

HSI22/053

GOVERNING BODY

Title of paper	Closedown of CCG Committees		
Agenda item	6	Date of meeting	22 June 2022
Executive lead	Fiona Howarth, Chief of Staff		
Author	Ian Corless, Board Secretary Steve Cummins, Governance Manager Terry Renshaw, Governance Manager Helen Goff, Governance Manager		

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

Link to strategic objective	Operational service delivery Supporting people and teams Transforming services Strategic planning and engagement Developing our Integrated Care System
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Executive Summary
<p>The purpose of this paper is to provide assurance to the Governing Body that appropriate processes have been in place to close down the Committees of the Hampshire, Southampton and Isle of Wight Clinical Commissioning Group (as part of the safe transfer to and establishment of the NHS Hampshire and Isle of Wight Integrated Care Board (ICB).</p> <p>As part of the procedure for closing down the, the Quality, Performance, Finance and Workforce Committee, the Primary Care Commissioning Committee and the Remuneration Committee hosted their final substantive meetings in the period 13th -18th May 2022. Each agenda and supporting papers were collated in such a way that they represent a summary stocktake/synopsis of work plans, key programmes, actions and risks to be transferred to the new statutory entity.</p> <p>The closedown reports were submitted to the Audit and Risk Committee on 25th May for a checkpoint review, to enable the CCG Chief Executive / ICB Chief Executive Designate to provide written assurance to NHS England/Improvement by 1st June that due diligence processes have been completed or are scheduled to be completed during June to allow a safe transfer from the CCG to the ICB.</p> <p>The Governance Team refined and utilised a process followed by the Hampshire and Isle of Wight Partnership of CCGs in 2019 and the CCG merger in 2021, to meet the requirements of NHS England's assurance procedures. In summary:</p> <ul style="list-style-type: none"> • The Committee Chair, responsible Director(s) and Governance Team worked together to complete the task of closing down committees. • Each Committee used a standard checklist to record the completion of tasks in order to schedule the agenda and collate the papers for the meeting. • The completion of the checklist formed part of the assurance given to the Audit and Risk Committee that the right actions have taken place to close down business. The Audit and Risk Committee will provide assurance to the governing body that the full programme of closedown activity has been sufficiently delivered.

- The minutes of the Committees and closedown reports confirm that risk management, work plans and actions have been **transferred to the equivalent committee in the ICB**.

A summary of the outputs from each of the closedown meetings of each of the CCG committees, including completed checklists, is provided in the following appendices.

- **Appendix 1** Audit and Risk Committee, which also met on 16th June 2022
- **Appendix 2** Primary Care Commissioning Committee
- **Appendix 3** Quality, Performance, Finance and Workforce Committee
- **Appendix 4** Remuneration Committee

All documentation supporting the actions, work plans and risks outlined in the closedown reports, will be transferred to the appropriate Committee of the NHS Hampshire and Isle of Wight Integrated Care Board and informal briefings between the CCG Committee Chairs and the ICB Committee Chairs are scheduled during June.

Supplementary to these closedown reports, and also as part of the safe transfer and due diligence process, the Governing Body is also asked to ratify Clinical Priorities Committee recommendations, collating those reviewed and approved since the last report to the Governing Body in September 2021. Details are set out in **Appendix 5**

Recommendations	<p>The Governing Body is asked to receive and review the closedown reports from the following Committees:</p> <ul style="list-style-type: none"> • Audit and Risk Committee • Primary Care Commissioning Committee • Quality, Performance, Finance and Workforce Committee • Remuneration Committee <p>The Governing Body is asked to ratify the Hampshire Priorities Committee clinical policy recommendations</p>
Publication	<p>Include on public website ✓</p>

Please provide details on the impact of following aspects	
Equality and quality impact assessment	Not applicable to closedown report – see Appendix 5 regarding the Hampshire Priorities Committee clinical policy recommendations
Patient and stakeholder engagement	Not applicable – see Appendix 5 regarding the Hampshire Priorities Committee clinical policy recommendations
Financial impact, legal implications and risk	<p>The absence of a clear and consistently implemented committee closedown process could result in actions, workplans and risks from existing statutory bodies not being transferred to the new organisation – risks impacting on patient care, finance and reputation.</p> <p>See also Appendix 5 regarding the Hampshire Priorities Committee clinical policy recommendations</p>

Audit and Risk Committee Summary (including closedown assurance)	
1.	Date of Meeting: 25 th May 2022
2.	Overview of business including key issues for Governing Body:
	<p>Cyber Security – The committee received a summary report of actions taken since the last Audit and Risk Committee on 27th April 2022 including:</p> <ul style="list-style-type: none"> • Cyber security audit evidence has been submitted to TIAA and is currently being scrutinised. • Information regarding cyber e-learning training packages is being compiled with a view to purchasing a package for roll out across all CCG staff. • First Cyber Security Working Group meeting held. Additional stakeholders identified. The group will review and manage cyber reports/incidents and report progress through to the ARC at each meeting. • Evidence for the internal audit identified gaps in risk management at the CCG. Following a meeting with the Senior Governance Manager, the corporate risk register will be formulated. A separate IT departmental risk register will be compiled to include IT and cyber risks. This will feed into the corporate risk register and GBAF. • The Committee is still seeking assurance on the controls operating around removable media such as data sticks. An update will be provided for the next meeting.
	<p>Governing Body Assurance Framework – The committee reviewed the GBAF which highlighted changes in score on Financial Performance, and System Reform & New Ways of Working, whose risk scores had decreased; and Improving Mental Health Care whose risk score had escalated.</p> <p>The committee noted comments from the Director of Finance (Operations and Systems), who advised that, owing to significant financial challenges, the Financial Performance risk score for 22/23 would likely be set at 16.</p> <p>The committee noted at the last QPFW Committee, it was agreed that there will be a meeting for the CCG Non-Executive Directors and the ICS Non-Executive Directors to discuss and agree an updated GBAF. This will be completed for approval at the next Audit Committee.</p>
	<p>Counter Fraud and Security</p> <p>Fraud Bribery and Corruption Progress Report – The committee received a paper which outlined the key fraud, bribery and corruption work undertaken for NHS Hampshire. Southampton & Isle of Wight Clinical Commissioning Group (the CCG) for the period 12 April 2022 to 16 May 2022.</p>
	<p>Data Protection Officer (DPO) Report – The committee received a briefing on the main areas managed by the Data Protection Officer, including roles and responsibilities, data security training and any Information Governance breaches.</p>

	<p>The committee noted the work underway to improve Data Security Training compliance, which was 76.73% against a target of 95%. It was agreed that Executive Directors would take responsibility for ensuring their respective teams complete the training by 30 June 2022.</p>
	<p>Internal Audit</p> <p>i. Update on the Implementation of Recommendations – The committee received a paper which provided an update in relation to progress being made in implementing recommendations arising from Internal Audit reviews.</p> <p>A total of 51 recommendations were brought forward from the legacy CCGs which were considered relevant for follow up by Internal Audit. All of these recommendations have now been fully implemented/closed.</p> <p>The committee noted there were a total of 18 recommendations from recently issued reports which were being verified by Internal Audit and 7 which are not yet due for implementation. There are no priority one/urgent recommendations.</p> <p>ii. Progress report against the 2021/22 Annual Internal Audit Plans – The committee received a report, which provided an update on the progress since the last meeting and brought to the attention of the committee any significant Internal Audit and related issues which may have an impact on the CCG.</p> <p>The committee noted the following final report had been issued:</p> <ul style="list-style-type: none"> • Continuing Healthcare – Children – Reasonable Assurance <p>The committee further noted the issuance of one draft report for the Safe Transfer (to ICB): Governance (Advisory Review). Pending receipt of all management responses the full report will be presented to the next Audit and Risk Committee meeting.</p> <p>iii. Draft Annual Report and Head of Internal Audit Opinion – The committee received a paper which set out the revised Interim 2021/22 Internal Audit Annual Report & Head of Internal Audit Opinion for the CCG.</p> <p>The committee noted that ‘Reasonable Assurance’ could be provided on the adequacy and effectiveness of all the CCGs’ system of internal control. The final Annual Report and Opinion would be presented at the June 2022 meeting of the Committee.</p>
	<p>Safe Transfer –</p> <p>i. Safe Transfer Programme - to close down the CCG – The committee received a paper which described the process undertaken within the Safe Transfer Programme to close down the CCG and establish the Hampshire and Isle of Wight Integrated Care Board with specific consideration to the provision for the transfer of actions, risks and issues to the successor organisations.</p> <p>The committee noted the confirmation that work was on track, noting the importance of linking work to the final Board Assurance Framework.</p>

ii. **Assurance from the Committees of the CCG** – The committee received a paper which sought to provide assurance to the Audit and Risk Committee that appropriate processes have been in place to close down the Committees of the Hampshire, Southampton and Isle of Wight Clinical Commissioning Group (CCG) governing body as part of the safe transfer to and establishment of the NHS Hampshire and Isle of Wight Integrated Care Board (ICB).

The agenda and papers for each closedown meeting were collated in such a way that they represent a summary stocktake/synopsis of work plans, key programmes, actions and risks to be transferred to the new statutory entity.

iii. **SFIs for the ICB** – The committee received a paper which set out the draft SFIs, Authorisation Limits and Invoice Limits for the ICB.

The committee noted that, as the operating model and leadership structure of the ICB develops the Chief Financial Officer will revisit the SFIs in Q2. The SFIs would be brought back to the ICB's Audit Committee on a regular basis as the ICB develops.

iv. **Go live Readiness Assessment** – The committee received a paper which demonstrated the readiness of the CCG to proceed with the planned dissolution of the existing CCGs and establishment of the Hampshire and Isle of Wight Integrated Care Board on 1 July 2022.

v. **Due diligence and transfer orders** – The committee received a paper which set out the nature and purpose of Transfer Orders, to ensure that all relevant assets and liabilities are transferred from the old organisations to the new organisation. It also ensures that there are robust processes in place to make sure that:

- Senders and Receivers satisfy their statutory and other governance obligations;
- Ensure that no Sender asset or liability remains unaccounted for in the Transition;
- Create an appropriate audit trail and record of how the transition was achieved;
- Provides certainty and clarity to all affected by the transition;
- Enable the legal documents necessary to implement the transition to be drafted.

vi. **Draft programme closure report and draft lessons learned** – The committee received a paper setting out the process for a draft programme closure report and lessons learned report to be presented to the Audit and Risk Committee at its final meeting to ensure visibility and support assurance in the closure of the CCG and the supporting programme structure.

This would ensure that the key elements of the actions, risks and issues associated with the Safe Transfer Programme which will endure beyond programme close are understood and transferred to the new organisation.

vii. **Committee Close Down** – The committee review the submitted reports and:

- Agreed that work would be transferred to the Audit and Risk Committee of the new Integrated Care Board pending agreement of the Terms of Reference
- Confirmed on completion of the revised GBAF on 16th of June, that risks, issues or areas of concern and any new actions identified during

	discussions would be transferred to the Audit and Risk Committee of the new Integrated Care Board pending agreement of the Terms of Reference.
	Any Other Business There were no items of Any Other Business for the Audit Committee to note.
3.	Items to escalate to Board No items were identified for escalation to the Governing Body.
4.	Key reference documents: <ul style="list-style-type: none"> • Draft Minutes of meeting held on 25th May 2022 will be published once approved by the committee.
5.	Date of Next Meeting - 16th June 2022

Audit and Risk Committee Summary (including closedown assurance)	
1.	Date of Meeting: 16 th June 2022
2.	Overview of business including key issues for Governing Body:
	<p>Cyber Security – The committee received a summary report of actions taken since the last Audit and Risk Committee on 25th May 2022 including:</p> <ul style="list-style-type: none"> • Cyber security Internal Audit exit meeting completed. • Draft Internal Audit report received and currently under review for management comments. • The committee repeated ongoing concerns on the controls operating around removable media such as data sticks and noted assurance that security patches would be uploaded to enhance cyber security.
	<p>Counter Fraud and Security</p> <p>i. Fraud Bribery and Corruption Progress Report – The committee received a paper which outlined the key fraud, bribery and corruption work undertaken for NHS Hampshire. Southampton & Isle of Wight Clinical Commissioning Group (the CCG) for the period 16 May 2022 to 7 June 2022.</p> <p>ii. 2021 – 2022 Fraud, Bribery and Corruption Annual Report – The committee noted the report which detailed work undertaken as specified within the CCG’s Fraud Bribery and Corruption Work Plan for 2021 – 2022, and showed that the plan was complete.</p> <p>The report highlighted that the Counter Fraud Functional Standard Return was completed by the Local Counter Fraud Service for authorisation by the Audit and Risk Committee Chair and the Director of Finance to meet the submission date of 10 June 2022. The Counter Fraud Functional Standard Return resulted in the CCG obtaining an overall green rating.</p> <p>iii. Lessons Learned from Investigations - 2021 – 2022 – The committee received a report which outlined the Local Counter Fraud Specialist review of all referrals and investigations conducted in 2021 – 2022 for the CCG. The aim was to report on key identified risks that could affect the ICB, to highlight the lessons that should have been learned, and to make recommendations to mitigate future risk. The review concluded that there are some areas for the ICB to be mindful of in respect of fraud, bribery, and corruption risk. These included.</p> <ul style="list-style-type: none"> • Creating a system for the Executive team to manage counter fraud recommendations. • Managing cyber enabled fraud risk and collating meaningful intelligence for analysis and trend monitoring. • Managing conflicts of interest in grant awards. • Contract management of grant awards and reviews against key performance indicators.

	<ul style="list-style-type: none"> • Contract management of employment agencies in respect of recruitment processes. • Ensuring that a fraud awareness programme is maintained with primary care contractors to mitigate risk to prescribing budgets. <p>The committee noted the importance of establishing a form of recommendation tracker, and highlighting the key risk areas to the ICB.</p>
	<p>Reporting progress on equality, diversity and inclusion – The committee received a paper which described:</p> <ul style="list-style-type: none"> • The current processes and procedures that support equality, diversity and inclusion • Legislative and NHS required reporting and timelines • The key performance indicators • Recommendations on how to take this forward as we establish the new Hampshire and Isle of Wight Integrated Care Board. <p>The Committee noted the importance of baseline data, particularly in relation to work on the Gender Pay gap.</p>
	<p>Internal Audit</p> <p>i. Update on the Implementation of Recommendations – The committee received a paper which provided an update in relation to progress being made in implementing recommendations arising from Internal Audit reviews.</p> <p>A total of 51 recommendations were brought forward from the legacy CCGs which were considered relevant for follow up by Internal Audit. All of these recommendations have now been fully implemented/closed.</p> <p>The committee noted there were a total of 15 recommendations from recently issued reports which were being verified by Internal Audit, 1 where an extension to the target date was approved by the Committee and 16 which were not yet due for implementation. There are no priority one/urgent recommendations.</p> <p>ii. Progress report against the 2021/22 Annual Internal Audit Plans – The committee received a report, which provided an update on the progress since the last meeting and brought to the attention of the committee any significant Internal Audit and related issues which may have an impact on the CCG.</p> <p>The committee noted the following final report had been issued:</p> <ul style="list-style-type: none"> • GP IT Assets – Reasonable Assurance <p>The committee further noted the issuance of two draft reports issued for Cyber Security and Public & Patient Engagement. Work was continuing on two advisory reviews; The New Financial Framework and Delegation, Decision making and Accountability Arrangements. The Committee asked that these reviews be completed as soon as possible, and ideally by 30 June 2022.</p> <p>iii. Internal Audit Annual Report & Head of Internal Audit Opinion for 2021/22 – The committee received a paper which set out the Final 2021/22 Internal Audit Annual Report & Head of Internal Audit Opinion for the CCG.</p>

	<p>The committee noted that ‘Reasonable Assurance’ could be provided on the adequacy and effectiveness of all the CCGs’ system of internal control.</p>
	<p>External Audit</p> <p>i. External Audit – Audit Findings Report 2021-22 – The committee received the draft Audit Findings Reports for NHS Hampshire, Southampton and Isle of Wight CCG dated 10 June 2022.</p> <p>The report provided a summary of the key findings following the audits of the CCG’s Annual Report and Accounts, although these were still in draft format given that the audits were not formally concluded with a small number of items and tasks still outstanding which will be completed.</p> <p>Once the audit was finalised the report would be updated and a final opinion given.</p> <p>At the time of the report, there were no significant or material issues that needed to be brought to the committee’s attention. Four recommendations have been raised as a result of the audit work and management responses included.</p> <p>ii. Mental Health Investment Standard – The committee received a verbal update, which advised that a fee of £30k was confirmed, though work would not be underway until later in 2022.</p>
	<p>Annual Report and Accounts – The committee received the final draft of the 2021/22 Annual Report and Accounts for the Hampshire, Southampton and Isle of Wight CCG.</p> <p>The audit of the Annual Report and Accounts for all CCGs had continued to progress since an update was provided at the last Audit and Risk Committee on 25th May 2022. There were no significant or material issues to report following the work that Grant Thornton, the CCG’s external auditors, had undertaken, which was nearing completion with a majority of testing and reviews complete.</p> <p>The Annual Report and Accounts was shared with senior teams for review and feedback throughout the process, and the finance team remained in regular dialogue with the auditors to facilitate any queries and agree any required amendments.</p> <p>The CCG has a clear submission process and plan to ensure there were no issues, errors or delays ahead of the submission deadlines. The CCG was on course and ready to submit the Annual Report and Accounts as well as other required documentation and templates.</p> <p>It was noted that:</p> <ul style="list-style-type: none"> • The accounts and annual report were consistent with the knowledge of the Committee • LCFS had confirmed that the CCG has satisfactory arrangements for the prevention, detection of bribery fraud and corruption • The Head of Internal Audit opinion confirmed that the CCG has reasonable and effective risk management, control and governance arrangements in place

	<ul style="list-style-type: none"> • The External Auditors had issued a draft, unqualified audit opinion <p>On this basis the Committee agreed to recommend their approval to the Governing Body.</p>
	<p>Management Letter of Representation – The committee noted the individual annual Letter of Representation with regards to the 2021/22 Annual Report and Accounts, which was drafted for Hampshire, Southampton and Isle of Wight CCG. The content of the Letter of Representation was approved ahead of formal signature by the Chair of the Audit and Risk Committee.</p>
	<p>Safe Transfer –</p> <ol style="list-style-type: none"> i. Governance Handbook including <ul style="list-style-type: none"> • Scheme of Reservation and Delegation • SFIs for the ICB <p>The committee noted the paper which set out notable additions including the addition of further delegations made by NHS England for the commissioning of pharmacy, optometry and dentistry primary care services. In addition, the committee noted the final model SFIs had not yet been received from NHS England, but were anticipated to be only marginally changed from the draft included.</p> ii. Transfer Orders – The committee received an updated, setting out the schedules been submitted to NHS England on 10 June 2022 for inclusion in the single national transfer order which will be enacted in the week commencing 20 June 2022 for the establishment of ICBs. iii. Programme Closure Report including Lessons Learned Report – The committee received a draft report, in advance of the submission of the final report to the ICB, for comment on any further topics to be included or amendments to the proposed approach. The action plan would be presented to the next meeting of the ICB Audit Committee. iv. Go live Readiness Assessment – The committee noted due diligence checklists and final Readiness to Operate Assessments, along with the outcome statement regarding the conclusion of the staff consultation, all submitted to NHS England on 10 June 2022.
	<p>Governing Body Assurance Framework – The committee reviewed the GBAF which highlighted changes in score on Financial Performance, Cyber Security, Planned Care Programme and System Workforce Resilience & Sustainability, as well as noting a new risk on Learning Disabilities.</p> <p>The committee noted comments from the Chief Finance Officer that there was now a need to establish a new framework for the Integrated Care Board, to incorporate risks from Portsmouth.</p> <p>The committee noted the expectation that the headline risks would remain, but controls, governance and monitoring would change in new framework</p> <p>The committee considered the risks related to the establishment of place based governance, particularly owning the rapidly shortening timescale and asked that this be included in the next iteration of the BAF</p>

	Any Other Business There were no items of Any Other Business for the Audit Committee to note.
3.	Items to escalate to Board No items were identified for escalation to the Governing Body.
4.	Key reference documents: <ul style="list-style-type: none">• Draft Minutes of meeting held on 16th June 2022 will be published once approved by the committee.

Primary Care Commissioning Committee	
Primary Care Commissioning Committee (PCCC) Close Down Meeting	
1.	Date of Meeting: 18 May 2022
2.	<p>Overview of discussions at the close down meeting: The Chair reported that the focus for this meeting is to enact the procedure for closing down HIOW CCG Committees and to identify key actions/risks/outstanding items on work plans to be transferred to another Committee or Group of the Integrated Care Board from 1 July 2022.</p>
2.1	<p>Whitehill and Bordon Health Hub – Received a verbal update. Following the standing down of the PCCC Seminar/Confidential Meeting on the 13 April 2022 due to the ongoing HIOW system pressures it was agreed in order not to delay the decision on the Whitehill and Bordon Health Hub proposal to progress this ex-committee via email and virtual approval. The Chair reported that on the 12 April 2022 he confirmed that he has read the papers provided and noted the PCCC voting members responses/approval and in line with governance processes and financial limits around delegated authority confirmed that he has taken Chairs action approving this development/funding for the Whitehill and Bordon Primary and Community Health Hub.</p>
2.2	<p>Primary Care Work Plan Update – Received paper PCCC22/016 and supporting presentation that:</p> <ul style="list-style-type: none"> • Provided a summary of the progress of the primary care workplan • Summarised the priorities and risks which will be handed to the Integrated Care Board which is established on 1 July 2022 • Recommends adoption of the work programme to Hampshire and Isle of Wight Integrated Care Board. <p>Attention was drawn to the fact that during 2021/22, the primary care teams across the geography of Hampshire and Isle of Wight have worked together to produce a primary care work programme in collaboration with some key stakeholders. Priorities for the next 12 months have been identified though it is recognised these may change due to the fast moving pace of change and national priorities. As an example, the Fuller report is due to be published soon which may influence some of our priorities.</p> <p>AGREED: Recommended that this programme is to be continued when the Hampshire and Isle of Wight Integrated Care Board is officially formed.</p>
2.3	<p>Primary Care Prescribing - Received paper PCCC22/017 that summarises the work of the medicines optimisation teams within the CCG, including their response to the COVID-19 pandemic. The report also highlights the key medicines optimisation priorities and actions being taken to address these. The paper provided updates on:</p> <ul style="list-style-type: none"> • Financial performance including cost-orientated interventions, prescribing rebates and the national DOAC procurement framework agreement • Medicines optimisation response to COVID-19 • Antimicrobial stewardship

	<ul style="list-style-type: none"> • Medicines quality, safety and controlled drugs stewardship • Medicines interventions that support the NHS sustainability agenda • Digital initiatives in medicines optimisation • The proposal to create a HIOW Prescribing Committee and align existing medicines formularies • The development of an ICS integrated pharmacy and medicines optimisation plan <p>Particular attention was drawn to:</p> <ul style="list-style-type: none"> • The NHS has agreed a national procurement agreement for directly acting oral anticoagulants (DOACs) with the aim of making expanding access more affordable and saving money for both the health service and the taxpayer from the reduction in strokes. The agreement makes DOACs more affordable allowing the NHS to provide treatment to an additional 610,000 more patients. This level of uptake will help to prevent an estimated 21,700 strokes and save the lives of 5,400 patients from a fatal outcome over the next three years. The commercial agreement went live from the 1 January 2022 and HSI CCG has signed up to the agreement. Edoxaban is already the preferred first choice DOAC on formularies across HIOW. The use of Edoxaban has been included in the Investment and Impact Fund (IIF), which forms part of the PCN DES. • Within primary care, the choice of inhaler device is an important component of the NHS sustainability agenda. The CCG is currently an outlier with respect to the use of metered dose inhalers compared to dry powder inhalers. This is now included in the PCN DES and resources to support interventions have been developed. It is important to note that any changes to a patient's inhaler device requires a shared decision-making approach to ensure that the device is suitable for the individual.
2.4	<p>Primary Care Finance Report - Received paper PCCC22/018 that:</p> <ul style="list-style-type: none"> • Outlined the final financial position for the financial year 2021/22 for all the CCG Primary Care budgets in totality. For 2021/22, the CCG reported a final outturn position of £1.7m underspent across all Primary Care budgets. Even though the Primary Care Delegated Commissioning budget overspent by almost £2.8m, this was more than offset by underspends in the following areas: <ul style="list-style-type: none"> • Locally Commissioning Schemes and Other Contracts – given that there were income protection principles applied to a lot of these contractual arrangements contingency that was set aside for over performance/delivery was not fully required. • Primary Care IT – some of the items that were originally budgeted were picked up through the Digital 1st Programme. • SDF – there was some unused funding, particularly around fellowships. • Reported on prescribing spending • Provided an update on Winter Access Funding and the Additional Roles Reimbursement Scheme (ARRS) funding. <p>An update was provided on the 2022/23 Financial Plan that has been submitted and the plan will be taken to the first meeting of the ICB Primary Care Committee.</p>
3.	<p>Actions To Be Transferred – There are no outstanding actions to be transferred.</p>
4.	<p>Issues and Risks To Be Transferred</p> <ul style="list-style-type: none"> • Estates • New model for working in general practice - communication and engagement with the public around how patients access services

	<ul style="list-style-type: none">• Digital infrastructure• Workforce• Resilience
5.	Key reference documents: <ul style="list-style-type: none">• 18 May 2022 Primary Care Commissioning Committee Public meeting papers which are accessible on the CCG website and are available from the Governance Team.

Members and attendees of the Primary Care Commissioning Committee met on 15 June 2022 for a briefing and discussion on the Fuller Stocktake Report that was published in May 2022 and the implications for Hampshire and the Isle of Wight going forward. Local system updates were received including feedback to inform handover discussions between the CCG non-executive directors/advisers and the Integrated Care Board non-executive directors and associate.

QUALITY, PERFORMANCE, FINANCE AND WORKFORCE COMMITTEE
CLOSEDOWN REPORT / MEETING 18 MAY 2022

Overview of discussions

Relating to the **Integrated Quality and Performance Report**, the system remains challenged. There have been improvements in performance relating to elective / cancer. The key issues to be handed over to the new organisation are:

- Lack of Specialised Commissioning Tier 4 beds which is impacting on acute providers
- Continued high levels of new referrals into the Hampshire Children and Adolescent and Mental Health Services (CAMHS) and current workforce and current workforce capacity is having an impact on the timeliness of children being seen by the service
- Urgent and emergency care demand is resulting in constitutional standards not being met and an increase in incidents being noted
- Continued increased in length of stay for patients in hospital
- Diagnostic performance targets are not being met, which is impacting patients, including delays in patients being diagnosed with dementia

A formal planning process is being undertaken relating to the forthcoming bank holiday weekend. Pressure within Primary Care is immense with practices shutting down services. The importance of communicating the bank holiday plans internally /externally was raised. The pressure that Asylum Hotels are having on Primary Care was highlighted.

Relating to **Quality** the key risks for handover to the new organisation are:

- Access to Tier 4 beds. Lack of capacity is resulting in children being cared for in our acute hospitals. Concerns have been raised relating to psychological / mental wellbeing
- An electronic communication failure has been reported between PHU and Willow Group practices. PHU patient letters from PHU were being received on the Care and Health Information Exchange system (CHIE) but were not being received by EMIS. The issue has been escalated to NHSE and a clinical review is being undertaken. No harm has been identified
- The evidence SHFT have submitted for 6 of the PASCOE recommendations demonstrates good progress. The final pack of evidence is due to be submitted end May 2022.
- Relating to Uplands Independent Hospital, work is ongoing relating to their CQC action plan. Senior Leadership has been brought in and a Turnaround Director appointed. Weekly meetings continue with the CCG
- CQC action plan monitoring for SHFT, SCAS, Uplands, Maternity Services HHFT and also likely to include PHU (CQC undertaking well-led inspection)
- Monitoring of Ockenden and Pascoe reviews (with providers and system learning)
- The report provided the key issues to handover for each local area and safeguarding teams

The Committee raised that workforce stress / morale also needs to be included in the key issues for handover

Relating to **Finance** the CCG has a deficit plan currently. Programmes of work are underway to determine efficiencies. Progress relating to financial delivery will be monitored. The HIOW ICS deficit plan needs to improve by approx. £46m (£6m - £10m will need to come from the CCG). Commitment has been made to continue with a fixed envelope for discharge schemes for 2022/23. Revised submission to NHS England is due on 20 June 2022

Relating to **Workforce** the top 3 risks to handover are the quality impact of workforce shortages, health inequalities and people impact of workforce shortages. A workforce update for April 2022 was provided.

Relating to **Hampshire and Isle of Wight Children's Mental Health** the key successes and key risks and issues were the main focus of the discussion.

- Hampshire CAMHS have recruited to 110 posts resulting in 47% additional capacity
- 5 new mental health in schools' teams have been launched across Hampshire
- There has been a reduction in Tier 4 demand across the region (not for HIOW as yet)
- 2 system wide programmes have launched to support acute eating disorder demand
- HIOW are leading the regional response to ADHD / Autism assessment needs, building a framework for procurement of high-quality accessible assessments, effectively managing the market cost and quality, and ensuring dove tail into local pathways of care
- Workforce development remains challenging, with some areas struggling to recruit
- Demand remains high in the community as well as across the T4 requirements. Access to Tier 4 beds remains challenging and of concern

Demand for Children's Mental Health services has risen significantly. The Committee noted the developments, transformation, and delivery of place-based plans to improve children's mental health outcomes across HIOW and the project plan developed in response to regional Call-to-Action & current surge in Children's and Young People's Mental Health (CYPMH) demand.

Relating to **Procurement**, the Committee ratified the Procurement Group's support of the recommendations relating to the Hampshire and Isle of Wight Specialist Parenting Support procurement and Online Consultations.

Relating to the **Action Log** 2 outstanding actions need to be transferred to the new organisation:

- Mar 3 – Contract assurance – output from phase 2 to come to a future meeting
- Mar 4 - CAS approach - to be investigated whether any differences relating to performance are emerging relating to the North Hampshire approach and the South Hampshire approach

Safe Transfer

Each CCG Committee / Board is hosting its final substantive meeting this month. Each will submit a close down report for consideration at the Audit and Risk Committee meeting scheduled for 25 May 2022.

This will enable the Chief Executive of the CCG / Chief Executive Designate of the ICB to provide written assurance to NHSE/I by 1 June 2022 that due diligence processes have been completed / are scheduled to be completed to allow a safe transfer from the CCG to the ICB.

The papers from today's meeting represent a stocktake of the work to be transferred to the new organisation. A safe transfer checklist will also be completed. The **Governing Body Assurance Framework** will be updated as a result of today's meeting.

A final CCG Governing Body meeting is scheduled for 22 June 2022 to sign off the transfer arrangements and receive any final exception reports.

A slide provided information on the Integrated Care Board Assurance Environment which closely mirrors the CCG structure.

The 1st meeting of the ICB will take place on 1 July 2022 and guidance has been received relating to the essential establishment processes.

Key reference documents

Agenda papers and minutes from the meeting – accessible from the Governance Team

REMUNERATION COMMITTEE
CLOSEDOWN REPORT 13 MAY 2022

Overview of discussions

The Remuneration Committee has the following statutory duties:

- To make recommendations about remuneration, fees and allowances for employees of the CCG and people who provide services to the CCG. For avoidance of doubt, this includes:
 - all employees regardless of the use or otherwise, of various pay frameworks, seniority or role
 - people who fulfil clinical roles (e.g., GP clinical leads) who are neither employees nor on the Governing Body
 - all components of remuneration (including any performance-related elements and other benefits)
 - termination payments (including redundancy and severance payments) and any special payments following scrutiny of their proper calculation and taking account of such national guidance as appropriate.
- To make recommendations about allowances payable under pension schemes established by the CCG for its employees and Members.

The Committee has met on eight occasions since Hampshire, Southampton and Isle of Wight CCG was established on 1 April 2021, which included the following activities:

- To review recommendations for the remuneration of the CCG's clinical leaders following the merger of the six predecessor CCGs – this ensured that there is a consistent and fair approach, taking into historic arrangements and regional benchmarking.
- To review a small number of requests for voluntary redundancy following organisational re-structuring in throughout the year following the merger of the six predecessor CCGs – six business cases have been reviewed and all were approved. The cost of redundancy as calculated by the pension's agency plus employers on-costs and any additional costs on exit for 2021/22 amounted to £710,606
- To review the arrangements to evaluate the performance of the Accountable Officer, in conjunction with the CCG Independent Chair, the Hampshire and Isle of Wight Integrated Care System Chair Designate and NHS England/NHS Improvement, including bonus payment relating to the 2020/21 and 2021/22 financial years, in line with agreements carried forward from predecessor CCGs.
- To receive an overview of the organisational design process for the Hampshire and Isle of Wight Integrated Care System and the process of executive director appointments to the Hampshire and Isle of Wight Integrated Care Board.
- To review and approve the remuneration for three new Very Senior Manager appointments into the Finance Team following the development of a new supporting structure for the Chief Finance Officer, taking into account internal benchmarking and market factors. The roles recruited to are Director of Finance (Strategic Capital & Sustainability); Director of Finance (Strategy & Transformation); and Director of Finance (Operations & Systems).
- To consider the letter sent to all NHS organisations on 8 September 2021 by Prerana Isaar, Chief People Officer, NHS England and Improvement, which recommends no pay award for Very Senior Managers (VSMs) for the financial year 2021/22 but gives the option to make a payment with certain restrictions and caveats. The Committee agreed not to pay a consolidated pay uplift in line with national guidance and not to pay a non-consolidated pay award for 2021/22.

The Annual Report 2021/22 of the CCG includes a Remuneration Report, which is currently subject to audit, where further detail is published

The business of the Remuneration Committee has been primarily transactional in nature, given the short period in which it has been in place, there is one issue/risk/action which it highlights for the incoming ICB Remuneration Committee.

Taking into account the considerable public scrutiny of executive pay in the NHS, the fact that national salary ranges have now been published for ICB executive roles and that no consolidated pay uplift were recommended in line with national guidance, the CCG Remuneration Committee identifies as a priority that a full benchmarking review of Very Senior Manager remuneration is undertaken by the ICB Remuneration Committee as soon as is practicably possible after 1 July 2022. The CCG Remuneration Committee recognises the widespread achievements these Managers have made during the challenges of the past year, and that there are significant risks in relation to staff morale and retention if such a review is not completed. It is also noted that given the scope and scale of the new ICB's responsibilities, this review should take into consideration Very Senior Managers who are not Executive Directors/Board Members.

Safe Transfer

Each CCG Committee / Board is hosting its final substantive meeting this month. Each will submit a close down report for consideration at the Audit and Risk Committee meeting scheduled for 25 May 2022.

This will enable the Chief Executive of the CCG / Chief Executive Designate of the ICB to provide written assurance to NHSE/I by 1 June 2022 that due diligence processes have been completed / are scheduled to be completed to allow a safe transfer from the CCG to the ICB.

The minutes of the Committees from the past year and the work to be transferred to the new organisation. The safe transfer checklist will also be completed.

A final CCG Governing Body meeting is scheduled for 22 June 2022 to sign off the transfer arrangements and receive any final exception reports.

The first meeting of the ICB Board will take place on 1 July 2022 and guidance has been received relating to the essential establishment processes. A meeting of the ICB Remuneration Committee is also scheduled to take place on 1 July 2022.

Key reference documents

Annual Report and Accounts 2021/22 - Remuneration Report

Priorities Committee – Policy Recommendations Summary

This paper outlines 11 clinical criteria access policies which have been recommended for adoption by the Southampton, Hampshire, Isle of Wight and Portsmouth Priorities Committee. The policies require formal adoption in the name of the Clinical Commissioning Group in order to become recommended clinical practice as part of the transition to the Integrated Care Board.

Some of the policies in the table attached have been updated in line with the policy to review and refresh all policies on a three-year rolling basis to ensure they remain update to date and in line with the latest guidance and evidence base. Some of the policies are simple wording amendments for clarification and other others have been reviewed to bring them in line with either NICE recommendations or with the National Evidence Based Intervention recommendations, in some case both.

One policy is a new policy: Policy 68 Treatments for primary focal hyperhidrosis which needs particular due regard.

Taking full regard of the National Evidence Based Interventions (EBI2) Guidelines, the Clinical Policy Operational Group, with representation from each local delivery system support the adoption of the recommendations.

Detail of full recommendation and criteria can be seen in the full statement – appendix 1.

Following approval of recommendation statements, a non-contractual information notice letter will be issued to providers to make them aware of latest local guidance and with a refreshed on-line version of the overarching Individual Funding Request (IFR) and Restricted Treatments and Procedures (RTaP) Policy for 2022/23 for clinical reference.

All policies are available via the GP Portal and at - www.fundingrequests.ccsu.nhs.uk

Recommendations	The Governing Body is asked to ratify and approve Priorities Committee clinical policy recommendations.	
Publication	Include on public website ✓	

Governance and Reporting- which other meeting has this paper been discussed		
Committee Name	Date discussed	Outcome
Hampshire and Isle of Wight Priorities Committee	As per table in Appendix 1	Agreed
Joint Hampshire, Southampton and Isle of Wight CCGs Clinical Policy Operational Group	April 2022	Agreed

Please provide details on the impact of following aspects

<p>Equality and quality impact assessment</p>	<p>The policy statements are not expected to specifically advantage or disadvantage any particular group.</p> <p>The Individual Funding Request (IFR) and Restricted Treatments and Procedures (RTaP) Policy include a process for consideration of individual cases in exceptional circumstances.</p>
<p>Patient and stakeholder engagement</p>	<p>This was fully considered by the Hampshire and Isle of Wight, and Portsmouth Priorities Committee following an evidence review carried out by the CSU's Clinical Effectiveness team which, in turn, references relevant NICE and EBI guidance which includes patient and user engagement.</p> <p>Stakeholder engagement in the changes to Clinical Access Policies are in place in each local secondary care/provider system to periodically review implementation impact as part of the CCG's collaborative and partnership working.</p>
<p>Financial impact, legal implications and risk</p>	<p>This policy, when fully implemented, is likely to derive additional quality improvements and potential financial benefits in terms of unwarranted or un-commissioned secondary care activity.</p> <p>Activity reduction cannot be accurately quantified but the policy revisions offer greater assurance of activity being carried out in line with best practice evidence and expert advice.</p> <p>There are no known legal implications arising from this paper.</p> <p>There are no risks in relation to these statements. These policies confirm specific changes to treatments and procedures restricted by criteria.</p>

Clinical Executive Information Paper: Priorities Committee Recommendations

Purpose of Paper

This paper outlines procedures and treatments which are recommended as low priority procedures subject to criteria, by the Hampshire and Isle of Wight Priorities Committee (HPC). Recommendations are made following a systematic review of the evidence and/or local clinical expert discussion together with cost effectiveness analysis relating to the following areas:

Hampshire and Isle of Wight Priorities Committee Recommendations Process

The Hampshire and Isle of Wight Priorities Committee (HPC) meet on alternate months to review evidence and NICE guidance and make recommendations which potentially affect commissioning decisions across the local health economy. The HPC is informed by requests for specific review by the member CCGs. Decisions are made within an ethical framework and the committee has representatives from Public Health England, lay members, a university ethicist as well as the local commissioning bodies. The HPC also takes due regard of criteria and recommendations made by the National Evidence Based Intervention (EBI) Programme Board.

Responsibility for adoption of recommendations from the Priorities Committee sits with individual CCGs. Therefore, Hampshire, Southampton and Isle of Wight CCG has formed the Clinical Policy Operational Group (CPOG) as an internal governance body to provide oversight in planning and adoption of recommendations which may have an impact on commissioning decisions for the local population. This group is inclusive of all local CCGs and will continue to maintain local provider relationships and interests. Until such time a new statutory body is formed, each CCG retains its internal sign-off governance process.

These policy statements have been shared with the Joint Hampshire, Southampton and Isle of Wight CCG CPOG with no recommendation to amend the policy statements. Therefore the above procedures are put forward with the recommendation to Clinical Executives that these statements are adopted in full as Criteria Based Access Policies (CBAP – formerly known as restricted treatments and procedures (RTAP) policy statements).

Policies Ratified by HSIP Committee; awaiting formal adoption

	Policy	Date of Ratification by HSIP Priorities Committee	Summary of Policy Changes	Policy Document
1.	Policy 12. Cholecystectomy	18/11/2021	Routine 3-yearly update and inclusion of NICE guidance and EBI statement that for asymptomatic gallstones, cholecystectomy is not normally funded.	 HSIP Policy 12 Cholecystectomy v3.0.
2.	Policy 19. Functional endoscopic sinus surgery for chronic rhinosinusitis and nasal polyps	18/02/2021	Review of policy due to publication of EB12 guidance. Adoption of EB12 wording.	 HSIP Policy 19 Functional endoscopic
3.	Policy 20. Repair of inguinal hernias in men	16/09/2021	Alignment with EB12 recommendations to note that for asymptomatic or minimally symptomatic inguinal hernias in men, a watchful waiting approach should be taken.	 HSIP Policy 20 Repair of inguinal hernia in n
4.	Policy 24. Use of autologous blood injections for musculoskeletal conditions	16/09/2021	Policy update. No change to clinical content as no new evidence to support a change; reformatting only.	 HSIP Policy 24 ABI Policy v2.0.pdf
5.	Policy 27. Liothyronine in the treatment of primary hypothyroidism	16/09/2021	Routine 3-yearly update. Minor wording amendment re review of patients currently being prescribed liothyronine agreed. Inclusion of information for consultants prescribing liothyronine for their private patients.	 HSIP Policy 27 Liothyronine in the tre
6.	Policy 30. Fertility preservation. Cryopreservation and storing of gametes (eggs and sperm) and embryos for future use for patients who are about to start NHS treatment that carries high risk of infertility.	16/09/2021	Routine 3-yearly update, consideration of equity of access and clarification of patients in the scope of the policy, including age at collection and duration of storage. Ovarian and testicular tissue preservation position revised to 'not normally funded'. Addition of note on surrogacy. Addition of statements to the policy regarding 10-year storage and anything further will require an IFR.	 HSIP Policy 30 Fertility Preservation \

	Policy	Date of Ratification by HSIP Priorities Committee	Summary of Policy Changes	Policy Document
7.	Policy 32. Cataract Removal	18/11/2021	Amendment to state that Immediate Sequential Bilateral Cataract Surgery is an option available with shared decision making (removed 'preferable' from policy).	 HSIP Policy 32 Cataracts v1.0.pdf
8.	Policy 34: Pulse oximetry for the diagnosis of obstructive sleep apnoea (OSA)	17/03/2022	Updated to reflect new NICE guidance; that should only be considered if home respiratory polygraphy is not available.	 HSIP Policy 34 Pulse oximetry for sleep ap
9.	Policy 25: Treatment of chronic anal fissure (CAF) in adults	17/03/2022	Amendment to change duration of medical treatment from 'at least a month' to '6 to 8 weeks' in line with national guidance (BMJ) and to add brief explanation of anal fissure. Wording added for second Botox injection following advice from Consultant General/Colorectal Surgeon.	 HSIP Policy 25 Treatment of Chronic
10.	Policy 40: Management of Haemorrhoids	17/03/2022	Routine 3-yearly update. Minor amendments to bring the policy in line with EBI recommendations.	 HSIP Policy 40 Management of Haen
11.	Policy 68 Treatments for primary focal hyperhidrosis	17/03/2022	New policy. Recommendations made for assessment, self-management, and primary care treatments prior to referral to secondary care. Length of trial of conservative management and self-care treatments, and oral antimuscarinics defined; length of time between botulinum toxin injections and the level of improvement required to dictate a second injection also defined.	 HSIP Policy 68 Treatments for primar