NHS
Surrey Downs
Clinical Commissioning Group

Governing Body
27th January 2017

Minutes

Members present:

Dr Claire Fuller	Clinical Chair
Dr Andrew Sharpe	GP Member
Dr Tim Powell	GP Member
Dr Louise Keene	GP Member
Dr Russell Hills	GP Member
Ralph McCormack	Interim Chief Officer
Matthew Knight	Chief Finance Officer
Steve Hams*	Interim director of Clinical Performance and Delivery
James Blythe*	Director of Strategy and Commissioning
Peter Collis	Lay Member for Governance
Jonathan Perkins	Lay Member for Governance
Jacky Oliver	Lay Member for Patient and Public Engagement
Dr Tony Kelly	Secondary Care Doctor
Debbie Stubberfield	Independent Nurse
Ruth Hutchinson*	Public Health Representative

***** Denotes non-voting members

Others in attendance:

Dr Jill Evans, East Elmbridge Locality Chair
Justin Dix, Governing Body Secretary

Chair: Dr Claire Fuller

Minute taker: Justin Dix

Meeting started: 1.05

Meeting finished: 3.45

1. Meeting Matters

1.1. Welcome and introductions

Dr Fuller welcomed everyone to the meeting and noted that this was the last meeting for a number of individuals around the table and she would conclude the meeting with thanks to them for their work. GB310317/001

1.2. Apologies for absence

Apologies had been received from Dr Hannah Graham (GP Member), Gill Edelman (Lay Member for Patient and Public Engagement), Yvonne Rees (Surrey County Council representative) and Eileen Clark (Chief Nurse). GB310317/002

1.3. Attendees interests

Members of the Governing Body were reminded of their obligation to declare any interest they may have on any issues arising at meetings which might conflict with the business of Surrey Downs Clinical Commissioning Group. GB310317/003

Members of the Committee and the Governing Body were reminded of their obligation to declare any interest they may have on any issues arising at meetings which might conflict with the business of Surrey Downs Clinical Commissioning Group. Declarations declared by members of the Committee and the Governing Body are listed in the CCG's Register of Interests. The Register is available either via the secretary to the governing body or the CCG website at the following link: GB310317/004

http://www.surreydownsccg.nhs.uk/media/53186/01-register-of-interests.pdf

It was noted that Ralph McCormack, James Blythe, and Matthew Knight would all be leaving the organisation in the coming weeks, taking or potentially taking up posts elsewhere. Matthew Knight would be taking up a role in the private sector and James Blythe would be taking up a leadership role in the NHS in South West London. GB310317/005

It was not felt that these roles currently constituted any material conflicts of interest for the agenda for this meeting. GB310317/006

1.4. Quorum

The meeting was declared quorate. GB310317/007

1.5. Questions from the public

Dr Fuller reported that two questions had been received from members of the public in advance of the meeting, from Bess Harding and Roger Maine. These were available to Governing Body members via Boardpad. The first concerned the future of Epsom Hospital and the second related to a personal experience of standards of care at Surrey and Sussex Healthcare (SASH). GB310317/008

With regards to Bess Harding's question about Epsom, concern had been expressed about the stroke review and the implications for the hospital which was part of Epsom St Helier Trust. In particular there was a concern that the public was not aware of the process that was taking place. GB310317/009

In considering this issue, Dr Fuller asked the Governing Body to note that that the two sites were in different Sustainability and Transformation Partnerships (STPs) and planning and reporting took place in both systems accordingly. GB310317/010

James Blythe noted the improvements that had occurred in stroke outcomes for patients in the London system since it had reorganised services. Surrey was now following suit in preparing its plans which were in line with best practice. GB310317/011

There were changes being proposed in West Surrey where there were clear opportunities for improvement that could be consulted on relatively quickly. However more discussion would need to take place on the best model for the Epsom area. There would be discussions with the public and the Health Overview and Scrutiny Committee (HOSC) and Health and Wellbeing Board (HWB) on this. GB310317/012

James Blythe re-assured the Governing Body that there would be no changes to services at Epsom Hospital without proper stakeholder engagement and consultation. GB310317/013

Roger Maine was then invited to address the Governing Body regarding his concerns. He thanked members for considering this issue which centred on SASH's policy for same day discharge of patients after major surgery. His local MP Sir Paul Beresford had been very helpful in taking up this issue with the trust as well. GB310317/014

His concern was not about the direct patient care (which had been very good) but about the system, which meant that his wife was sent home within four hours of surgery. On the second occasion it had taken an hour and a half to find a bed for his wife when she had needed admission, and this had been very difficult. GB310317/015

Mr Maine said that the response from the trust did not address the particular concerns relating to his wife's care but simply reiterated the procedures being followed. There had also been a three month delay in getting a response, and when it had been received it had been delegated to a member of staff below the level of the Chief Executive. GB310317/016

Steve Hams spoke to this. He had spoken to Roger Maine previously and was concerned about the lack of personalisation of care as the overall approach to discharge, which was suitable for most patients, did need to be adapted for individual circumstances. The idea of same day discharge did not suit everyone. GB310317/017

Steve Hams said the CCG had had the same response on this particular issue when it had contacted SASH, and he felt that a wider review would be helpful. GB310317/018

Roger Maine agreed and said that the Trust's approach contrasted with the advice on the Cancer UK website. GB310317/019

Dr Kelly said that as a secondary care doctor he supported this but felt that a look at the data for re-admissions and harm might also be useful. GB310317/020

Roger Maine said that he had also been in touch with the Care Quality Commission (CQC) who said they would look at it on their next visit. He had contacted the ombudsman but this was a slow process. He was concerned that the stress of such a poor process did not support rapid recovery. GB310317/021

Peter Collis said that he was grateful for Roger Maine pursing this as many people were afraid of raising concerns. Roger Maine said that he was frustrated that the trust was not following its own procedures particularly in respect of delays in response to complaints. GB310317/022

It was agreed that Eileen Clark would pick this up and look at SASH's patient survey results, re-admission data and complaints procedures. GB310317/023

Action Eileen Clark

1.6. Minutes of the last meeting (for accuracy)

Subject to the following amendments the minutes of the meeting held on 27th January 2017 were agreed as an accurate record: GB310317/024

- Para 034 "Satwell" should be "Sawtell" GB310317/025
- Para 066 – End of Life Care to come back to the Governing Body in May – this should be recorded as an action. GB310317/026
- Para 075 – The mitigations that offset the adverse position should be added in as a matter of record GB310317/027
- Para 077 – add "compared to the equivalent month in the previous year" after "month". GB310317/028

1.7. Matters arising and action logs

GBP1270117/041 PPE Strategy. This was on the Governing Body agenda – the action was agreed for closure. GB310317/029

GBP1270117/046 Committee In Common for mental health ward reprovision. Jacky Oliver was nominated along with Debbie Stubberfield. Executive officer still to be nominated. Action can be closed. GB310317/030

GBP1270117/096 Home and Hospital Care – this was covered in the Chief Officer's report – the action was agreed for closure. GB310317/031

GBP1270117/105 Assurance Framework amendments – this was on the agenda under item 6.3.1 and would come back to the May meeting. Keep action open. GB310317/032

GBP1270117/106 Risk Register – Reframe QIPP risk for 2017/18. This had been done under the auspices of the Finance and Performance Committee. Dan Brown would give an update under the finance report. Action can be closed. GB310317/033

GBP1270117/116 Clinical Cabinet Minutes – place in Governing Body reading room. This had been completed – action can be closed. GB310317/034

GBP1270117/131 Governing Body Meetings – hold meeting in Molesey Hospital. It was agreed that this should coincide with the next East Elmbridge presentation to the Governing Body. Keep action open. GB310317/035

2. Chairman and Chief Officer

2.1. Chairman's actions GB310317/036

It was noted that there had been no Chairman's actions since the last meeting. GB310317/037

2.2. Chief Officer's report

Ralph McCormack highlighted a number of points in his report. GB310317/038

Annual Assurance letter GB310317/039

Ralph McCormack said the assurance meeting with NHS England (NHSE) had been very good and the subsequent assurance letter reflected the positive messages. The CCG was now only subject to two assurance meetings a year and it was clear that NHSE perceived Surrey Downs as having made significant progress. The material issue was the appointment of a new Accountable Officer (AO).

On this subject Dr Fuller reported that the previous day there had been an appointment process which involved interviews with four very good candidates and an extensive day long process involving other agencies and the localities in stakeholder groups. GB310317/040

As a result of this Matthew Tait had been appointed as the AO. He is currently an AO in Bedfordshire and has senior experience with NHS England and in other roles. He hoped to start with the three Surrey Heartlands CCGs in mid-May. GB310317/041

Interim arrangements GB310317/042

Ralph McCormack then spoke to the interim arrangements. Dr Fuller would hold the AO role with Peter Collis taking over the chairmanship. They had both undertaken these roles previously during a changeover period and were experienced and capable.

Andrew Demetriades, who had worked as an interim for Surrey Downs CCG, would take over James Blythe's role, again on an interim basis. Jonathan Perkins would take on an active Deputy Chairman role and chair the audit committee to avoid any conflict of interest. He also proposed that Jonathan Perkins became Conflict Of Interest guardian. GB310317/043

Dan Brown would take over as Chief Finance officer through a progressive handover process. Matthew Knight would leave at the end of May. Eileen Clark would take over the role of Steve Hams as Director of Clinical Performance and Delivery. There was also a process to replace Dr Powell, with interviews planned for early in April. GB310317/044

It was noted that NHS England had said they supported these arrangements but had asked that these be reviewed at the end of May. They were meeting next week and were proposing that SDCCG's directions be removed. This was a significant achievement and showed a confident relationship between the CCG and the regulator. GB310317/045

Peter Collis said that this looked like a lot of change and this might cause some anxiety but he stressed two key points: firstly the appointment of a new AO and integration with the other two CCGs would strengthen the organisation. Secondly, he reiterated the point made in a recent Remuneration and Nominations Committee about the resilience of the Governing Body, which was significantly greater as a result of all the development work undertaken in the last year. He felt that the organisation could comfortably absorb all these changes. GB310317/046

360 degree survey GB310317/047

Ralph McCormack then highlighted the strength of response regarding the 360 degree survey, which was very positive. Dr Fuller recorded her thanks to locality chairs for driving GP practice responses up to 91%, and to their supportive with the effective restructuring of the governance arrangements.

Information Governance (IG) toolkit. GB310317/048

The CCG had submitted a compliant IG toolkit, which was important as this was a tightly regulated area of personal importance to patients.

Sustainability and Transformation Partnership (STP) GB310317/049

Ralph McCormack said that the engagement around the STP had been good locally, with a public meeting and a high degree of transparency.

Sexual Health Services GB310317/050

Surrey County Council (SCC) have jointly reprocured sexual health services with NHS England. Ruth Hutchinson reported that the service would go live next week and she thanked the CCG for supporting the new provider with clinical space in buildings in the local area. There was a need for ongoing engagement with patients to ensure this was successful.

Continuing Health Care (CHC) Restrictive Practices GB310317/051

The CHC position was assured for Surrey Downs with no restrictive practices locally. Ralph McCormack stressed that each case was taken on its merits and patients were subject to individual assessments.

Kent Surrey and Sussex (KSS) awards GB310317/052

Ralph McCormack highlighted awards for Dr Fuller and Lorna Hart in the recent KSS awards process. This was for leadership and development of people and they were to be congratulated for this. Although not successful he also commended the work on the community hospital consultation which he felt merited an award.

Mental Health GB310317/053

Ralph McCormack highlighted the CCG's commitment to ensuring high quality mental health in-patient services and was supporting SABP with a long term solution to the poor environment in Epsom.

3. Presentations

3.1. East Elmbridge Locality GB310317/054

Dr Jill Evans was welcomed to the meeting to give an update on developments in East Elmbridge. GB310317/055

The profile of the locality was as follows: GB310317/056

- There were 7 practices serving a total of 60,000 patients
- Molesey Community Hospital was available for local use with 12 beds
- Kingston Hospital was the nearest local acute – this was situated in South West London
- The social care provider was Surrey County Council
- The Community Services provider was CSH Surrey
- The GP provider network was called Surrey Medical Network Ltd, and all local practices were a part of this
- Local outpatient clinics included Gynaecology, Musculo Skeletal (MSK), Endocrinology, Dermatology, Paediatrics and Cardiology.

The locality was pursuing four main projects as follows: GB310317/057

- A pilot paediatric clinic aimed at avoiding the necessity for A/E attendance and possible admission. This had daily clinics and was proving very successful with very positive feedback. GB310317/058
- A consultant led Cardiology clinic in the community where patients can have cardiac investigations locally instead of at the Acute Hospital. A consultant Cardiologist is available to provide virtual consultations and give advice to GPs via email and phone without the patient needing to attend in person. The service has seen 173 patients and there were positive early signs of a reduction in Kingston Hospital outpatient attendances, which were currently below the April 2014 level. GB310317/059
- Sharing of Staff and Services – this was an initiative that looked at how practices in the locality could share staff across all areas – medical, nursing and administration – to make delivery more efficient for all practices and to improve equity of access for patients. GB310317/060
- Integrated Hub for Frail Elderly – a year-round service comprising local GPs with Intermediate Care experience providing clinical leadership within a Community Medical Team (CMT) Model. This included social care and involved multidisciplinary working at the individual patient level - CMT doctors, a community matron, care coordinators and community hospital staff who had access to mental health workers, social care , therapists, pharmacy and an integrated nursing team. The pharmacy input was proving particularly invaluable. GB310317/061

It was noted that this team had a number of aims: GB310317/062

- Reducing inappropriate admissions and readmissions
- Facilitating early discharge from hospital and reducing length of stay
- Providing intensive support to those identified as being at risk of admission
- Providing integrated care closer to home

Dr Evans gave two examples of patients that the team had worked with – one an 89 year old patient with complex needs and another of a 77 year old man needing considerable multi agency support to make the home environment safe for him to live in. GB310317/063

The outcomes to date had been very positive: GB310317/064

- 450 patients had bee supported, 86% of whom were over 75 years old.
- There had been a 4% drop in emergency admissions of over 75's (compared to a 5% growth for Kingston and Richmond CCGs).
- There had been no rise in A&E attendances in over 75's (compared to a 4% increase in Kingston and Richmond CCGs)
- There was an even greater difference in activity for over 85's from East Elmbridge, with a 10% reduction in emergency admissions and a 6% reduction in A&E attendances.

Dr Evans said that the East Elmbridge partners shared a vision for the locality, built on expanding existing successes, moving the paediatric pilot to a permanent footing, extending the range of specialist clinics in the community, and ensuring that patients were seen by the appropriate person at the appropriate time in the appropriate location in a primary care setting. GB310317/065

James Blythe noted that NHS England “Vanguard” projects had only moderated the growth in admissions as opposed to achieving the kind of fall seen in East Elmbridge. This was illustrative of the success of the East Elmbridge approach. The expansion of the scheme had been agreed at the Program Delivery Board (PDB) the previous day. One of the challenges for the CCG will be retaining and developing the locality empowerment. GB310317/066

Peter Collis congratulated Dr Evans on her strong clinical leadership. He asked when Dorking would be presenting and Dr Fuller confirmed this would be at the May meeting. GB310317/067

Jonathan Perkins also congratulated the locality and asked how this good news would be communicated to local residents. James Blythe said that there had been agreement in the EMT to develop some videos for this which would help explain the concepts and the improved access and personalisation of services involved. GB310317/068

Dr Sharpe asked to see the costs and benefits analysis when available so that others could learn from this. He also noted that the services were separate from the A&E site which helped keep people in locality hub care. The great success was avoiding admission. James Blythe said the evaluation would take place in comparison with the Epsom GP in A&E and that paediatrics was clearly a key area for this service as well. Dr Evans said that the key was to build paediatric skills and capability in primary care. GB310317/069

Dr Kelly said the presentation was very impressive and suggested looking at the run rate between intervention and outcome as each strep in the process had added benefits. GB310317/070

Dr Evans said that a key element of learning from the work to date had been the crucial role of the community matron. GB310317/071

It was noted that the outcomes of the wider evaluation would be coming to the clinical cabinet. GB310317/072

Dr Powell said that the community clinics were very good, and very popular with patients who were being seen more quickly. It would however be good to have more access to diagnostics. GB310317/073

3.2. Communications and engagement strategy

Jacky Oliver spoke to this and said that there had been a lot of work undertaken and a rethinking of the CCG's approach in light of experience. She hoped that the Governing Body would be able to support this. The document summarised the aims and objectives and how they would be measured. The Participation Action Network was a key vehicle for empowering disenfranchised populations. It was hoped to create an easy read version of the strategy. GB310317/074

Suzi Shettle and her team were thanked for their work on the strategy. It showed the amount of work that was going on with such a small resource. GB310317/075

Peter Collis congratulated the team and asked about harder to reach groups. One of the key issues was the use of Eastern European labour and he wondered if any work had been done on their health needs. It was acknowledged that this was potentially another significant group. GB310317/076

Jonathan Perkins said that communication with millennials was also a key issue. Interaction had to be via social media approaches. He also supported the need for proper support to comms and engagement work across the STP. GB310317/077

Jacky Oliver said that it might also be valuable to look at why patients make the choices they do in terms of the services they access. Suzi Shettle said that work was being done on this across the STP footprint. GB310317/078

The communications and engagement strategy was AGREED. GB310317/079

It was agreed that Jacky Oliver would keep the Governing Body up to date on this issue. GB310317/080

4. Quality and Delivery

GB310317/081

4.1. Quality and Performance report

GB310317/082

Steve Hams said there had been a very productive deep dive into stroke services, and also South East Coast Ambulance (SECAmb) performance improvement, at the last Quality Committee. This had been led by the local host CCG, North West Surrey.

GB310317/083

The main points in the report were as follows:

- GB310317/084 CSH Surrey workforce – this had been a problem particularly with respect to recruitment of District Nurses, and a number of interventions were being tried; this included the incentives.
- GB310317/085 SASH Referral To Treatment Time (RTT) – there had been work undertaken on reducing delays. James Blythe said that there were some long waiters and this was being pursued with the lead commissioner.
- GB310317/086 SECAmb Red1 had improved but still remained below expectations, Red2 was also below par.
- GB310317/087 Care homes – the quality care homes initiative was beginning to bring improvements as was the hydrate project.

GB310317/088

Debbie Stubberfield said that she and Dr Kelly would like to thank Steve Hams for his support to the committee and his approach to provider assurance had been very positive.

GB310317/089

Debbie Stubberfield asked about measuring performance of the Royal Marsden and how the STP would provide assurance on this. Would the approach capture patient experience as well as the mechanics of the pathway? Steve Hams said there would still be local assurance and the team would continue to hold Royal Marsden to account.

GB310317/090

Dr Hills said that the workforce issues at CSH surrey were significant and causing issues in the wider system. Dr Fuller said that local care models would need to support different ways of working and support patient safety with the existing workforce if recruitment could not take place.

GB310317/091

Dr Kelly said this had been a long term risk and if it could not be resolved there may be a need to change the scope of the service. He also commended the detailed discussions about SECAmb at the Quality Committee which had highlighted the critical importance of organisational culture at that trust.

Peter Collis said that recruitment was a wider concern and highlighted the difficulties with paramedic workforce recruitment that SECAmb were experiencing. GB310317/092

Dr Fuller asked how CSH surrey compared to other surrey providers. Steve Hams said there were some issues with being on the London borders that made Surrey Downs more problematic but they were broadly similar. Focusing on outcomes was a key issue. GB310317/093

Dr Kelly said that a key issue was putting the patient in touch with the right person first time and eliminating unnecessary duplication. GB310317/094

Steve Hams also highlighted the critical role of social and home based care to the success of a good workforce strategy. GB310317/095

It was agreed that a lot of these issues were systemic to the wider STP system and beyond and it was agreed to ask Eileen Clark to set up a joint quality committee meeting with the other two Surrey Heartlands CCGs in the first quarter of 2017/18. GB310317/096

Action Eileen Clark

4.2. Performance Dashboards

4.2.1. Constitution Measures GB310317/097

Steve Hams highlighted the challenges around Referral To Treatment Time (RTT) as mentioned earlier with a slightly worsening trajectory. GB310317/098

4.2.2. Outcomes indicators GB310317/099

The report was noted. GB310317/100

4.2.3. Operating Plan metrics GB310317/101

The report was noted. GB310317/102

4.3. Right Care (Commissioning for Value) GB310317/103

There was no update on this topic this month. GB310317/104

5. Finance and Planning

5.1. M11 Finance Report

Dan Brown said that the overall position was that the CCG was forecasting to achieve its budget with a planned £8.7m deficit, which was its agreed control total. There were some areas of overspend – acute sector being the main one. The main pressures were at SASH with a £1.8m overspend and SWLEOC with a £1m overspend. This might change dependent on POLCE discussions. GB310317/105

Offset against this there were some favourable areas such as resolution of disputes with NHS Property Services, and favourable contract negotiation outcomes. GB310317/106

Overall the CCG had delivered on year 2 of its Financial Recovery Plan, which had been very challenging with £19.6m of QIPP required. Keeping growth of acute activity down to 2% had been a major issue. GB310317/107

The CCG does still have an underlying deficit which will be more of an issue for the next financial year. GB310317/108

There was one contract still outstanding (with Royal Marsden); others had been signed. The overall gap was £27m and the CCG had been asked to cap its QIPP at £18.2m (5% of total) leaving a gap of £9.8m, which could be more significant depending on the level of achievement of QIPP. This could add several million pounds to the pressures. GB310317/109

The CCG had followed guidance on contract negotiations and had been very transparent with NHS England about the difficulties it faced. The regulator was very aware of the reasons but at the moment there was no agreed resolution. The CCG was therefore not in a position to set a budget for 2018/18. GB310317/110

Jonathan Perkins said that this had been looked at in the FPC and this had been closely tracked since December. It was a real concern but the position was very clear and the committee had every confidence in the team and their efforts to minimise the QIPP gap. GB310317/111

Peter Collis echoed these comments and said that they reflected discussions in the audit committee and the CCG's work with the auditors, who felt the CCG had been very open. GB310317/112

Dr Hills said that people had worked very hard across the CCG and the achievement over the last year should be applauded. GB310317/113

Dr Fuller noted that Surrey Downs was not alone in this area and a number of CCGs across the South East had similar problems with underlying deficits and were not yet in apposition to agree a budget. GB310317/114

Matthew Knight said that he had attended an NHS and NHSI meeting this week and that 75 CCGs nationally were now forecasting a deficit. There had however been significant progress locally and Surrey Downs had very good internal controls compared to previous years. GB310317/115

5.2. Planning for 2017-19

James Blythe spoke briefly to this item. The main effort had been on contract negotiations but further guidance was expected and this would come back to the next meeting of the Governing Body. GB310317/116

5.3. GP forward view

James Blythe spoke to this item. The aim was to move primary care forward within the 5 Year Forward View framework; however a phased approach was being taken and not everything will happen immediately as it is a long term approach to transforming primary care. GB310317/117

CCGs are expected to lead this work even if they are not delegated. Surrey Downs was working with other two CCGs in the Surrey Heartlands patch on the use of the £3 per head allocation and how this can be used at locality level. There was also investment for extended hours and this builds on funding already provided locally under the Prime Minister's Challenge Fund. GB310317/118

The CCG's were working collectively on workforce issues and looking at new roles in general practice including signposting and social prescribing. This potentially moves administrative staff into new roles and will need development at practice level. Some practices would also be supported to cope with demographic pressures and would be looking at an expansion of the services they provide beyond core work under General Medical Services (GMS). GB310317/119

Dr Powell asked about primary care transformation support and asked where the money had come from. James Blythe said there was no new money and that this commitment actually added to the QIPP challenge as the proposals had been made without specific additional funding. GB310317/120

The Governing Body AGREED the GP Five Year Forward View proposals. GB310317/121

6. Governance and Organisational Development

6.1. Wider Surrey and South West London Governance

6.1.1. Surrey Heartlands Sustainability and Transformation Plan (STP)

There was no further update on this. The CCG was still awaiting feedback from the centre on its STP submission. GB310317/122

6.1.2. Devolution

Ralph McCormack spoke to this item. The Governing Body was being asked to endorse the progress that had been made on devolution to be endorsed. This would include the governance arrangements in section 17 of the paper. GB310317/123

Devolution was expected to give more effective control over health and social care resources to local stakeholder bodies. It was believed that this would support more localism and stronger personalisation of care. GB310317/124

The shadow year will run from April 2017 during which time the governance of health being arrangements would be developed; this was one of the ways Surrey would be different from other areas that were also seeking devolved powers. Also health regulation. A Memorandum Of Understanding (MOU) was under development and there would be a new executive group to oversee the practical arrangements. GB310317/125

Peter Collis said it was a direction of travel and there was still a lot of work needed before the formal governance was fully clarified. Leadership would be key but the CCGs would still be able to determine where decisions sat in terms of what was delegated up and what was reserved to local decision making. Dr Fuller agreed and said that subsidiarity and the role of localities and the membership would also be key. GB310317/126

Jonathan Perkins asked about the Senior Responsible Office (SRO) role which it was hoped would be in place at the end of April. Ralph McCormack said that there had been national directions to the effect that the design of the SRO role should be locally evaluated and this was still under consideration. It could be separate or within existing roles and this was under discussion. Governing Body members should express their view now about what was their preferred model. Specifically did the joint AO and SRO roles fit together and was it an issue whether the individual was a provider or commissioner? GB310317/127

Ralph McCormack said that in his view this should sit with commissioners because of their role in holding the resources and setting the contracts. This did not contradict potential local accountable care organisations but did support strategic decision making. GB310317/128

Peter Collis agreed with the need for commissioning leadership but felt that the SDP role was separate from the CCG AO role. He felt that there needed to be clear arrangements for the CCGs to input into this issue over a short period of time. GB310317/129

The Governing Body endorsed the paper and the proposals and the need to keep the CCG informed. GB310317/130

6.1.3. South West London Governance Arrangements

Ralph McCormack noted that Surrey Downs had significant commissioning responsibilities around Epsom s part of Epsom St Helier Tust; this meant that it needed to be included in the South West London commissioning proposals. The Committee In Common arrangements were set out in section 2 of the document. GB310317/131

He particularly highlighted the arrangements for the programme board and the need to develop a consensus agreement. This was a lesson learned from the last such review and he stressed that the individual committees in common for each CCG would observe its statutory responsibilities and obligations. GB310317/132

There were specific references to the role of Surrey Downs which had been inserted at the CCG's request. Timetables were clear and engagement up until now would hopefully lead to sensible approaches. Dr Fuller said that she felt that the lessons of earlier processes had been learnt. GB310317/133

Peter Collis agreed and said this was a much better process than ones the CCG had previously been involved with around South West London. GB310317/134

The Governing Body AGREED the arrangements set out in paper. GB310317/135

6.2. Strategies and Policies for approval

6.2.1. Continuing Health Care (CHC) Strategy

It was noted that this had been agreed by the CHC collaborative and sponsored by the CHC programme board. Steve Hams said that he felt this had been a good and thorough piece of work. GB310317/136

The Governing Body AGREED the CHC strategy. GB310317/137

6.2.2. CHC Operational Policy

It was noted that this had been revised and updated as a result of feedback and audit. GB310317/138

The Governing Body AGREED the CHC Operational Policy. GB310317/139

6.2.3. TNRF1

James Blythe spoke briefly to this item. The proposals had been through the Surrey Priorities Committee and had clinical support. GB310317/140

The Governing Body AGREED the revised TNRF 1 Policy. GB310317/141

6.3. Risk reporting

6.3.1. Governing Body Assurance Framework (GBAF)

Matthew Knight spoke to this item. This was effectively a closing report on the risks to the CCG's principal objectives, which had for the most part been effectively mitigated. GB310317/142

The Majority of risks will continue into next year but the objectives themselves would need to be amended to reflect the changes that had taken place with regards to devolution and primary care in particular. GB310317/143

Matthew Knight highlighted the issue of organisational development (OD). In 2017-18 this would need to focus on OD across the STP under a new Joint Accountable Officer. GB310317/144

It was agreed to take this into the May Seminar and to each Governing Body committee for further discussion and development. GB310317/145

Action Dr Fuller / Justin Dix

6.3.2. Risk report

Operational risks – reasonable assurance form auditors – refreshed outr rm strategy – Datix – training for staff at all levels – less than 20 % high risk – majority being treated. Matthew Knight – feel more confortable – GB310317/146

Peter Collis – did agree that FPC should go into risks in more detail – take a step back and think about what would matter

6.4. Annual Reporting

6.4.1. Annual Report - Statement of declaration for audit purposes

It was noted that the approval of the annual report would be based on the understanding that no individual Governing Body member knows of any information which would be relevant to the auditors for the purposes of their audit report, and of which the auditors are not aware; and that individual Governing Body members have taken all the steps that they ought to have taken to make themselves aware. GB310317/147

There were no declarations to the contrary but members were asked to contact the Audit Committee chair if they became aware of relevant information between now and the signing of the annual report and accounts. GB310317/148

6.4.2. Annual Report - Delegation of final approval to Audit Committee

GB310317/149

As in previous years the Governing Body was asked to approve delegation of approval of the final annual report and accounts to the Audit Committee. There had been, and would continue to be, a thorough governance process around this involving both the committee and the external and internal auditors.

GB310317/150

The Governing Body AGREED delegation of final approval of the annual report and accounts to the Audit Committee.

7. Clinical Cabinet and Committee updates

7.1. Clinical Cabinet Report

GB310317/151

The Clinical Cabinet met on 9th February 2017 and 9th March 2017. The key issues were as follows.

- GB310317/152 The Surrey Heartlands and East Surrey Integrated Dementia Strategy had been considered. The strategy looked at preventing well, diagnosing well, supporting well and dying well and would be presented to the Governing Body in due course.
- GB310317/153 A proposal for out of hours (111) and extended access workstreams was considered. There was a need to integrate the services, while providing an affordable, quality service. The proposal was agreed, and the final decision for contract extensions would be made by the Executive Management Team.
- GB310317/154 With regard to QIPP, the CCG was expecting to achieve £15.5m of QIPP, with discussions ongoing around POLCE with Epsom. The underlying deficit was being reduced by non-recurrent means at present. This was viewed as a good performance by NHS England and the CCG has good systems and processes in place when compared with other CCGs.

7.2. Audit Committee Report

GB310317/155

The audit committee drew the following to the Governing Body's attention:

- GB310317/156 A conflict of interest action plan has been developed and this issue will be discussed at forthcoming locality meetings.
- GB310317/157 The draft audit plan was received. This has the flexibility to respond to any developments during the year ahead.
- GB310317/158 Personal Health Budgets are an emerging issue following a recent audit. There are a number of recommendations for the CCG to consider for improving the current service.

- The Annual Report would be signed off at the end of May and key tasks to achieve this were noted. GB310317/159

7.3. Quality Committee Report

The committee highlighted the following: GB310317/160

- There is work being undertaken to ensure robust quality in contracts for 2017/18 GB310317/161
- The host commissioner (NW Surrey CCG) gave a presentation on SECAmb which set out the latest developments for recovering performance and improving the governance, culture and leadership of the trust. GB310317/162
- There was a detailed discussion on stroke services and the work being done to improve these in line with best practice recommendations. GB310317/163

7.4. Remuneration and Nominations Committee Report

The committee highlighted the following: GB310317/164

- The Committee clarified the position regarding indemnity for Governing Body members, bringing the cover into line with that provided to employees of the CCG. GB310317/165
- The Joint Accountable Office appointment process was discussed with a view to concluding the recruitment process by the end of March 2017. GB310317/166
- As acting arrangements were required until the appointed individual could take up their position, the Committee also approved appointments of Acting Deputy Chair and Acting Chair of the Audit Committee. They recommended that the Governing Body approve the appointments of Acting Chief Officer and Acting Chair. GB310317/167
- The Recruitment & Retention and DBS Policies were considered and would receive final approval electronically. GB310317/168

7.5. Finance and Performance Committee Report

The committee highlighted the following issues to the Governing Body: GB310317/169

- The forecast outturn position was unchanged but there remained significant pressures in acute and continuing health care. GB310317/170
- Next year's budgeting arrangements for the STP GB310317/171
- £15.5m QIPP was expected to have been delivered in 2016/17 and the wider risks mitigated - this was a significant achievement GB310317/172

- There was currently £17.9m of unmitigated QIPP for next year (2017/18). GB310317/173

8. Other matters

8.1. Any other urgent business

Dr Fuller expressed her thanks to the following Governing Body members for whom this would be their last meeting: Dr Powell, Steve Hams, James Blythe, and Ralph McCormack. She particularly thanked Ralph McCormack for his enormous contribution to stabilising the CCG and growing the culture of the organisation, and for his invaluable personal support to her as clinical chair. GB310317/174

8.2. Date of next meeting

The next meeting would be on the 26th May 2017 at 1pm. GB310317/175