

Governing Body Meeting – Part 1

Friday, 29th July 2016

Leatherhead Leisure Centre, Guildford Road, Leatherhead KT22 9BL

Minutes

Members present:

Dr Claire Fuller, Clinical Chair
Ralph McCormack, Interim Chief Officer
Matthew Knight, Chief Finance Officer
James Blythe, Director of Strategy and Commissioning *
Steve Hams, Interim Director of Clinical Performance and Delivery *
Eileen Clark, Chief Nurse *
Dr Louise Keene, GP Member
Dr Hannah Graham, GP Member
Peter Collis, Lay Member for Governance
Jacky Oliver, Lay Member for Patient and Public Engagement
Gill Edelman, Lay Member for Patient and Public Engagement
Jonathan Perkins, Lay Member for Governance
Dr Tony Kelly, Secondary Care Doctor
Debbie Stubberfield, Independent Nurse
Yvonne Rees, Surrey County Council representative *

- Non voting

Others in attendance:

Ruth Hutchinson, Surrey County Council Public Health

Chair: Dr Claire Fuller

Minute taker: Karen Rodgers

Meeting started: 12:59pm

Meeting finished: 3:38pm

1. Welcome and introductions

Dr Fuller welcomed everyone to the meeting and thanks all members of the public for attending. Those present introduced themselves.

GBP1290716/001

It was proposed that the Community Hospitals Decision item would be moved up the agenda as a large number of members of the public were present for this specific piece. All members of the Governing Body agreed.

GBP1290716/002

2. Apologies for absence

Apologies had been received from Dr Russell Hills, GP member; and Dr Andrew Sharpe, GP member. Dr Tim Powell, GP member was unfortunately knocked off his motorbike on his way to the meeting but is ok.

GBP1290716/003

3. Quorum

The meeting was declared quorate.

GBP1290716/004

4. Register of Members' Interests and potential conflicts of interests relevant to the meeting

The register of members' interests was noted. Eileen Clark added "has a relative employed by Surrey Downs CCG" to her entry.

GBP1290716/005

Antony Collins' contract as Interim Director of Turnaround ended on 30 June 2016 and his interests will be removed from the register following the meeting.

GBP1290716/006

Dr Hannah Graham is now a Partner at Lantern Surgery (Esher), The Groves Medical Centre (New Maldon), Vineyard Hill Road Surgery (Wimbledon) and Vineyard Surgery (Richmond).

GBP1290716/007

Jonathan Perkins has resigned as a Director of two subsidiary fundraising companies for Princess Alice Hospice, PAH Trading and PAH Lottery Ltd.

GBP1290716/008

5. Questions from the public

It was noted that one question had been submitted in advance by a member of the public who wished to remain anonymous.

GBP1290716/009

They wanted to raise a specific issue relating to their experience of the CAMHS service and they also asked a series of questions relating to how the current service was performing (specifically in relation to waiting times and steps being taken to ensure young people have access to the support they need).

GBP1290716/010

The individual has been contacted directly to discuss their concerns and they will be updated after the meeting.

GBP1290716/011

Dr Fuller responded with the following:

GBP1290716/012

"As some of you will know, a new CAHMS service went live on 1 April 2016 across Surrey. This new contract, with Surrey and Borders Partnership, saw increased investment and was designed to offer a better service to young people in Surrey,

addressing some of the gaps and issues that we have experienced previously.

Improvements included a new single point of access for all referrals, a revised criteria for referrals, which means more people can access the service, extended service operating times and more accessible services.

In relation to waiting times, we understand waiting times have gone down since April when the new contract came into place. However, we will continue to monitor these closely and if we hear further evidence of young people having to wait longer than we would expect for services, we will raise these specific cases with the trust.

In terms of how the current contract is performing, we know that some GPs have raised some concerns about some aspects of the service, particularly in relation to young people who are 17 years old and approaching the transition into adult services and how this transition is managed – and this is something we are continuing to address with the trust.

We do act on the feedback we receive and I would like to give assurance that we will be working with Surrey and Borders to address the concerns that have been raised and to ensure young people are getting the support they need.

One of our Clinical Directors, Dr Suzanne Moore has been heavily involved in both the procurement of the service and the actual monitoring, and Suzi Shettle is arranging a convenient time for her to meet with the person who raised the question.”

Dr Fuller highlighted that this was a meeting in public and not a public meeting and asked if any members of the public present had any questions for the Governing Body that could be answered under the appropriate agenda items.

GBP1290716/013

Bob Mackison asked what the budgeted cost of the consultation was. James Blythe advised that unfortunately he did not have the figures to hand but would contact him after the meeting.

GBP1290716/014

Action: James Blythe

Bob Mackison also asked how many of the Governing Body members had been to NEECH. Four members confirmed they had visited although Dr Fuller said that colleagues who had undertaken the review had visited all sites including the clinical lead who actually worked on the site as part of the review.

GBP1290716/015

Margaret Anderson asked what costing was done in relation to the journey time analysis as there are no direct buses. James Blythe advised that he would address this point in his presentation later in the meeting.

GBP1290716/016

6. Minutes of the last meeting held on 27th May 2016

These were agreed as a correct record subject to the following amendments:

GBP1290716/017

- 024 – A recommendation would be received at the 1st July Governing Body seminar.
- 034 – Gill Edelman said that the work on the Governance review had been very positive but she asked about the scheme of delegation. It was agreed that this was a piece of work that needed to be completed.

7. Matters arising and action log

GBP1290116/101 – Consider where sound evidence base for quality falls when drafting Mission and Values in April. Addressed as part of the Governing Body development session and agreed for closure.

GBP1290716/018

GBP1270516/013 – Defer RCA follow up until later in the year. Steve Hams confirmed this would be completed following the review and intervention of commissioners, CQC, NHS England and NHS Improvement. Agreed to be taken to Quality Committee and action closed at Governing Body.

GBP1290716/019

GBP1270516/144 – Refer Patient Advisory Network with Surrey County Council to EMT for discussion. Ralph McCormack advised that EMT had approved a Participation Action Network through discussions with County Council. Agreed for closure but keep sight of.

GBP1290716/020

GBP1270516/131 – Circulate and approve Assisted Conception Policy. Agreed for closure.

GBP1290716/021

GBP1270516/127 – Incorporate Equality and Diversity work into OD strategy. Jonathan Perkins confirmed this was in hand. Agreed for closure.

GBP1290716/022

GBP1270516/114 – Amend CiC documents as per minutes. Jonathan Perkins advised that this was no longer relevant and therefore the action could be removed.

GBP1290716/023

GBP1270516/108 and GBP1120516/103 – Bring care planning discussion to GB after discussion at EMT including risk assessment of EMIS vs PACE. Steve Hams advised this was scheduled for August EMT meeting. Agreed for closure.

GBP1290716/024

GBP1270516/107 – Review of strategies remitted to EMT. Steve Hams confirmed that EoLC and Quality strategy were being reviewed by EMT in September and would come to the September governing body meeting.

GBP1290716/025

GBP1270516/078 – Investigate potential use of Help Health Now app. Use of the app has been investigated and further discussions are underway to understand if it could be extended to include services in the Surrey Downs area and the resources that would be required to support this. Further research into other similar apps and evaluation relating to their effectiveness is also

GBP1290716/026

being undertaken. Recommend delegation to EMT. Agreed for closure.

GBP1270516/077 – Update for July Governing Body on provision outside of daytime hours. Steve Hams advised that agreement had been made with providers to look at start and finish times and a series of meetings would be taking place over the coming months to extend opening hours. Agreed for closure.

GBP1290716/027

GBP1270516/127 – Circulate OD Action Plan to GB members. Agreed for closure.

GBP1290716/028

GBP1270516/020 – Include information on how to refer 'important' section of Start the Week. Agreed for closure.

GBP1290716/029

GBP1270516/015 – Circulate IAPT read code Hh4 via Start the Week. Agreed for closure.

GBP1290716/030

8. Chief Officer's Report

Ralph McCormack spoke to his written report and highlighted that a significant piece of work had been carried out at the Governing Body development day in relation to the CCG mission, vision, values and objectives.

GBP1290716/031

Eileen Clark confirmed that the Quality Committee were looking at adding a quality indicator as one of the objectives.

GBP1290716/032

Sustainability and Transformation Plan

Ralph McCormack advised that James Blythe and Julia Ross had been supporting the development of the plan that spans Surrey Downs, North West Surrey and Guildford & Waverley. David McNulty; Surrey County Council Chief Executive, chairs the Sustainability and Transformation board and 17 members of that board travelled to Bournemouth to meet Simon Stevens and his team in order to give an account of the clarity and ownership that existed about the content of the plan.

GBP1290716/033

A further submission on the finance side is to be made mid-September and a revised and updated plan by the end of October.

GBP1290716/034

Julia Ross will continue as the SRO for the plan and Surrey Downs CCG will be actively involved with all other partners.

GBP1290716/035

Healthcare Transformation Award

Ralph McCormack informed the Governing Body that Surrey Downs CCG had recently been recognised for its clinical leadership and governance. Dr Fuller, Matthew Knight and James Blythe received the Healthcare Transformation Award for 'Delivering Clinical Commissioning Leadership' on behalf of the CCG.

GBP1290716/036

CCG Annual Assurance Ratings

Following the circulation of the Chief Officers Report, the CCG has received its annual assurance rating with an overall headline of inadequate. Out of the twenty six CCGs that were rated as

GBP1290716/037

inadequate, Surrey Downs is the only one which does not have any of the five individual sections rated as inadequate. Ralph McCormack highlighted that this was indicative of the fact that the CCG still has directions.

The senior leadership team appointments are being actively pursued and these should be delivered in the next few months. By the turn of calendar year the CCG should be able to discharge its directions and have them lifted.

GBP1290716/038

Dr Fuller asked for her disappointment of the rating to be minuted as the CCG is 'good' in all the fields apart from two. The CCG was assured good for well led, delegated functions and performance; and both finance and planning requires improvement. Surrey Downs was not rated as having inadequate assurance under any domain.

GBP1290716/039

Peter Collis asked if the rating could be challenged and also once Surrey Downs was out of directions did that automatically mean that whatever marked the CCG as inadequate would be removed. Ralph McCormack advised that this was not challengeable as the CCG Assurance Framework states that any CCG under current directions will be rated as inadequate. NHSE South East and NHWE South did lobby for Surrey Downs to be exception. Once the final responsibility under directions is discharged the CCG would be seen and rated in the light that it should be.

GBP1290716/040

Jonathan Perkins asked what STP public engagement work was being done over the summer months. Ralph McCormack advised that as Surrey Heartlands was placed in the 'get on with it' category the mandate is there to engage on a wider basis with the thinking and planning.

GBP1290716/041

Yvonne Rees asked for assurance that the district councils would be proactively engaged as a lot of the provision was delivered from the locality. She also asked for confirmation of the CCG having to wait a whole year to be re-rated once the directions fell away. Ralph McCormack said that there was an annual assessment process for headlines for CCGs, although the ratings for the five individual areas are subject to local review. Dr Fuller confirmed that she would be meeting Tom Keely from Reigate and Banstead Borough Council next week to discuss engagement.

GBP1290716/042

9. Community Hospitals Decision

James Blythe introduced this item and said that over the past 18 months an extensive community hospitals review process had taken place and subsequent consultation on options.

GBP1290716/043

The CCG was keen to ensure that the process was extremely robust and all issues were fully understood. The consultation was then carried out with full engagement with Surrey Downs residents on the four options that had been put forward.

GBP1290716/044

- Option 1 – no change but Leatherhead becomes planned

care centre and the beds stay closed.

- Option2 – beds move from NEECH to Epsom General Hospital and outpatient services to nearby locations.
- Option 3 – Molesey beds to Cobham and outpatients to nearby locations.
- Option 4 – combines both options 2 and 3.

The consultation was concluded following the undertaking of further analysis and in particular looking at journey travel times.

GBP1290716/045

The recommendation being put forward to the Governing Body was to proceed with option 2. This would be subject to and in line with the Epsom and St Hellier NHS Trust estates strategy which was under development.

GBP1290716/046

The rationale for the recommendation was to retain the sustainability and the scale of individual units around the bed based services and that would be best achieved by having three bed based units. In alignment with local strategy, having a bed base within each locality in order to support the further development of services and the integrated model would mean having one bed base within the Epsom area, one within the Dorking area and one within the East Elmbridge area.

GBP1290716/047

Journey times were looked at and there was a specific challenge around the residents in the north of the East Elmbridge catchment accessing services if services were at Cobham. It was also identified that moving services from NEECH to Epsom General potentially made services significantly more accessible by both public transport and private car journey. When the journey times analysis was carried out, patient demographics was looked at; concentration of relatively older people across different parts of the patch and deprivation, so where there were communities with a greater level of need.

GBP1290716/048

James Blythe advised that the next steps would be to look at how a robust future for each site would be taken forward. Dorking was straightforward as it was in a reasonable condition and there was just some routine maintenance work to be done.

GBP1290716/049

For NEECH it was a matter of working with ESTH to identify appropriate facilities on the Epsom General site for locating the beds as part of their overall estates strategy. This would ensure that when the beds transition it was into a fit for purpose high quality estate benefiting from the broader services being developed in the Epsom locality.

GBP1290716/050

A number of challenging short and long term issues have been identified for Molesey around access to services in the Molesey area. From the estates work that has been done it's not clear that it would ever be possible to amend the current site in order to make it appropriate for future bed based services. A commitment has been made to retain current services in the Molesey area including the inpatient bed base so the next stage would be to ensure that the quality of those services is focused on. A

GBP1290716/051

feasibility study would then be undertaken to look at how high quality primary and community services estate in the Molesey area are redeveloped.

James Blythe said he was not sure if journey costs had been looked into but travel time definitely had been. The view would have been taken that if there was a long public transport time it would most probably be quite an expensive journey.

GBP1290716/052

Dr Fuller formally thanked James Blythe, Suzi Shettle and their teams for the work that had been done on the consultation. The consultation was being used as a blueprint by NHS England and was being spoken about in the Department of Health as being the way that a community hospital review should be done.

GBP1290716/053

Jacky Oliver asked for assurance on the NEECH agreement and that it would not be closed before a definite replacement service was in place. James Blythe confirmed that this was absolutely not the case.

GBP1290716/054

Peter Collis said that if the work was taken forward with Epsom and for whatever reason that was not to materialise then he presumed the recommended option of staying at NEECH would revert back. James Blythe confirmed that would happen.

GBP1290716/055

Yvonne Rees commented that from Surrey County Council point of view they had felt fully engaged throughout the whole process and have linked in with the public transport section in the report.

GBP1290716/056

Jonathan Perkins said he now felt reassured on the potential for investment going into the Molesey site having the agreement from NHS Property Services to do the feasibility study. He asked if there was any idea around the length of time it would take to do the study. James Blythe advised that he did not have a fixed timescale at present. He did confirm that there was a good strategic relationship with NHS Property Services and they had seen the community hospitals review as one of their exemplar pieces of work in terms of something to engage with although this was not an isolated case in country. Commitment has been made to engage local stakeholders including members of the residents association, Elmbridge BC and the Guild of Friends of Molesey Hospital who will all hold the CCG and NHS Property Services to account.

GBP1290716/057

Jonathan Perkins highlighted that if local pressure could be put within a consultation actually making sure there were sufficient funds to do the work to make it the best possible quality care would be a good thing as well. James Blythe said that an 'in principal' discussion with NHS Property Services had taken place and if an explicit business case was made stating that changes were going to be made to the building and to the services within the building then it needed to be predicated on there being re-development in the local area. If an asset was disposed of the money would not go to central government and it would absolutely be a commitment to recycle that money into services

GBP1290716/058

in the local area.

Debbie Stubberfield stated that in times of strategic change it was important to monitor quality and workforce. As co-Chair of the Quality committee they would be continuing to monitor the key quality and workforce indicators going forward ensuring that the correct outcomes for patients were achieved.

GBP1290716/059

Dr Fuller asked Debbie Stubberfield, Tony Kelly and Steve Hams that in terms of the quality report, during this period did they feel the need to have a specific section on what was happening. Steve Hams said that would be very helpful and remarked that the reporting from CSH had improved in terms of locality based measures in particular around quality and workforce.

GBP1290716/060

Eileen Clark asked to add that although the estate was poor at Molesey, they were assured that quality of care provided by CSH Surrey was very good. Infection rates were very low which was one of the key indicators and this, and a number of other key indicators would continue to be monitored.

GBP1290716/061

Hannah Graham asked for a point of accuracy to be made in table 1 on page 3 of the report, Cobham do provide x-ray services.

GBP1290716/062

Hannah Graham asked to what extent the community hubs have they been engaged with the process. James Blythe advised the community hospital review had been discussed at the locality meetings. Molesey and Cobham have been specifically discussed with Dr Evans; Chair of the review and Dr Strickland had attended a public meeting around the review with James Blythe. Active consideration has taken place around the relative difficulty for the community hub to operate its successful service model if the bed base was not available within the locality and if beds were only available at Cobham.

GBP1290716/063

Dr Fuller asked how the links between the community hubs and the community bed base would continue to be built. James Blythe said that it was about the three integration service models evolving and moving the medical care of the beds to the local GPs. The East Elmbridge GPs already use the multi beds for proactive admissions rather than reactive admissions when people come out of hospital.

GBP1290716/064

Gill Edelman asked about maintaining patient and public engagement in the localities as the process moved into the development and planning stage. James Blythe confirmed that through the contracts that are held with the community hubs, patient experience and patient feedback would be taken into account in terms of how services were run and ensuring this was played into how the services were developed further. In terms of the development around two sites where further work is to be done, the approach has been very co-designed and moving forward with the feasibility study around the Molesey area engagement with various groups will continue.

GBP1290716/065

Yvonne Rees asked the Governing Body to recognise that Surrey County Council and Mole Valley District Council were embarking on an ambitious regeneration of Leatherhead and conversations would continue with members of the public, the hospital and the Governing Body regarding what the regeneration of the area could do for certain services for older people in Leatherhead.

GBP1290716/066

Dr Fuller proposed that subject to the following points being met;

GBP1290716/067

- Assurance around the NEECH beds that we would continue to pursue the issues around the Epsom site but if that was not possible for any reason then the beds would remain on the NEECH site.
- James Blythe would continue to pursue and update the property services issues around all of the sites but in particular around Molesey.
- Workforce and impact on patients through the community hospital review would continue to be monitored through the Quality committee and the Quality report.
- The links through the community hubs would continue to be developed and monitored.

Action: EMT

The Governing Body agreed to proceed with option 2. The beds stay at Dorking, the beds stay at Molesey and the exploration of the transfer of the beds from NEECH onto the Epsom General Hospital site should commence. All agreed.

GBP1290716/068

It was suggested that in terms of the Leatherhead regeneration an update would be given to the next Governing Body.

GBP1290716/069

Action Yvonne Rees

The League of Friends of Molesey Hospital asked that a note of thanks was given to the Governing Body for allowing 51 of their colleagues to attend the meeting.

GBP1290716/070

Tony Kelly joined the meeting at 1:12pm

GBP1290716/071

10. Epsom Health and Care update

James Blythe tabled an update on Epsom Health and Care and the mobilisation of the Integrated Business Case which had been authorised at the March 2016 Governing Body.

GBP1290716/072

The consortium agreement between the Alliance Partners has been signed and the Host Provider Agreement has also been signed by the CCG with Epsom Health and Care via Epsom St Hellier with the funding reflected in the main Epsom St Hellier contract. All elements of Most Capable Provider assessment have now been received and the Alliance Board has appointed Gavin Cookman as independent chair.

GBP1290716/073

The CCG has commissioned a review to be completed around the governance process and the report is due August 2016.

GBP1290716/074

Dr Hilary Floyd; Medical Director of GP Health Partners Ltd introduced Dr Mo Ali who has been appointed as Medical Director to the Epsom Health and Care team.	GBP1290716/075
Epsom Health and Care has developed by the Alliance between the four providers. The providers started working together when CADU was formed and this then morphed into the Alliance.	GBP1290716/076
The main work is being done with the over 65 year olds to improve services for their care by working with a multi-disciplinary team.	GBP1290716/077
There was initially a substantial amount of governance issues but these have been overcome and there is now a 'go live' date of 1 st September. This is slightly later than planned but this was mainly due to the workforce recruitment.	GBP1290716/078
Mo Ali said he was very excited around the developments and has been working on integration over the last four years. The patient feedback he has heard so far was that the service has been excellent and the links through to the community hubs was really good.	GBP1290716/079
Sonya Sellar said that as group working together there is a real commitment across all the leaders and organisations to make sure that people are being put at the heart of this. The workforce has been really engaged with and lay partners and members of public have been worked with around how the service might look.	GBP1290716/080
The branding and name is yet to be decided as it was felt important for the new staff, lay partners and members of the public to make these decisions.	GBP1290716/081
Gill Edelman asked if the healthy elderly had been involved in the engagement. Hilary Floyd confirmed that voluntary organisations have been included and a Carers Workshop had taken place which identified gaps and how the voluntary organisations could help support carers. Gill Edelman also suggested including the Centre for Aging Better which would get retirees involved.	GBP1290716/082
Tony Kelly said that it sounded like a well-considered and novel approach that was being taken but asked if the impact on patients would be measured in a slightly different way such as patient design outcome measures. He advised that Mark Doughty was working with the Kings Fund and doing some work with Health Watch East Sussex through the ASHN. There was also some work being done through NHS England on always events. Dr Fuller asked for contact details to be passed on.	GBP1290716/083
Action Tony Kelly	
Mo Ali confirmed that they were continuing to work with the new care models team to ensure the co-design piece was built in. He informed the Governing Body that he was visiting a vanguard in Northumbria with the director of clinical services for Surrey County Council.	GBP1290716/084

Dr Fuller advised that through the Surrey Heartlands Academy each of the different models would be evaluated and look at where the success was happening and rolling that out.

GBP1290716/085

Hannah Graham asked what the model would look like on a day to day basis when it goes live. Hilary Floyd confirmed that there would be a one team approach. There would be a team out in the community with a doctor available and there would be a part looking at enhanced discharge from hospital. There will be a 2 hour response team available to see people who could be looked after more acutely at home.

GBP1290716/086

Dr Fuller asked what the difference would be for the patient at home or the GP in their surgery. Hilary Floyd said that the patient would need to do nothing different but the quality of care would be improved. The GP would screen their normal visits and calls and identifying the suitable patients. Information will be circulated about the types of patients suitable and there will be one number to dial if a discussion is needed. Epsom Health and Care will do the navigation for the patient around the services.

GBP1290716/087

Louise Keene asked how long the funding stream was for. Hilary Floyd confirmed this was guaranteed until March 2017. James Blythe said a provision has been made in the contract for extending into the second year but currently the planning framework for the HNS is unknown.

GBP1290716/088

Hilary Floyd said that in six months' time the update would say that more patients had been kept at home, a decrease in hospital attendances to A&E and admissions had been seen and people were leaving hospital much quicker with supported care at home.

GBP1290716/089

Jacky Oliver asked that if the paramedics were called out how would work with them. Hilary Floyd confirmed that the paramedics are already involved and can take them to CADU and they would have access to the team when it goes live.

GBP1290716/090

11. Primary Care Strategy

Dr Fuller highlighted that this was still a working document and subject to change but very much owned by the locality Chairs and the localities.

GBP1290716/091

James Blythe described the strategy as a framework and it would need further amounts of detail in terms of the annual plan that would sit beneath the strategy. The strategy currently has a 16/17 plan which is mainly around getting the new localities established with their new way of working, ensuring the education and training plans are established and involving the localities in some commissioning decisions.

GBP1290716/092

The ultimate aims of the strategy are to ensure that a high quality primary care service is commissioned and we get the most out of primary care. Unnecessary workload in general practice should be reduced and ensuring that all effective and efficient opportunities are looked at in regard to extending access to

GBP1290716/093

general practice care.

Debbie Stubberfield asked if there was a workforce plan that went with the strategy and also had there been engagement with other professions if they would be picking up some of the GPs unnecessary workload. Dr Fuller confirmed that under the STP footprint a CEPN was being formed and a primary care workforce tutor was in place who worked with the practice nurses. She also said that the strategy now needed to be shared broadly.

GBP1290716/094

Debbie Stubberfield asked what the GP ratio is to population and need across Surrey Downs. Dr Fuller said that she was aware that there are some practices that have partnerships that they cannot recruit to and they are on the vulnerable practice list.

GBP1290716/095

Peter Collis asked if we were confident enough that we will move to full delegated commissioning by next April and would it be by ourselves or across the STP. Dr Fuller said there are a number of steps before delegated co-commissioning and obviously the work would need to be at pace as we would have to formally go back out to vote again with the membership practices. The Primary Care Committee would also need to be reformed to oversee the preparation of heading towards delegation. Dr Fuller advised that she and Dr Andy Sharpe sat on the NWS CCG Primary Care Committee as independent GPs.

GBP1290716/096

James Blythe confirmed that the head of primary care started that week and he has asked for a resourcing plan of what it would need to look like should that status be moved to.

GBP1290716/097

Matthew Knight asked for colleagues to be aware of the fact that there was some operational and financial risk around this area:

GBP1290716/098

- NHSE have announced an ambitious and accelerated budgeting process for the next two financial years. This is due to conclude before Christmas so plans would be set ahead of knowing the practical implications

Gill Edelman asked what the actual benefits that would derive from co-commissioning were. James Blythe confirmed it was about joined up commissioning and having the ability to understand and commission across whole pathways.

GBP1290716/099

Ruth Hutchinson reiterated the role of prevention in primary care was key. She emphasised the opportunity under the priority of 'unwanted variation' for the strategy to work alongside the CCGs prevention strategy and also the prevention work within the STP.

GBP1290716/100

Hannah Graham remarked that the paragraph on page 24 referring to the GPs workload was really insightful and would strike a chord with GPs.

GBP1290716/101

Louise Keene said that the first versions were very generic and the strategy now felt more local and appropriate.

GBP1290716/102

Eileen Clark asked for clarity as to where the CEPN was sitting within the strategy. Dr Fuller advised that the CEPN would be

GBP1290716/103

done on the STP footprint. The Surrey Heartlands CEPN would be set up by the Autumn and would be multi-agency with the aspiration to include social care.

Tony Kelly asked if the 100% reimbursement of premises developments applied to everyone across the board or was it only to non-partnership. James Blythe advised that the expectation was that if you invest in primary care estate then there was an on-going revenue cost which defaults back to either NHS England or the CCG.

GBP1290716/104

Dr Fuller proposed that the strategy was agreed, whilst understanding that it was a changing and living document, with the following points being met:

GBP1290716/105

- The Head of Primary Care would produce a roadmap and plan of how the strategy would be delivered including; workforce, the interaction of the CEPN, the prevention piece being made more robust and the CCG governance of such through the newly reformed committee.

Action: Shelley Eugene

The Primary Care Strategy was agreed.

GBP1290716/106

12. **CCG Outcome Indicators for 2015/16**

Steve Hams introduced this and advised that the CCG outcome indicators for 15/16 have already been through the Clinical Cabinet, the Quality Committee and the Finance and Performance Committee.

GBP1290716/107

The indicators are broadly focussed around the five domains of the NHS Outcomes Framework and are also aligned to the new Assurance Framework.

GBP1290716/108

It was highlighted that the outcomes for cancer and cardiovascular disease are very good but some of the process measures are not that good. This could be around the types of providers used and how services were accessed.

GBP1290716/109

In relation to the indicator for people with a serious mental illness, we are one of the worst in the country so there is work to be done in order to improve the outcomes for our patients.

GBP1290716/110

Steve Hams gave reassurance and assurance to the governing body that there are a range of on-going programmes to make improvements in the areas where the CCG is in the worst quartile.

GBP1290716/111

The overall monitoring is carried out by NHS England but the CCG Quality Committee and Finance and Performance Committee review the indicators on a regular basis.

GBP1290716/112

The CCG Outcome Indicators for 2015/16 was noted.

GBP1290716/113

13. Chairman's Actions

Dr Fuller presented the following Chairs actions for ratification by the Governing Body:

GBP1290716/114

- Recommendations from the Children's Community Health Services Committee in Common;
- The nomination of two deputies for Surrey Downs representatives on the Children's Committee in Common and Stroke Committee in Common; and
- The approval of the terms of reference for a committee in common between four surrey CCGs for the purposes of procuring new auditors. This service currently costs £55,000 per year.

The Chairman's Actions were agreed.

GBP1290716/115

14. Finance Report

Matthew Knight spoke to the written report for month 3 which was the first quarter.

GBP1290716/116

It was noted that it was still early in the financial year in NHS terms so there was two months' worth of underlying data from the main acute providers and one months' worth of underlying data from prescribing.

GBP1290716/117

A cumulative deficit of just over £9m was reported as per budget and the budget this year was for a deficit of £37m with £28m of that being brought forward from previous years.

GBP1290716/118

For month 3 the acute spend was £200k overspent which was compensated by underspends of similar value in other budget areas.

GBP1290716/119

Within Acute hospitals spend there was an over spend of around £600k; £300k in SASH, £200k in ASPH and £200k in SWELEOC. The remaining providers had a small upside resulting in the overall figure of £600k. There was a small saving across the independent providers and the beneficial effect of an accrual release.

GBP1290716/120

Matthew Knight asked for it to be noted that the over spend of £600k was split half and half between elective and non-elective care. There was a small reduction compared to plan in some of the transformational savings and there is the possibility is reflected in an equivalent value of overspend in the acute providers.

GBP1290716/121

There is currently an under spend of around £100k in both mental health and community.

GBP1290716/122

Whilst we remain on plan we are spending more in some areas compared to last year. This should be expected at this point in the year since savings are planned later on in the year as project delivery phases commence.

GBP1290716/123

The indicators which were highlighted to the Governing Body were; GP written referrals being up 4.9% year on year and 1st

GBP1290716/124

outpatient attendances which had an increase of 13-18%. SASH has a high figure of 18% which could be due to backlog reduction since referrals haven't increased by an equivalent amount.

GBP1290716/125

When the budgets were set and acute contracts agreed, £16m out of planned total savings of £19.6m had been identified. The £16m of identified savings were pro-rated in contracts agreed with the providers. The sum total of all contracts was approximately £4m higher than the budget. A further £1.6m of savings has been identified since the budget setting exercise. Taking everything into account the net risk position is £2.7m at this point in time, reflecting the additional savings identified since contracts were agreed.

Following a court decision in Wales a DH review has concluded that funded nursing care has increased from £112.00 to £156.25 per week retrospective to 1 April 2016. The impact on Surrey Downs CCG is around £1.5m. This will be reported as an unmitigated risk in the next finance report.

GBP1290716/126

NHS England has informed the CCG that they will receive an additional prescribing premium rebate relating to the previous financial year. The value is unknown but Surrey Downs has been instructed to offset this against the funded nursing care costs.

GBP1290716/127

The CCG is currently on track with the total QIPP savings although the transformational side is slightly below expectation.

GBP1290716/128

Dr Fuller asked if the rise in the independent sector provider costs was across the three independent providers uniformly or was there a split. Matthew Knight confirmed there was a split and a piece of work was being done to look at the changes by specialty in order to understand this in more detail although there was the possibility of a shift from one provider to another.

GBP1290716/129

Tony Kelly asked what proportion of patient went to SASH. Matthew Knight advised SASH in total money terms is around £14m of approximately £200m total acute spend. Their GP referrals have only increased by 2.5% and there is not a precise split between elective and non-elective so it could be backlog. James Blythe confirmed that the SASH non-elective admissions were down 2.7% on the year to date.

GBP1290716/130

Dr Fuller suggested that a conversation took place with Crawley or Horsham and Mid-Sussex team to identify any trends.

GBP1290716/131

Action Matthew Knight

Jacky Oliver asked that in relation to Continuing Healthcare, was it correct that a consultancy was now dealing with it. Matthew Knight confirmed that an agency had been used to help clear the backlog assessments but that process is nearly at a conclusion.

GBP1290716/132

Steve Hams advised that the same company had been used for looking at Previously Unassessed Episodes of Care (PUPOC) for the last 12/18 months and this was due to be completed by the end of September.

GBP1290716/133

	Jacky Oliver declared a conflict of interest as she had an outstanding claim for her father.	GBP1290716/134
	Matthew Knight stated that in broad terms the CCG had given itself a lot more financial certainty by reducing the backlog and was therefore a very important part of the CHC review.	GBP1290716/135
	Gill Edelman asked if there was another PUPOC window about to open up. Steve Hams said that there was speculation to that effect.	GBP1290716/136
	Louise Keene asked if there would be any additional funds coming from NHS England in relation to the increase in funded nursing care. Matthew Knight could not confirm if that was the case.	GBP1290716/137
	The Finance Report was agreed.	GBP1290716/138
15.	Commissioning for Value (Right Care)	
	Steve Hams introduced this and highlighted that there were seven packs in total; MSK, cancer and tumours, cardiovascular disease, respiratory, mental health and dementia, maternity and early years, and neurological.	GBP1290716/139
	Areas of work have already been identified and a diagnostic event is being held on 29 September. Dr Fuller asked for the event invitations to be circulated as soon as possible. Hannah Graham said that clinical engagement was really important.	GBP1290716/140
	Action Jane Chalmers	
16.	Quality and Performance Report	
	Eileen Clark highlighted that CSH Surrey continue to report vacancies in their 0-19 Children's services workforce and the community nursing teams. They are actively recruiting using innovative schemes to try and attract staff.	GBP1290716/141
	Epsom and St Helier received their CQC rating of 'Requires Improvement' and is developing one comprehensive action plan which will be monitored by commissioners and the CQC.	GBP1290716/142
	Surrey and Borders Partnership NHS Foundation Trust received their CQC rating of 'Requires Improvement' after being assessed on both health and social care provision. 82% of mental health services were rated as good but six out of their eleven social care homes had previously been rated as requires improvement.	GBP1290716/143
	Kingston Hospitals NHS Foundation Trust CQC received their CQC rating of 'Requires Improvement.' The CQC focused on safety and in particular the emergency department and since the inspection was carried out a change of leadership has taken place and an improvement has been seen. The report judged them as good on all aspects of caring and work will be done with the local CCGs to ensure the improvement plan is monitored.	GBP1290716/144
	St Catherine's hospice has just been rated as outstanding and one of the Leonard Cheshire homes in the Surrey Downs patch has also been rated as outstanding. Louise Keene's practice has	GBP1290716/145

been picked up as being the best in Surrey on a number of measures around the GP survey.

Steve Hams said that the performance of SECamb had been monitored over the past 6 months and unfortunately the overall performance of red 1, red 2 and A19 has dropped further. The expected unified recovery plan has arrived and is a good document and is very clear on the intentions and the work required.

GBP1290716/146

Hand over delays were proving difficult and 5000 hours are being wasted in terms of handing patients over. Fractal responses are also being looked at when a patient has waited more than 8 minutes and ensuring that the patient has not been adversely affected.

GBP1290716/147

Both the Quality Committee and Finance and Performance Committee have been monitoring SECamb performance over the last 4 months.

GBP1290716/148

Debbie Stubberfield commended the hard work done by the teams in developing in terms of the quality monitoring and reporting.

GBP1290716/149

Debbie Stubberfield commented that in terms of CSH the level of reporting is less than other providers and asked that in terms of staffing were there were plans for them to report their full rates in terms of impact. Eileen Clark confirmed that a lot more reports are being presented to the Clinical Quality Review Group including the Safer Staffing Workforce Assurance Report.

GBP1290716/150

Hannah Graham asked what the timeframe was around to more information for pressure ulcers at Kingston Hospitals. Eileen Clark confirmed that there was always a time lag but in the next Quality report there should be a full report. In the meantime she would send Hannah some further information.

GBP1290716/151

Action Eileen Clark

Ralph McCormack asked if the high number of Serious Incidents at SASH was being progressed. Eileen Clark said this had been discussed at the CQRG and a good reporting culture was to be encouraged. Fiona Allsop (Chief Nurse) was questioned quite thoroughly and the CQRG felt that patient safety was being maintained and appropriate measures were in place. A full report would be taken to the Quality committee for scrutinisation.

GBP1290716/152

Ruth Hutchinson commented that in relation to the 0-19 piece, this is a perennial problem that is extremely challenging. For the new contract a different model has been looked at going forward based on national specifications and skill mix. Dr Fuller asked that if doing the procurement has had any effect on the workforce issues. Ruth Hutchinson advised that there had been mixed feedback from the three providers.

GBP1290716/153

Steve Hams confirmed that this had been discussed at the add-on CQRG and whether any leading indicators could be

GBP1290716/154

considered that as you progressed through the procurement process we could keep an eye on quality.

Action Steve Hams and Ruth Hutchinson

The Quality and Performance report was agreed.

GBP1290716/155

17. Adult Safeguarding Annual Report

Eileen Clark introduced this and highlighted that the delay in the publication of statutory guidance led to a delay in getting policies and procedures in place over the year. It was felt that this led to the limited assurance rating given by internal audit but the action plan has now been completed.

GBP1290716/156

Some of the work that the designated nurse for safeguarding adults has carried out over the year includes development of policies and procedures, supporting the Local Authority in their planned closure of residential homes across Surrey as a critical friend and also supporting care homes and regulators in taking forward Surrey's provider failure process.

GBP1290716/157

The Multi Agency Safeguarding Hub (MASH) is due to go live in November and currently there is a business case for some additional health resource.

GBP1290716/158

It was agreed within the review of the collaborative arrangements across the six Surrey CCGs that the Safeguarding Adults and Safeguarding Children as a strategic function should be integrated across and all Quality leads are very supportive of that approach. The process has been started of consulting with the effected staff and they are fully supportive of the change and this should be completed by the end of September.

GBP1290716/159

Dr Fuller highlighted that the mental capacity training had been a great success of the year.

GBP1290716/160

Ralph McCormack said that a discussion had taken place at the Collaborative Strategy Group on 21 July around MASH. The proposal had been seen previously and certain things had been asked to be taken into account had not been addressed. It was felt that more work needed to be done to around the options and if statutory responsibilities were being met. If it was a communications issue then there should be a range of options designed to address that rather than just the MASH.

GBP1290716/161

Gill Edelman asked what the timeframe was for the business plan put forward to the Surrey Collaborative. Ralph McCormack advised that the CCGs who wanted to have further iterations on resources would go back at the end of next week to confirm their position and an update would be given at the next Governing Body meeting.

Action Ralph McCormack

Steve Hams advised that the Guildford and Waverley team were going to work on other options following the feedback received.

GBP1290716/162

The Adult Safeguarding Annual report was agreed.

GBP1290716/163

18. Clinical Policies

Dr Fuller introduced this. The criteria for Excision of Chalazion and Facet Joint Injections – Therapeutic, which are listed within the 'Procedures of Limited Clinical Effectiveness (PoLCE)' policy have been reworded as the current versions have been difficult to interpret. Clarification has now been given on each of the criteria for these procedures.

GBP1290716/164

The Governing Body was informed that the wording had been discussed and agreed at both the Surrey Priorities Committee and the Surrey Downs Clinical Cabinet.

GBP1290716/165

The Clinical Policies were agreed.

GBP1290716/166

19. HR Policies

Ralph McCormack advised the Governing Body that the Remuneration and Nominations Committee had taken place that morning and the following policies had been discussed in detail with minor alterations were being made.

GBP1290716/167

- Probationary period
- Career break
- Interim Guidelines
- Learning and development

On the basis of the stewardship of the Remuneration and Nominations committee he was hopeful that the policies could be amended and circulated virtually for sign off by the Governing Body.

GBP1290716/168

The HR Policies were agreed subject to the electronic transfer with the changes.

GBP1290716/169

20. Risk Management Policies

Matthew Knight tabled the updated Emergency Preparedness, Resilience and Response policy for approval. The CCG has responsibilities' as defined by Health & Social Care Act 2012 and under the older Civil Contingencies Act we are a category 2 responder. The CCG must have an accountable emergency officer, have to participate in the Local Health Resilience Partnership and are required to have proportionate plans. External advice has been sought in order to make the policy more concise.

GBP1290716/170

Debbie Stubberfield asked what the timeframe was for a quality impact assessment and also the executive summary made reference to the Incident Response Plan which was not circulated. Matthew Knight said that he was unaware of the timeframe but would find out and get back to her. The plan had not been included as it was too large.

GBP1290716/171

Action: Matthew Knight

The updated Emergency Preparedness, Resilience and Response policy was agreed.

GBP1290716/172

21. Amendment to the Remuneration & Nominations Committee Terms of Reference

Jonathan Perkins advised that the Terms of Reference had been drafted in January and when it came to adopting them it was identified that the GP member and Equality and Diversity Lead had been omitted as a formal member of the Committee.

GBP1290716/173

The amendment to the Remuneration & Nominations Committee Terms of Reference was agreed.

GBP1290716/174

Peter Collis informed the Governing Body that he would be taking over the chairmanship of the Remuneration and Nominations Committee, enabling Jonathan Perkins to chair the Primary Care Commissioning Committee when it was formed.

GBP1290716/175

22. Meetings and Committee Reports

Audit Committee

Peter Collis asked to note 4 headlines from the last meeting:

GBP1290716/176

- Noted the significance of the arrangements for the disaggregation of the collaborative commissioning for mental health.
- The internal audit contract with TIAA would have expired next summer but agreement was made to extend for another year.
- The external audit re-procurement was proceeding on plan and the first meeting of the audit committee in common has taken place.
- NHS England has now produced guidance on managing conflicts of interest. The main action that the organisation has is to appoint a conflicts of interest guardian. There was however a lot of awareness to be built up with the practices.

Dr Fuller suggested that Peter Collis met with the locality Chairs to discuss the new guidance.

GBP1290716/177

Action Peter Collis

Quality Committee

Debbie Stubberfield asked for it to be noted that it was the Quality team that leads on the quality impact within compliance observations.

GBP1290716/178

An escalation framework is being developed in terms of the issues that are brought to the Governing Body.

GBP1290716/179

The cost improvement programmes includes robustness of providers QIAs but also the CCG as a commissioner and looking at QIPP plans. The QIA policy for the CCG has also been looked at and amendments been made.

GBP1290716/180

The Governing Body NOTED the verbal update on the work of the Quality Committee.

GBP1290716/181

Finance and Performance Committee

Jonathan Perkins confirmed that meetings had taken place in May, June and July and updated on the work of the Finance and Performance Committee.

GBP1290716/182

NHS England published a Strengthening Financial Performance and Accountability document which needs to be aligned with the CCG.

GBP1290716/183

To date approximately twenty QIPP schemes are being looked at and the delivery figures will be available next month for the current year. Within the CCG budget there was a QIPP total of £19.6m to achieve and when the budget was signed off there was a £4m gap. This has reduced to £2m and agreement from NHS England has been reached that rather than putting more schemes in place the CCG can look at getting the benefit of efficiencies within the organisation and within existing schemes.

GBP1290716/184

SECAmb and the funded nursing care unmitigated risk were also discussed in depth at the last meeting.

GBP1290716/185

The Governing Body NOTED the verbal update on the work of the Finance and Performance Committee.

GBP1290716/186

Remuneration and Nominations Committee

Jonathan Perkins updated on the work of the Remuneration and Nominations Committee as per the paper.

GBP1290716/187

The Strengthening Financial Performance and Accountability document has highlighted an issue that from 1 August 2016 prior approval will need to be sought for interim staff that satisfy certain requirements. As the CCG have a number of interim staff in place a 'block approval' is being looked at from NHS England.

GBP1290716/188

The Governing Body NOTED the verbal update on the work of the Remuneration and Nominations Committee.

GBP1290716/189

Clinical Cabinet

Dr Fuller updated on the work of the Clinical Cabinet and informed the Governing Body that discussions had taken place around the Primary Care Strategy, CCG Outcome Indicators, Procurement and Primary Care Standards. Time was also spent on how clinical engagement and locality engagement could be improved in the CCGs service re-designs projects.

GBP1290716/190

The Governing Body NOTED the verbal update on the work of the Clinical Cabinet.

GBP1290716/191

23. Any other urgent business

Peter Collis asked for a note of thanks to be given to Jonathan Perkins as at extremely short notice he agreed to be the convenor of the virtual audit committee in common due to the absence of the arranged convenor.

GBP1290716/192

24. Date of next meeting

The next meeting of the Governing Body in Public would be on 30th September 2016 at 1:00pm at Dorking Halls followed by the AGM.

GBP1290716/193

Dr Fuller confirmed that Dan Eley, who has been through both the Continuing Healthcare and Personal Health Budgets system, would be attending to tell his story.

GBP1290716/194

DRAFT