoing to look at these reviews, for example improved use of hospital passports, detection, identifying slippage on annual health checks and how this was improved so that support could be provided earlier. There were also successes in terms of strong involvement of families at the point of End of Life, hospital liaison services etc.
8.4	The report included a summary of the key issues across Hampshire, Southampton and the Isle of Wight including ophthalmology, care homes, primary care resilience in trying to manage service and demand whilst continuing vaccination work as well as pressure points for staff. It was stressed that this was not just around working as a CCG but with wider health organisations as well as social care colleagues.
8.5	The Governing Body noted that the Hampshire and Isle of Wight Quality Board and the QPF Committee were not the only forums that considered quality issues. Each local area reviewed its quality issues and held a risk register; the report provided was therefore a summation and was underpinned by other layers of oversight.
8.6	The Clinical Director for South West Hampshire highlighted a Serious Incident in that University Hospital Southampton NHS Foundation Trust (UHS) had identified a cohort of patients who had been lost to follow up through the waiting list revalidation process. He queried how many people were waiting and whether there was assurance that there were not any hidden groups that had not yet been identified. In response the Managing Director for Southampton and Interim Chief Nursing Officer advised that work was already underway, with reporting and feedback due to the Hampshire and Isle of Wight Quality Board in the near future. It was highlighted that numbers were in the 100s not 1000s, and acknowledged it was key to identify where this was happening and look at learning to ascertain if there were other areas affected.
8.7	The Secondary Care Clinician recognised that there were other committees looking at Primary Care resilience, though questioned if the CCG should look at this more in the round, for example if there was another peak in COVID cases, to ensure the CCG was more prepared. The Clinical Leader confirmed that this was already on the agenda and would translate into action with providers and commissioners working alongside primary care to help them adapt and be resilient for the future.

8.8	As workforce had been an issue across the health service for some time, there was a query on the need to split the workforce demand in terms of recovery, and ensuring the workforce was sufficient to meet future demand, particularly in terms of recruiting GPs. In response it was advised that detailed work was ongoing as part of development of the Operating Plan looking at what those demands might be and how the CCG might be more creative in establishing a workforce that could move across different sectors. The Governing Body noted that consideration was needed as to how the CCG nurtured and cared for the existing workforce, as well as look at future requirements, including earlier discussions around increasing the workforce with more public health skills.
8.9	As there had been an increase in people interested in healthcare professions / nursing following the first lockdown, it was queried if there would be the same level of interest following the second, and whether those staff already in the profession would stay. It was confirmed that some of the workforce had indicated their intention to leave, and in addition, the existing workforce was getting older with many considering retirement. However, there was greater interest and enthusiasm about coming into the profession and it was important to consider how this could be encouraged, as well as look at training and skill sets to support staff to grow and achieve greater flexibility in the future. In light of these discussions, it was suggested that the Executive Director of Workforce was invited to a future Governing Body meeting to talk about workforce. ACTION: The Executive Director of Workforce to be scheduled for a future Governing Body meeting to provide an update on workforce.
8.10	It was proposed that the QPF Committee reviewed quality standards to see if they were fit for purpose, for example, did they engage with primary care as well as any omissions such as maternity and mental health services in terms of what assurance needed to be provided to the Governing Body. This related to the whole quality, performance and improvement architecture. Integrated Care Partnerships (ICPs) were in the process of establishing their arrangements and the ICS had set up the Quality Board. It was important to be clear as to oversight at different levels of the system to ensure the right levels of assurance were provided and that risks and issues were escalated in the right way.
8.11	AGREED The Governing Body noted and reviewed the Quality Report (April 2021).
9	Performance Report (Paper HSI21/006)
9.1	The Chief Finance Officer presented an exception report of the latest performance information for Hampshire, Southampton and Isle of Wight CCG. There were a number of areas of strong performance, including cancer services delivery, ambulance response times, and recovery of elective activity levels. However there were also a number of areas of performance where action was required to improve the experience and outcomes for local patients. This included four areas where mental health services were not meeting national standards, health checks for those patients who had a level of learning disability, and the marked increase in patients waiting over 52 weeks for treatment as a result of the COVID pandemic.
9.2	It was highlighted that the performance report did not currently cover everything required with further development needed on how elements related to primary care performance were included, as well as how to draw in and develop an understanding of how to tackle inequalities.

9.3	The Chair stated that greater understanding was required on the action being taken on issues highlighted within the report, either at Governing Body level or via the minutes of the QPF Committee. In response the Chief Finance Officer stated that the critical work related to how risk registers were aligned and priorities informed, then the design of the governance structure to ensure the right discussions at committees were planned.
9.4	The Chief Executive confirmed that understanding the issues, opportunities and problems was crucial and it was necessary to be clear how this developed into a work programme, particularly for the Governing Body in relation to those areas where performance was sub-optimal. Key was to be held to account to make progress every month on the issues that mattered to the CCG with all staff and partners deployed and prioritised into work that needed action with clear work programmes and monitoring.
9.5	The Executive Director of Strategy reflected that the two core purposes of the CCG were to improve health outcomes and improve health services for the population. From discussions, it was possible to identify a small list of items that needed attention where it was possible to make a difference, for example, in elective and CAMHS waiting times, access to primary care and primary care resilience.
9.6	AGREED The Governing Body noted and reviewed the Performance Highlight and Exception Report, pending the establishment of the Quality, Performance and Finance Committee.
10	Finance Report – Month 12 2020/21 (Paper HSI21/007)
10.1	The Chief Finance Officer presented the finance report which summarised the financial outturn for the six CCGs that merged to form Hampshire, Southampton and Isle of Wight CCG for the year ended 31 March 2021. The following points were highlighted: <ul style="list-style-type: none"> • The financial results were subject to audit, but all six CCGs reported delivery of the required in-year breakeven duty for 2020/21. An overall surplus of £0.2m was achieved against a total allocation of £2.8bn. • Furthermore, all NHS organisations within the Hampshire and Isle of Wight ICS reported an overall surplus position of £1.1m (pre-audit and potential immaterial provider adjustments to non-NHS income). • The total amount spent on the COVID response across the six CCGs during the financial year 2020/21 amounted to £130.5m which had been fully reimbursed by NHS England/Improvement (NHSE/I). • Each of the six CCGs had a legal duty to prepare individual Financial Statements (Annual Accounts) and an Annual Report which were both subject to audit. Submission to NHSE/I was in line with the National timetable, and would be taken through Audit and Risk Committee during May (Draft) and June (Final): <ul style="list-style-type: none"> ○ Draft Annual Accounts and Annual Report – 27 April ○ Final Audited Annual Accounts and Annual Report – 15 June.
10.2	The Chief Finance Officer extended his thanks to the Finance, Governance and Communications teams for completing and sending the six sets of draft accounts and annual reports to auditors by the required deadline.
10.3	The Governing Body noted a query on whether there should be any concern regarding the end of non-recurrent support provided over the past financial year in terms of the COVID-19 response, when funding formulas revert or whether these may change in response to the White Paper. In response the Chief Finance Officer advised that it was

	necessary to consider how to approach the issue, ensuring understanding of the requirements and consider things that may need to stop or change. To date the focus had been to support out of hospital work and mental health investment; the CCG therefore needed to understand the impact and evaluation of these services given the additional support that would not have been received were it not for the pandemic.
10.4	<p>AGREED</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Noted the draft financial results for the six CCGs that are now Hampshire, Southampton and Isle of Wight CCG • Noted the draft reported position for Hampshire and Isle of Wight ICS; and • Noted the statutory process required to complete and submit the Annual Accounts and Annual Report for the six CCGs.
11	Governance Framework – NHS Hampshire, Southampton and Isle of Wight CCG (Paper HSI21/008)
11.1	<p>The Chief of Staff presented a paper, the purpose of which was to provide the Governing Body with an overview of the corporate governance framework for NHS Hampshire, Southampton and Isle of Wight CCG. The paper:</p> <ul style="list-style-type: none"> • Referenced and signposted Governing Body members to key governance documents which were developed and approved by predecessor organisations, members and NHS England prior to the formal establishment of the new organisation, enabling the safe transfer of staff and resources. • Outlined work in progress to operationalise the work of the Governing Body and Committees set out in the CCG's Constitution. • Sought approval by or requested the Governing Body to ratify specific documents including policies and terms of reference and membership of non-statutory committees.
11.2	<p>The Non-Executive Director for Governance advised that he had a number of queries, which he would address outside of the meeting. With regard to the Terms of Reference (ToR) for the QPF Committee, he felt that these looked like a traditional CCG approach and queried if these should move towards an ICS approach in terms of engagement with partners. With regard to care pathways, he queried whether the link with primary care would be via the QPF or via the Primary Care Commissioning Committee, which forum was going to focus on health inequalities, and then relationships with other quality committees needed to be clarified.</p>
11.3	<p>It was acknowledged that further work needed to be undertaken on the QPF ToR with the Secondary Care Clinician as the Committee chair and input from others. The Head of Business Services clarified that the Governing Body needed to approve the ToR in order for the Committee to form. There would then be an iterative process as the Committee met, reviewed its purpose and responsibilities. The Governing Body noted that it was not a statutory committee and as such the CCG did not need to seek approval for the ToR from NHSE/I; they could come back to the Governing Body for formal approval once the QPF Committee was content. In terms of taking an ICS approach, the Chief of Staff added that it was necessary to have things in place in order to meet our statutory duties as a CCG. How that would work in future was subject to change.</p>

11.4	<p>AGREED</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Noted that the NHS Hampshire, Southampton and Isle of Wight CCG was authorised on 1 April 2021 • Noted the CCG Constitution, as formally approved by Members and NHS England, and associated documentation contained with the Governance Handbook • Noted the closure of the Future Ways of Working Programme, subject to formal review by the Audit and Risk Committee • Noted the establishment of the Governing Body and the Terms of Reference for the statutory Committees, as set out in the Constitution • Approved the Terms of Reference for the Quality, Performance and Finance Committee • Noted and confirmed the membership of and attendees at meetings of the Governing Body and its Committees, as set out in the paper • Confirmed the appointment of individuals to fulfil the range of statutory roles which were required to have a named member of the Governing Body, as set out in the paper • Noted the progress in developing the Risk Management Framework for Hampshire, Southampton and Isle of Wight CCG, and the associated reviews to be undertaken by the Audit and Risk Committee • Noted the progress in developing the Policy Management Framework for Hampshire, Southampton and Isle of Wight CCG • Approved the document ‘Policies and Procedural Documents – Development and Management Policy’, for adoption across the CCG.
12	<p>Minutes of Previous Meetings (<i>Paper HSI21/009</i>)</p>
12.1	<p>The Governing Body received a paper which set out the minutes and actions arising from the predecessor Board and Governing Body meetings, as outlined below.</p> <ul style="list-style-type: none"> • <u>Southampton City CCG</u>: Governing Body meeting held on 24 March 2021 • <u>Hampshire and Isle of Wight Partnership of CCGs</u>: Partnership Board meeting held on 25 March 2021 • <u>West Hampshire CCG</u>: Board meeting held on 25 March 2021.
12.2	<p>AGREED</p> <p>The Governing Body approved the minutes and actions arising from the predecessor Board and Governing Body meetings as outlined above.</p>
13	<p>Any Other Business</p>
13.1	<p>The following item of Any Other Business was raised:</p> <p><u>Questions from Members of the Public</u></p>
13.2	<p>The Director of Communications and Engagement reported that four questions had been submitted from members of the public prior to the meeting, for which responses would be provided with the minutes of the meeting (<i>see below</i>). In terms of future meetings, arrangements will be in place to ensure that there is an opportunity for members of the public to observe meetings from May.</p>

13.3	<p>The following questions have been submitted by Councillor John Nicholson, Chair of Isle of Wight Council Policy and Scrutiny Committee for Adult Social Care and Health:</p> <p>1. Why has it not been possible for the Governing Body to ensure that arrangements are in place for members of the public to watch the meeting live via Microsoft Teams thereby ensuring that it is seen to be accountable and transparent in its decision making? Many other CCGs have had such arrangements in place for a number of months and the IW NHS Trust Board has public access as does all local authorities in the area. Given that the Board will be adopting values in relation to putting people and communities at the heart of what it does and acting with honesty and integrity can it ensure that its next meeting can be viewed by the public?</p> <p>Response:</p> <p>Thank you for raising this issue. We are committed to ensuring that our Governing Body meetings are as accessible as possible and would like to provide assurance that all future meetings of the Governing Body will be broadcasted/streamed live in the event that a meeting held in public is not possible due to COVID-19 restrictions. We are testing a number of options and solutions, with the aim of providing a robust platform for meetings to be managed effectively and to be accessed easily by all. It was not possible for this work to be completed for the 28 April 2021 Board meeting. Therefore as an interim measure the meeting has been recorded and a link to the meeting published on our website (www.hampshiresouthamptonandisleofwightccg.nhs.uk) here. The next Governing Body meeting is currently scheduled to take place on Wednesday 19 May 2021.</p> <p>Post Meeting Note: The extraordinary meeting of the Governing Body scheduled to take place on 19 May 2021 to confirm the arrangements for a public consultation in relation to the <i>Modernising Our Hospital and Health Services</i> programme in North and Mid Hampshire was deferred at the request of NHS England to allow time for further data to be collated. The next Governing Body meeting is therefore scheduled to take place on Wednesday 9 June 2021.</p>
13.4	<p>2. What steps can the Board take to ensure that difficulties being encountered by patients in contacting some medical centres by phone for appointments or advice, and who do not have access to the internet, are dealt with effectively to ensure prompt access to treatment and does it have any form of monitoring in place to identify where such problems are occurring?</p> <p>Response:</p> <p>As part of our response to the COVID-19 pandemic, we introduced some changes to the way in which people interact with their GP practice to reduce the risk of transmission of the virus, ensure social distancing, sufficient space in waiting rooms that patients and staff are as safe as possible.</p> <p>As a result, as in other parts of the country, we have relied more on digital solutions. Whilst many people have benefited from video or phone consultations, or from using services such as eConsult, we know that this is not suitable for everyone.</p>

Phone lines remain open and we encourage patients to contact their surgery via online solutions where possible and appropriate, to help ensure phone lines are available for those who need them. We have a route of escalation in place through our local monitoring arrangements, overseen by the CCG's Managing Director and Clinical Director for the Isle of Wight, to the Board as we continue to review demand and respond to any local concerns.

We continue to do all we can to ensure services are as accessible as possible and are grateful to residents and patients for their understanding.

We monitor primary care activity levels on the island daily and produce reports on trends to help us understand where the pressure points in the system might be. The most recent data available to us (week of 11 April) shows us that use of eConsult was up 1402% on pre-COVID-19, and telephone contacts had increased by 128%.

During the same week 16,000 face-to-face GP appointments were offered by GPs – the highest number since the start of the year - and 2.5 times more people were seen face-to-face than received a phone consultation in the same period.

We have benchmarked people's views on the primary care services they have received against the national average through responses to the GP patient survey. We shared the 2020 Primary Care Survey with the Isle of Wight Council's Policy and Scrutiny Committee for Adult Social Care and Health (although due to the current pre-election period this may not yet have been passed to councillors) which shows our practices are performing at the same level, if not slightly above, other practices nationally, for example:

- 68% of people said it was easy to get through to someone at your GP practice on the phone compared to a national average of 65%
- 63% were happy with the appointment offered by the practice when called compared to a national average of 63% and compared to 60% in the 2018 survey
- 65% of people said the overall experience of making an appointment was good compared to a national average of the same 65%
- Overall, 82% of people would describe their experience of their GP practice as good compared to a national average of the same 82%

We also found that fewer people contacted NHS 111 when unable to get a convenient GP appointment (11% compared with 28% in 2018), although more people on the island were satisfied with the range of alternatives available to them (73%) than the national average (67%). The island was also above average for the percentage of people satisfied with the speed of care (66% v 63%).

The Care Quality Commission (CQC) has rated each practice as 'good' but we know that demand for primary care services will continue to increase as lockdown restrictions continue to ease.

We remain absolutely focused on continuing to work with our primary care networks, and all island practices, on identifying areas where we can improve responsiveness. For instance, we are working alongside three practices currently to look at how we can improve access specifically by telephone.

13.5	<p>3. In the report being considered by the board on performance no mention is made of the low levels of referrals being made by GPs to the IWNHS Trust. This issue has been reported to the Trust Board and is of concern. What performance measures are looked at by the Board to ensure that the level of GP activity fulfils the contractual arrangements for effective service delivery?</p> <p>Response:</p> <p>Local monitoring arrangements are in place to assess performance priorities and concerns, and mechanisms are in place to address these at source wherever possible. Escalation procedures are also in place, should they be needed. The CCG's Managing Director and Clinical Director for the island and the senior team work with the Trust and the local Clinical Delivery Group, to look at the referral methodology.</p> <p>Referrals, we believe, have been impacted by the COVID-19 pandemic over the past year. During the first wave of the pandemic we saw a fall-off in the number of people coming forward for treatment on the island and nationally. This led, for example, to a reduction in the number of cancer referrals from primary care to the Isle of Wight NHS Trust. Latest figures show the level of interaction is 8.9% lower than pre-COVID-19 levels. Several factors were at play here, with some people being more reticent about seeking treatment for concerns, because they were trying to support the NHS, were concerned about infection, or were following Stay at Home or shielding advice.</p> <p>Recognition that this was a national issue led to public awareness campaigns being delivered across the country, including on the island, to encourage people with health concerns to continue to come forward and seek help. We have supported the national campaign messaging through our website, local media and social media channels and continue to do all we can to encourage people to seek medical attention if help is needed.</p> <p>As the route to accessing GP services has changed, this has given us an opportunity to be innovative and collaborative. For example, all practices on the island now use the Dermicus App, which helps practices to rapidly refer people who are concerned about skin abnormalities. The technology reduces waiting times, some from over a month to just a few days, reduces the amount of follow-up appointments required and supports social distancing, which has been vital during the COVID-19 pandemic. The app can safely send photographs to diagnose skin issues, including skin cancer, between GPs and dermatologists.</p> <p>This is especially useful for the Isle of Wight, if the dermatologist is not physically on the island, so they are able to diagnose remotely. We look forward to building on this type of working to support people to access care without needing to make an extra journey into the practice, but at the same time getting rapid clinical advice that can lead to treatment faster.</p>
13.6	<p>The following question has been submitted by Ian Groves, Managing Director, Integrated Care System Services:</p> <p>4. For existing providers of operating system software to the newly combined Hampshire, Southampton and Isle of Wight data centres</p>

	<p>covering the Integrated Care System geographic footprint, what is the provider engagement process with the new data controller in respect of data assurance governance?</p> <p>Response:</p> <p>The CCG is in the process of clarifying the ask from the individual/company which submitted the question and will provide a response directly. The response will also be incorporated within the minutes of the meeting at the appropriate time.</p>
14	Date of next meeting
14.1	<p>The next meeting of the Governing Body was scheduled to take place on 19 May 2021. This was an extraordinary meeting to confirm the arrangements for a public consultation in relation to the <i>Modernising Our Hospital and Health Services</i> programme in North and Mid Hampshire.</p> <p>Post Meeting Note: The extraordinary meeting of the Governing Body scheduled to take place on 19 May was deferred at the request of NHS England to allow time for further data to be collated. The next Governing Body meeting is therefore scheduled to take place on Wednesday 9 June 2021.</p>

I confirm the minutes of the meeting were agreed as an accurate record

Signed by

Chair:

Date: