NHS
Surrey Downs
Clinical Commissioning Group

Meeting Minutes

Governing Body

27th November 2015

Members present:

James Blythe, Director of Commissioning and Strategy
Eileen Clark, Head of quality and Chief Nurse
Peter Collis, Acting Lay Chair
Gill Edelman, Lay Member for Patient and Public Engagement
Dr Jill Evans, East Elmbridge Locality Chair
Dr Claire Fuller, Acting Clinical Chief Officer
Dr Robin Gupta, Dorking Locality Chair
Dr Mark Hamilton, Secondary Care Doctor
Dr Russell Hills, GP member
Dr Louise Keene, GP member
Matthew Knight, Chief Finance Officer
Dr Suzanne Moore, GP member
Jacky Oliver, Lay Member for Patient and Public Engagement
Jonathan Perkins, Lay Member for Governance
Yvonne Rees, Surrey County Council
Dr Andrew Sharpe, GP member
Debbie Stubberfield, External Nurse member
Dr Ibrahim Wali, GP member
Dr Simon Williams, Epsom Locality Chair

Others in attendance:

Antony Collins, Interim Director of Turnaround
Justin Dix, Governing Body Secretary
Suzi Shettle, Head of Communications and Engagement (Part One only)
Vicky Francis, Governance Support Officer (Part One only)

Chair: Peter Collis

Minute taker: Justin Dix

Meeting started: 1.00

Meeting finished: 3.25

1. Welcome and introductions

Peter Collis welcomed everyone to the meeting and explained his role as Acting Chair and Dr Fuller's role as Acting Clinical Chief Officer. This was intended to be a short term arrangement. GB271115/001

Those present introduced themselves. GB271115/002

2. Apologies for absence

Apologies had been received from Karen Parsons, Dr Kate Laws, and Dr Hazim Taki. GB271115/003

3. Conflicts of interests

There were no specific conflicts relevant to the meeting. The register of member's interests was noted. GB271115/004

4. Questions from the public

There were no questions from the public at this point. GB271115/005

5. Minutes of the last meeting (for accuracy)

The minutes of the meeting held on 25 September 2015 were agreed as an accurate record other than the following: GB271115/006

15 – It was clarified that that the minute on vaccination in North West Surrey was specifically relating to vaccination of pregnant women and not general vaccination. GB271115/007

063 – It was clarified that the minute relating to Princess Alice Hospice meant that the staff available were dealing with more complex patients, not that there had been a reduction in beds as such. Jonathan Perkins would supply a precise form of words to correct this. GB271115/008

6. Matters arising

Two week rule – it was noted that clarification of this had been circulated on email the previous day by Mable Wu. GB271115/009

7. Acting Clinical Chief Officer's Report

Dr Fuller thanked Miles Freeman for his huge contribution to the CCG and wished him well in his new role as a Director of Rightcare. GB271115/010

Antony Collins was welcomed in his role as Interim Turnaround Director. GB271115/011

The significant developments in Mental Health were highlighted, particularly Child and Adolescent Mental Health Services (CAMHS), crisis cafes (with a local service in the new year in Epsom), and Integrated Access to Psychological Therapies (IAPT) self-referral. It was now possible to self refer to IAPT which would hopefully improve access and reduce stigma when using mental health services. GB271115/012

The CAMHS and Stroke Committee in Common decisions were NOTED by the Governing Body. With respect to stroke, providers had been asked to identify future whole systems care pathways within existing budgets; work was ongoing and minimum targets in line with Sentinel Stroke National Audit Programme (SSNAP) had been agreed with providers although most were not yet reaching these. Services were being redesigned in collaboration with patients and the public. GB271115/013

With regards to IAPT, Cliff Bush expressed concern that some patients requiring face to face therapy were being offered only telephone consultations. He also expressed concern about the lack of detail regarding the new service, and about disabled access for the new crisis cafes. He would like to know where the new service was going to be based. GB271115/014

Dr Fuller said that the location of the venue was still commercially sensitive but information would be released as soon as possible. Dr Evans said that the only other service in Surrey was in Aldershot and that the new venue was modern and would be accessible, and should be well utilised. James Blythe said he accepted that widespread advertising and networking was necessary to make this work. GB271115/015

Dr Evans said that the referral for IAPT had not changed and in fact it should be easier to access services. The telephone call was only for initial screening and personal contact was available following this. Cliff Bush said that feedback from users was not consistent with this and asked for assurance on how many people were being seen and how they exercised choice. Dr Fuller agreed that the CCG would supply this, giving information as to how many people were receiving telephone and face to face counselling. GB271115/016

Action James Blythe

Eileen Clarke asked about the role of CCGs in child safeguarding as reported in the Health and Wellbeing Board, as this did not seem to reference some of the work being done with health. She was also concerned that there would not be a further report until March 2016. Dr Fuller said that the minute did not give the full flavour of the work being done but there would be a further update from the host CCG, Guildford and Waverley. GB271115/017

8. Finance Report

Matthew Knight highlighted the latest finance report for Month 7. The deficit year end forecast of £18 was still on track. Over-performance in acute trusts (£1.4m) was offset by benefits in other areas. Kingston Trust was a matter of concern to all commissioners as activity was increasing, although data was not felt to be wholly reliable. GB271115/018

Epsom had a slight underspend if the South West London Orthopaedic Centre was included. GB271115/019

Matthew Knight set out the areas that were under spending. These were EDICS accruals, prescribing costs, and non-commissioned activity in more distant contracts. GB271115/020

QIPP programmes had delivered over £5m and were forecast to achieve £10m at year end. There were some risks including uncertainty around property costs but there were reserves and cautious assumptions that would offset these. GB271115/021

Cash flows were as expected at this time of year. GB271115/022

Dr Moore expressed concerns about the forthcoming winter and winter pressures monies. It was clarified that the latter were not expected to be used to manage additional activity and were to put in place specific programmes. A&E pressures were expected to increase but there were traditionally reductions in activity in December. GB271115/023

Debbie Stubberfield noted that acute trusts would be undertaking quality impact assessments of their Cost Improvement Programmes and although this was not an issue for Surrey Downs as a CCG we should challenge them on this. James Blythe confirmed that this area was closely watched and assurance had been sought from provider trusts as to ensure no detrimental impact on patient safety. GB271115/024

Dr Hamilton asked if the spending review and Better Care Fund (BCF) had been taken into account for the following year. Matthew Knight said that the CCG had been working to expected allocations and these had been factored in, but the detail for the NHS allocations and tariffs were not yet available. These would be the material issues for next year's plan but the Governing Body needed to be aware that the CCG was over capitation and might not get as big an allocation as other CCGs. BCF as outlined in the spending review had not been reviewed but had been incorporated on the assumption of a flat level of allocation. GB271115/025

Gill Edelman asked about contingency as opposed to headroom and what the difference between the two was. Matthew Knight said that the contingency was an actual budget line whereas headroom was a deliberately cautious assumption on acute trust budgets. GB271115/026

Dr Williams asked about the risk of the Kingston overspend and how this was being managed. Matthew Knight said that commissioning CCGs were meeting regularly and scrutinising both the finances and the financial challenge process. There had been a collective agreement on where the figures were expected to be by year end. GB271115/027

Dr Sharpe asked if there was any evidence that the RSS and similar schemes were delivering their benefits. Matthew Knight said that the figures did show a reduction in referrals per working day and these were being monitored in as much detail as possible. James Blythe said that specialty level data also showed that there was an impact related to RSS input. This could be further supported by matching RSS activity to e-referral activity once data issues had been resolved. In summary there was good evidence of impact but not a definitive statement to this effect. GB271115/028

At this point a member of the public who had arrived late asked a question in relation to stroke care and the number of units in Surrey in future. Dr Fuller reiterated the points in item 7 above and agreed to meet outside the meeting if there were any follow up queries. GB271115/029

9. Quality and Performance Report

Eileen Clarke presented the report and highlighted the following in particular: GB271115/030

- Healthcare Associated Infections remained a matter of concern and a panel was being convened to look at specific cases. GB271115/031
- Cancer waits had been the subject of intense working with some marginal improvement. Specific concerns about 100 day at SASH waits had been raised with the local commissioners. GB271115/032
- A&E waits were being closely monitored for their impact on quality and patient safety. GB271115/033
- Safeguarding Adults – an internal audit has identified concerns around capacity and a comprehensive improvement plan has been presented to all CCGs and is being worked through at Quality Leads meetings. GB271115/034
- Ambulance response times were a concern and were being closely monitored. There were also concerns around smoking in pregnancy and breastfeeding. GB271115/035

James Blythe noted that data was an issue in relation to cancer where there was a delay in getting information. Latest unvalidated data showed compliance with the 62 day standard from October which was good news, although the CCG did commission from other providers. GB271115/036

Jonathan Perkins asked about Health Care Associated Infections (HCAIs) and the capacity review of the Quality team. Eileen Clark said this was ongoing and the Executive Team were considering this. Dr Fuller confirmed there would be an additional Director role for the team and potentially other supports. GB271115/037

Debbie Stubberfield asked about the discrepancy between incident reporting and the three incidents at CSH – it was confirmed this was due to periods of reporting. She also asked if 100 day reports in relation to Cancer waits were being made and it was confirmed they were. GB271115/038

It was acknowledged that Friends and Family Test reports would be useful over the winter although there were some methodological changes which had caused the numbers being reported to drop significantly. GB271115/039

Cliff Bush asked about ambulance response times on page eight of the report and noted that this had been a long term problem. This was of real concern for patients, and public confidence in the service was very low amongst both patients and carers. Action plans did not seem to address the real issues and he noted that the CQC had been very critical of SECAmb. He believed the trust was withholding information and also asked if there had been any issues with Patient Transport. GB271115/040

James Blythe said that there were clear concerns with SECAmb's governance and that there were some surprising areas of poor performance that were being worked on with the lead commissioner (North West Surrey CCG). It would be unhelpful for individual CCGs to circumvent collaborative commissioning at this stage but acknowledged that this system did need to be kept under review. There was a seminar with the trust planned for early 2016. GB271115/041

Cliff Bush said that he understood this but was of the view that the ambulance trust were continuing to perform poorly and needed to be held to account to a specific deadline, rather than allowing them to continue to perform poorly year on year. It was not only bad for patients but impacted negatively on the financial and other performance of other NHS bodies. James Blythe agreed to provide a focus on this at the next Governing Body. GB271115/042

Action James Blythe

Ruth Hutchinson highlighted the smoking and breastfeeding issues mentioned in the report and said that there was a targeted smoking cessation service starting in the new year. Surrey County Council had taken over breastfeeding commissioning in October and were closely monitoring this. GB271115/043

Dr Wali highlighted the new NICE guidelines and their impact. James Blyth said that 62 day cancer performance had been reviewed on a pathway by pathway case and highlighted specific areas where there were problems and new arrangements such as nurse triage for endoscopy that had been put in place. He confirmed that Two Week Rule (TWR) referrals had gone up with new NICE guidelines and that the CCG should prepare for additional referrals and the need for additional capacity. GB271115/044

Dr Sharpe asked that new smoking cessation services be clearly advertised and communicated as current information for GPs was poor. GB271115/045

Dr Moore said that a recent meeting had highlighted midwives monitoring of smoking in pregnancy and felt this was seen as best practice rather than mandatory. GB271115/046

Dr Williams asked that Cliff Bush withdraw his comments on SECAmb withholding information; however Cliff Bush said he felt that they were accurate. James Blythe clarified that this related to a specific pilot scheme that had now been withdrawn and it should be clarified that the comments related to this, which concerned triage arrangements. Cliff Bush confirmed that he was happy with this. GB271115/047

Peter Collis noted that Cliff Bush was not a member of the Governing Body and that his comments were those of an independent observer. GB271115/048

10. Risk profile

Matthew Knight highlighted the new format which was designed to make risk clearer and more transparent. It made a clearer distinction between risk to strategic objectives (which were understandably higher) and risks to operations over which there was more control. GB271115/049

Matthew Knight noted the work ongoing in each of the principal areas and the programmes and initiatives underlying these, and in particular the degree of collaboration that they involved. GB271115/050

Jonathan Perkins said that there had been a number of positive initiatives in just the last few weeks that would mean some of the high risks should be reduced. Peter Collis agreed and said that the Executive Team and the Audit Committee needed to drive the review through and also address some methodological issues. GB271115/051

Dr Evans asked that the integration agenda should also be reviewed for Dorking and East Elmbridge and not just Epsom. GB271115/052

Dr Hills asked about how the equality assessments had been arrived at and Matthew Knight highlighted recent work on assessments of programmes. GB271115/053

11. 2016/17 Commissioning Intentions

James Blythe introduced these. The process for developing commissioning intentions had come to the last meeting and this was a further iteration of the work in progress. He outlined various stages relating to needs assessment, identifying variations, benchmarking services and then discussions with localities. The feedback from discussions with clinicians and the public were key in setting priorities. There had been solid progress on working with primary care on service redesign initiatives but this was a considerable amount of work. Urgent care and integration were very big issues and very challenging because of the way the CCG faced towards three different acute trusts. There could not be a single CCG approach for this reason and all three localities were important, as was the vision of the clinicians working in them. This presented logistical challenges but was the right approach. GB271115/054

The commissioning intentions were being programme managed and the would be approved by the Governing Body in January. GB271115/055

Dr Gupta acknowledged the development of the local vision for Dorking and welcomed this. GB271115/056

Jacky Oliver asked about the community hospital consultation and the lack of certainty on dates. James Blythe said that the consultation had been delayed because of the need for specific financial information from NHS Property Services (NHSPS). Matthew Knight said this was being escalated very strongly with them and highlighted the potential uncertainty around provisional figures. GB271115/057

Dr Sharpe highlighted the issue with “Did Not Attends” (DNAs) being re-referred and said this generated inefficiency and costs and James Blythe said that he was looking at this with the RSS to see if it could be addressed. It was acknowledged that sending patients who did not attend back to their GP was not usually ideal and a better system could be put in place. Dr Wali felt that the hospitals should change their practice and reschedule automatically in the majority of cases. GB271115/058

Jonathan Perkins returned to the issue of NHSPS delays and asked if there was any certainty about when the figures would be available. Matthew Knight said that NHSPS had missed other deadlines and were due to report today; it was clarified that the CCG had very little leverage over NHSPS and other organisations were also experiencing similar delays. GB271115/059

Dr Evans said that the CCG had worked very quickly and effectively on this issue and the NHSPS delay was disappointing, but it would be wrong to consult without accurate figures on the financial viability of the different options. GB271115/060

Jacky Oliver noted the knock on effect into other areas and the damage to public confidence it caused. GB271115/061

Gill Edelman asked how Commissioning Intentions were turned into specific targets and metrics particularly for children with complex needs, and James Blythe said this would vary from area to area but would be clarified in the PMO process. SM said there was a lot of detail available and the CCG could approach the host commissioner for this. Gill Edelman said this was a vulnerable group and there were links to safeguarding issues. Cliff Bush noted that in relation to this The Beeches, a service for children with complex needs commissioned by Surrey County Council, had been given a two year reprieve from closure. GB271115/062

Dr Williams highlighted the very robust engagement with the public on planned care and complimented the service redesign team on this. GB271115/063

12. Epsom Clinical Assessment and Diagnostic Unit (CADU)

James Blythe said that this paper actually covered wider integration in the three localities. The Epsom programme had been formally launched the previous day, and he noted that the CCG would have one of the most ageing populations in the country in terms of over 65s and above. This was highly relevant to the development of services and the need to engage local people and staff to bring down organisational boundaries and meet the increasingly complex needs associated with an ageing population. GB271115/064

James Blythe said that the CCG needed to think about how it would work in future given the wide range of organisations and contractors involved. Contracting, procurement and monitoring would all be affected and would not fit with conventional approaches. GB271115/065

Dr Evans said that the needs of the East Elmbridge and Dorking populations needed to be considered given that PM challenge fund resources were not available to them. Despite this East Elmbridge locality had made significant strides forward on integration. James Blythe noted this and said that the PM challenge fund was not the only resource involved, and the CCG did need a plan for each of the three localities. The challenges for East Elmbridge and Dorking were different given their relationship to the local acute trust and there would need to be a focus on the resources in the local community. There was flexibility in the CCG's approach to create locally appropriate visions. Dr Evans acknowledged this and asked that the learning from East Elmbridge be disseminated as it offered lessons in how to improve patient care, for instance in working with care homes. GB271115/066

Dr Sharpe said he had used CADU and was very impressed with the quality of service but said there was a lack of clarity about the respective roles of CADU and the community medical team. GB271115/067

Jacky Oliver asked about communication and who was responsible for publicising CADU. It was clarified that it was not a walk-in centre and required GP referral. Dr Williams said that there were good links to GP systems. Jacky Oliver said there should be good publicity on the service and how it worked. GB271115/068

Jonathan Perkins welcomed the paper but said he would like some clear measure of benefits and outcomes. James Blythe agreed and said that there were three areas that would give information: QIPP monitoring, Community Medical Team (CMT) metrics, and business case evaluation and monitoring. The Epsom Health and Care approach did contain metrics. GB271115/069

Eileen Clark said that quality feedback was mainly centred on communications between professionals and improvements in patient safety. GB271115/070

Dr Moore applauded the model but said there were some significant issues with workforce which needed to be monitored. James Blythe said that this was an issue, and would need to figure in business cases around specific areas such as dietetics and pharmacy. It would be important to see if needs could be met in different ways and resources targeted appropriately. GB271115/071

13. Community Hospitals Consultation

It was noted that this had been discussed above. James Blythe said that the programme as a whole had been reviewed by the scrutiny committee and there had been a very good dialogue on the consultation plan. There were no further questions. GB271115/072

14. Financial Controls Assurance

Matthew Knight spoke to this and highlighted the national letter and the requirements it contained. The process was across eighteen key questions for self-assessment with a theme around financial performance. Because of the CCG's 2014/15 outturn it was inevitable that the CCG would have to score itself as needing improvement. The auditors and Chief Officer had been involved in the process and it had been signed off by the Audit Committee. GB271115/073

Peter Collis said that the national view was that this would be an ongoing exercise but asked the Governing Body to understand that the self-assessment did not mean that the CCG did not have good oversight, and he stated that he had every confidence in the finance team's work. GB271115/074

Cliff Bush asked how long it would take for financial recovery to take place and it was confirmed this would be over three years (i.e. breakeven by the end of 2017/18). He expressed concern at the potential impact on patients and how acute trusts would be held to account for delivering improvements. GB271115/075

Dr Fuller said the CCG was in her view in much better shape than the previous year, but it was acknowledged that holding trusts to account was key and was central to the planning and delivery process. Matthew Knight said that the need for savings was real and he was trying to make this clear when promoting integration strategies with Chief Executives and Chief Finance Officers of provider trusts. GB271115/076

15. Safeguarding Adults Policy

Eileen Clark introduced this. Following the Care Act the policy had been amended and taken to the Quality Committee which had recommended it to the Governing Body; however further changes to the legal framework might require further changes to the policy. GB271115/077

Dr Hills noted that the references to sexual orientation in the cover sheet were not comprehensive and should be updated for gender re-assignment. This amendment was agreed. GB271115/078

Action Justin Dix

Dr Moore asked about the capacity review and the safeguarding team and Eileen Clark confirmed that concerns with safeguarding capacity were being fed into that and discussed with other CCGs. GB271115/079

The policy was AGREED by the Governing Body. GB271115/080

16. Emergency Preparedness, Resilience and Response: NHS England Assurance

Matthew Knight introduced this and the need for assurance around the CCG's planning. The paper showed the CCG's readiness against the key domains of the NHS England framework. The documentation had been reviewed and assured by the Commissioning Support Unit (CSU); it was noted that the amber areas focused mainly on training and development of on-call staff. GB271115/081

The report was NOTED by the Governing Body. GB271115/082

17. Audit Committee Report

Peter Collis spoke to this as Audit Committee chair and highlighted a number of key issues. GB271115/083

- Standards of business conduct where work was ongoing. GB271115/084
- Financial Controls assurance – see above GB271115/085
- Work on the annual report and accounts had now started. GB271115/086
- IFR limited assurance would be picked up at the next meeting of the Audit Committee with Karen Parsons attending to provide assurance. GB271115/087
- External audit would be subject to procurement from April 2017 and the Audit Committee would lead this process, acting as the Audit Panel for the process. GB271115/088

Peter Collis highlighted the issue of a member's report in the annual report and asked for GB member's views on this. Dr Fuller said this was a very positive initiative and supported continuing it, and Dr Hills supported this view. Jonathan Perkins said that one interpretation of this was that the GP practices were shareholders and you would not normally ask for a shareholder's opinion. He did not feel that it resonated with the rest of the annual report. Dr Fuller said that in her view the members' voice should be heard in the annual report. GB271115/089

Gill Edelman said that there was an issue of tone and it was acknowledged this was an area that could be improved. Dr Williams felt that some guidance was needed to improve the section from the members. Peter Collis said the practices were not analogous to shareholders as it was a membership organisation and engagement with the GP community was important. Dr Hills reiterated that in his view it was a useful part of the report but said that it should not involve GP members of the Governing Body in its production. It was agreed that Justin Dix would resolve this outside the meeting. GB271115/090

Action Justin Dix

18. Finance and Performance Committee Report

Jonathan Perkins referred to the written report and the finance report covered earlier. The figures were closely scrutinised, both financial and performance. NHS England regularly attended the committee and the terms of reference had been revised and tightened up. The focus was now moving to the Financial Recovery Plan (FRP) and QIPP going forward. GB271115/091

Peter Collis agreed that the emphasis was now moving to the longer term view. There were no further questions. GB271115/092

19. Quality Committee Report

Eileen Clark spoke briefly to the report. There had been a seminar and a formal meeting since the last Governing Body and that a particular focus had been the Ofsted report. She noted that there was a minor discrepancy between the cover sheet and the papers supplied but any missing papers would be checked and circulated separately. GB271115/093

Cliff Bush highlighted the issue relating to grooming of an individual and a subsequent assault and asked what the CCG was doing about this. Eileen Clark replied that the issue centred on awareness of transgender issues and this was now being picked up in various forums between the NHS and Surrey County Council. GB271115/094

20. Remuneration and Nominations Committee Report

Jonathan Perkins said that there had been a further meeting earlier in the day which had focused on talent management, sickness performance, significant progress on completeness of policies, and risk. GB271115/095

Gill Edelman asked if the committee was really an HR committee. This was acknowledged but the aim was to give strategic guidance not management direction. Peter Collis said there was a need for a sounding board on workforce issues and the committee did provide that valuable function. GB271115/096

21. Any other urgent business

There was no other business. GB271115/097

22. Date of next meeting

It was noted this had been moved to the 29th January 2016 (from the 22nd) GB271115/098