**Agenda item** 5
**Attachment** 02

NHS
Surrey Downs
Clinical Commissioning Group

**Meeting: Governing Body**
**Date and time: 2.30pm, 31st January 2014, Mole Valley Town Hall, Dorking**

## Voting members present

Dr Claire Fuller, Clinical Chair

Executive members
Miles Freeman, Chief Officer
Keith Edmunds, Interim Chief Finance Officer
Karen Parsons, Chief Operating Officer

Clinical GP Members
Dr Ibrahim Wali
Dr Simon Williams
Dr Jill Evans
Dr Andy Sharp
Dr Suzanne Moor
Dr Kate Laws
Dr Steve Loveless
Dr Robin Gupta
Dr Hazim Taki

External clinical members
Alison Pointu
Dr Mark Hamilton

Lay Members
Denise Crone
Cliff Bush
Gavin Cookman
Peter Collis

Other non-voting members
Nick Wilson, Surrey County Council
Eileen Clark, Head of Clinical Quality

In attendance: Justin Dix, Governing Body Secretary (Minutes)

## 1. Apologies for absence

There were no apologies for absence. GB310114/001

## 2. Register of member's interests

It was noted that Dr Fuller was no longer employed at New Epsom and Ewell Cottage Hospital (NEECH). GB310114/002

## 3. Minutes of the last meeting

These were agreed as an accurate record. GB310114/003

## 4. Matters arising and action logs

033 Karen Parsons to check that equipment in the community was part of winter teleconference calls: This had been actioned. GB310114/004

165 Prescribing Clinical Network recommendations: These were on today's agenda as requested. GB310114/005

## 5. Chief Officer's Report

*Work of the Executive Committee* GB310114/006

Miles Freeman reported that since the last Governing Body, Executive Committee time had been mainly directed at completing the programme of service reviews of out of hospital contracts that had been inherited from Surrey PCT. These had not been documented and therefore it was not possible to hold people to account for performance. The aim was to achieve better value for money and this had been a very detailed piece of work due to the convoluted contracting arrangements that had existed prior to the CCG taking them over. As a result of the reviews which had been led by Karen Parsons and the Service Redesign Team, there was now a much clearer position and so a stronger approach could be put in place for the future.

*Business Continuity* GB310114/007

Business continuity had been a major challenge with flooding of Cedar Court over the Christmas period. Further bad weather was forecast. The organisation had coped well but the bad weather had revealed a number of weaknesses in our business continuity plans such as delays in contacting the on-call manager. A review had taken place and this had identified the required changes with an action plan coming back to the Executive in the near future.

*Winter* GB310114/008

Capacity had not been a major issue over the winter period. Acute and community suppliers had coped well over the Christmas and New Year with no major interruptions to business and both tranches of winter monies had been deployed positively to maintain services particularly at Dorking and NEECH. There had been some pressures at Epsom and SASH.

*Staff update* GB310114/009

There would be interviews for the Chief Finance Officer in February. It had not been possible to recruit to the Director of Contracts role. The Service Level Agreement (SLA) with the South Commissioning Support Unit (CSU) was also being reviewed now that there had been a year of operations, and this indicated that some services could be bought in house.

*GP IT* GB310114/010

The resources agreed with the Area Team for GP information technology (£300,000) were now being deployed and replacement equipment was now being rolled out across Surrey Downs, which had received the largest allocation of any CCG in Surrey and Sussex.

## 6. Clinical Chair's report

*Health and Wellbeing Board* GB310114/011

Dr Fuller gave an update on the Health and Wellbeing Board, which she attended along with Nick Wilson. This was a board of commissioners rather than a commission board. The Board did not hold a budget but it was a place where knowledge could be shared to improve outcomes. All six Surrey CCGs were represented along with the Boroughs and Districts in Surrey, and Surrey Police. There were joint health and social care chairs.

The shared priorities agreed at the Health and Wellbeing Board, based on engagement with the public and with patients, were: GB310114/012

- Improving children's health and wellbeing
- Developing a preventative approach
- Promoting emotional wellbeing and mental health
- Improving older adults' health and wellbeing
- Safeguarding the population

In addition to public meetings there were monthly workshops to look at each priority, the last of which had been on preventive health. This had been led by the public health team. Next month's workshop would be on services for older people. GB310114/013

*Acute hospital standards* GB310114/014

Following on from the BSBV programme it had been agreed that the CCG should work with its main suppliers and in particular Epsom to commission higher clinical standards through its contracts.

This work was ongoing and was being done in close conjunction with Sutton CCG with whom there had been several meetings to look at clinical standards in contracts. GB310114/015

A significant issue was consultant hours available in maternity where Sutton were working with London standards of 168 hours and Surrey were working to local network agreed guidelines of 98 hours. All other standards were the same. GB310114/016

Gavin Cookman, Dr Mark Hamilton and Dr Jill Evans were looking across all three main local hospitals that the CCG contracts with to ensure equity of provision in relation to clinical standards. This would mean that patietns received an equitable level of service for Surrey Downs residents regardless of which locality they lived in. GB310114/017

*Dorking x-ray* GB310114/018

It was noted that the contract for this had now been signed. Dr Fuller said that the CCG very much regretted the length of time this service had not been available. There were a number of reasons for this. There would however be a further delay before the work on the site could commence due to the need for NHS property services to undertake a site assessment.

*Clinical leads* GB310114/019

Dr Fuller reported that clinical leads had been appointed to support the Governing Body leads. These were as follows: Diabetes (Dr Stuart Tomlinson), End of Life Care (Dr Aneta Monaco) and Prescribing (Dr Richard Strickland, Dr Raj Secon and Dr Andreas Pitrelli).

*Surrey networks* GB310114/020

There had been positive developments in securing funding for Surrey wide networks for stroke and diabetes. Diane Hedges had been taken on to support the stroke work which would be managed to ensure consistency with Sussex. There was also a network for lay members being established by the Surrey CCG collaborative to share learning. Surrey Downs had four rather than two lay members because of the size and complexity of the patch.

It was requested that the Stroke Network for Surrey include HealthWatch. GB310114/021

Denise Crone asked about Dorking x-ray which should have been up and running in the autumn of 2013, and it was agreed that the delay of over a year in re-establishing this service did not reflect well on the CCG, although there had been a number of unexpected issues including a change in the preferred provider. It was noted that the start date for the new service was out of the CCG's hands as this required action on the part of NHS Property Services to make sure the lead lining was in place. It was not expected this would be an issue on other sites such as Molesey. GB310114/022

Gavin Cookman asked about clinical standards and whether other commissioners and providers were serious about improving these and it was confirmed that they were. Dr Fuller said that Sutton CCG were very keen to drive up clinical standards. GB310114/023

Dr Robin Gupta asked if diabetes prevention had been discussed at the Health and Wellbeing Board and Dr Fuller said that it had not as discussions were quite high level. GB310114/024

Dr Gupta said that better communication with local GPs was needed with respect to the delays in Dorking x-ray. GB310114/025

Dr Laws asked if the links between deaths from alcohol and mental health had been discussed at the Health and Wellbeing Board and Dr Fuller said that they had and that this was a particular issue of concern for Surrey Police who were concerned about the impact on their services. It was noted that East Surrey CCG lead on alcohol services on behalf of other CCGs in Surrey. GB310114/026

## 7. Out of Hours

Dr Loveless began by thanking Jack Wagstaff for his considerable work on this strategy. The procurement was being conducted jointly with Guildford and Waverley and North West Surrey CCGs with a view to having a service in place for when the current (extended) contract expires on the 1st October 2014. Key dates and milestones were in the paper. GB310114/027

There had been good patient and public involvement, and a wide range of stakeholders had been involved in various events. The process had started in June 2013 and was clinician led which meant issues in the quality of the specification were picked up quickly. A wide range of clinicians had been involved in testing the ideas for the new service with potential providers. There had been a wide ranging survey of patients and their feedback fitted well with the clinical design group's aspirations. GB310114/028

There were a number of emerging themes such as the need for more involvement of local GPs, convenient local bases, better triage, availability of booked appointments, better integration with community and mental health, and improved electronic access to patients' records. GB310114/029

A care specification had been developed which addresses the above and other issues and this was now being shared with stakeholders. This would form the basis of the tender across the three CCGs but with some local flexibility built in. GB310114/030

The remaining challenges to implementation were: GB310114/031

- Working within the financial envelope which had not yet been agreed but which would probably be in the region of £6 per head
- Workforce
- GP buy in to additional hours which might require some innovative approaches
- Cross provider working e.g. with 111, acute and community, and mental health services which were a major area.

This would come back to the Governing Body in July for approval once a preferred provider had been identified. GB310114/032

The following additional points were noted: GB310114/033

- “Co-ordinate my care” was in the draft specification and the new provider would be expected to use this, and in addition this had been raised with NHS 111 who were not currently using it.
- There could be a positive impact on hospital admission rates and a consequent benefit to the CCG’s two year plan; however the main focus was on improving quality not reducing spend. Miles Freeman stressed that the budget was only a notional figure at this stage and potential existed for risk sharing and innovation.
- Denise Crone said that the patient engagement had been very good during the course of this project and thanked Jack Wagstaff for this. It was expected this would continue through the procurement phase.
- There was a line in the specification regarding referring self-presenters to 111, which was not felt to be helpful as it might mean people being sent home and asked to use 111. However this had been at another CCG’s request and could be removed from the local specification.
- There were robust and detailed quality and safety standards in the specification although these would have to be enforced through contract monitoring.
- Gavin Cookman also thanked Jack Wagstaff for his work. He then asked how conflict of interest would be handled. Miles Freeman said this would be managed closely including at Governing Body level when a final decision was made. External GPs could be bought in if there was a local conflict of interest.
- Dr Andrew Sharp noted that high level of self-presenters were an issue and often meant people went straight to A&E if they could not be seen. Dr Fuller said that bases for services were currently being looked at by potential providers as part of the procurement process. Bases in Epsom, Dorking and East Elmbridge were being looked at and were in the specification. These would not be next to A&E departments.
- It was noted that pharmacists had been included in this discussion.

Dr Fuller thanked Dr Loveless for leading this work and also thanked Jack Wagstaff for his excellent work on this strategy. GB310114/034

The Governing Body: GB310114/035

- Noted the summary of Out of Hours Core Specification
- Agree the procurement process to be followed as set out in the paper
- Noted that the tender award decision will be presented to the Governing Body in July 2014

## 8. 2014/15 Financial Plan

Keith Edmunds gave a brief update. National guidance gave the CCG a two year allocation and a steer on what the expected allocation might be for the following three years. This woas helpful for future planning purposes. Surrey Downs was at the lower end of the national table in terms of growth due to the new national allocation formula. GB310114/036

The national planning guidance and the timetable had also been issued and a key concern of the centre was to triangulate provider and commissioner submissions to ensure there was no gap in expectations. A first draft was expected in February. This work would be bought back to the Governing Body in stages as it was undertaken, with final submissions in April. GB310114/037

At a high level, the challenge for 2014-15 was in the £10m - £17m range. This was a less comfortable position than in the CCG's first year when the out of hospital strategy was developed. There had been changes to use of non-recurrent money and specialist commissioning that had produced this position. Part of the difficulty was that the level of benefits from the Out of Hospital strategy were not going to be as great as expected. It would therefore be necessary to revisit assumptions to see what savings they could produce and ensure that they added up to the total gap. It was very difficult to see how the benefits of individual schemes impacted on pressures in acute. GB310114/038

Governing Body members raised a series of questions and issues: GB310114/039

- It was queried whether the application of the national formula could be checked but it was felt unlikely this could be challenged and would bring any benefits. GB310114/040
- Efficiency trajectories seemed to be very flat rather than stepped. GB310114/041
- The efficiency target was a challenge and was partly due to the inherited deficit and Surrey's allocation formula. Other CCGs had better allocations than Surrey Downs. GB310114/042
- There was a need to deal with some issues that had only been resolved through use of non-recurrent monies. GB310114/043
- Running costs would be reduced by 10% in in 2015-16 but at the moment the CCG was not spending its full allocation anyway so this was less of a concern. GB310114/044
- There was a £12m gap arising from the operation of the Better Care Fund. It was clarified that the figure of £4.5m in this was not new money but was from the existing partnership funding. GB310114/045

## 9. Better Care Fund

Miles Freeman updated on this initiative which had formerly been known as the Integrated Transformation Fund. Most of the funds transferred to the local authority were not new money but covered spend on existing services. The agenda was very much about driving integration and increasing investment in preventive care. There was also a strong emphasis on protecting social care and this inevitably created some tensions, particularly as there had been mixed messaging on whether this was new money or not. However both the CCG and the local authority were committed to reaching a consensus and both saw this as an opportunity to lever greater efficiency out of the system. GB310114/046

The planning timescales were very challenging particularly as all the CCG Governing Bodies had to sign up to the agreement as did the Surrey County Council Cabinet. The aim was to ensure that all the schemes identified worked at a local level and supported CCG strategic aims. Some areas such as continuing health care could be done Surrey wide and this was one area where there were clear opportunities from more integrated working. GB310114/047

The only way to do this would be to focus on admission and discharge and to stop people going into inappropriate care settings, using a range of strategies such as Out of Hospital and an improved primary care offer. GB310114/048

Governing Body members raised a number of issues and the following points were noted. GB310114/049

- The figure of £64m was across Surrey and £12m (plus £4.5m of partnership funds) was the figure for Surrey Downs GB310114/050
- It was felt that this was a difficult process as money was already tight in the system and it would be difficult to release funds for investment. However there was scope for efficiency as the money was not delivering the best outcomes. There had been a lot of discussion about integration over the last decade but this had not progressed until recently when the financial imperatives had begun to drive transformation. GB310114/051
- It was not entirely clear from the guidance who was ultimately responsible and there were difficulties at this stage with creating a pooled budget. GB310114/052
- The Out of Hospital strategy was very health focused and gave a lot of emphasis to increasing GP capacity. We should be looking at other options within the integration agenda, and should be avoiding working in silos. GB310114/053
- Telehealth was included in the Better Care Fund. GB310114/054

Nick Wilson said that the work was still in its early stages but he welcomed the CCG's approach, and said there would be a need for a lot of innovative working ahead. The recent planning timescales should not be confused with the need for integration and creative transformation going forward. GB310114/055

The Governing Body AGREED the delegation of the decision on the Better Care Fund at the Health and Wellbeing Board to the Chief Operating Officer and Chair as requested in the paper. GB310114/056

**10. Equality Duty**

Dr Fuller noted that this work had already been to the Audit Committee and the Clinical Quality Committee. GB310114/057

Dr Hazim Taki spoke to this item as the clinical lead for equality duty. The CCG had a commitment to equality in its constitution and was also under a legal obligation as a public body to report annually and produce equality objectives. The aim of the papers submitted to the Governing Body was to meet these requirements. GB310114/058

The seminar the previous month had identified a range of groups in Surrey Downs that fell into the definition of priority groups. GB310114/059

Alison Pointu reported that there had been a discussion at the last Quality Committee about this and concern had been expressed that the priorities did not include travellers and people with learning disabilities who were prominent in the Surrey Downs area and had particular needs. It had been felt important to convey this to the Governing Body for further debate. GB310114/060

It was noted that a lot of work had been done with these groups and this would continue in future. It was also noted that not every group could be a priority and that the Government Body had to make a balanced decision each year on where to focus. It was also noted that there were cross cutting themes i.e. some older people also had learning disabilities. GB310114/061

Cliff Bush specifically noted the difficulties with access to Cedar Court since the flooding at Christmas and felt that this needed remedying as a matter of urgency with a written policy. GB310114/062

Miles Freeman said it was disappointing that access without the lift was poor but gave a commitment to addressing this with the landlords and doing everything possible to improve the situation. Flooding to this extent was very rare and had only happened two or three times in the last fifteen years. The CCG would look at creating alternative means of access to the building when the lift was out of order. GB310114/063

Dr Evans noted that Dr Phil Gavins was leading work on people with learning disabilities and could report back in this area. GB310114/064

Karen Parsons said that the CCG had very good health data from the public health team. We needed to make a fundamental decision about a broad based or a more targeted approach. Peter Collis said he was concerned that we had to prioritise and he agreed with the priorities set out in the document. GB310114/065

Denise Crone agreed with this way forward but felt that the Governing Body needed better information in order to make better decisions. She cited recent reports regarding discrimination against people with cancer and older people accessing psychological therapies and the discrimination they faced. GB310114/066

It was noted that there was a need for a much more detailed programme of work and the latest version of the Equality and Delivery System for the NHS (EDS2) would enable the CCG to articulate what it was doing both against priorities and in the wider sense. This was being taken forward by the Quality Committee. GB310114/067

The Governing Body AGREED the Equality Objectives and NOTED the report on work done in the first nine months of the CCG's operations. GB310114/068

## 11. Quality and Performance Report

Eileen Clark introduced this item. This was the first fully integrated report and was designed to give the Governing Body the assurance it needed that the CCG was using its commissioning leverage to improve both quality and safety of care and performance against targets. GB310114/069

A key issue was for the Governing Body to understand the impact of poor performance on patients. GB310114/070

The key issues were set out in an executive summary: GB310114/071

- A primary concern was CDiff where the CCG was over trajectory. Providers were looking at best practice to improve the situation. The impact on patients was significant and it was unlikely the CCG would achieve its target although it had improved on last year and there was a lot of good practice in areas such as hand hygiene. GB310114/072
- South East Coast Ambulance (Secamb) were under-performing in both the emergency response Category A area and on patient transport. As a result the contract was now being moved to NW Surrey who would take over its management. A capacity management review had also been commissioned and should report in February. GB310114/073
- Continuing Health Care had been subject to a service review because of concerns about delays in assessments and the appropriateness of placements and quality of service to patients, and a programme board had been established to follow the review outcomes through. This was about a lack of assurance rather than any suggestion services were unsafe. GB310114/074

- There were some concerns, although small numbers, about emergency admissions for alcohol related issues, and asthma diabetes and epilepsy in the under 19 age group. GB310114/075
- Serious Grade 3 and 4 pressure ulcers were the biggest concern regarding Serious Incidents Requiring Investigation (SIRIs) and a targeted response was being developed. A health economy wide approach was in place. GB310114/076
- 2 learning events and a peer review were planned. There was also some best practice at Epsom St Helier that could be shared. The damage to skin was serious and very painful for patients. GB310114/077
- It was noted that it was desirable to benchmark SIRIs but it was also important to foster a culture of good reporting and learning. It would be helpful to be able to relate numbers of serious incidents to the size of population served, GB310114/078
- Improvements in diagnostic test waits within six weeks at Kingston had not been sustained but an action plan was going to the Quality Committee next week. Issues to date had included shortages of staff and issues with equipment. GB310114/079

## 12. Progress on delivery plan

Karen Parsons introduced this item. Milestones at green had improved from 38% to 55% since the last Governing Body. GB310114/080

- There had been a significant improvement in the performance of the Referral Support Service and the CHC programme board had also been established. There had been a sixfold increase in referrals. GB310114/081
- Since the cessation of the BSBV programme work was now shifting to the three local transformation boards that the CCG was working with. Significant work had been done on the Community Assessment Unit. GB310114/082
- Out of hospital reviews would be completed next week and new contracts developed. GB310114/083
- Work was in hand with the localities to address the issues with Quality, Innovation, Productivity and Prevention (QIPP) and QIPP reporting. Reporting would be improved at locality level. GB310114/084
- There was a slight slippage on implementing policies and procedures but these would be completed in February. GB310114/085
- The work on Leatherhead X-Ray was commencing and this was being done jointly with Epsom Hospital. GB310114/086
- The Quality Strategy was in development with stakeholders. GB310114/087

- The estates strategy had been delayed due to the difficulties in getting a baseline understanding and issues with NHS Property Services, which was still in the process of dealing with transition issues and was in fact about to go into a second restructuring. GB310114/088
- It was noted that the Dorking X-Ray programme was showing as green when in fact it was still delayed. GB310114/089

Gavin Cookman asked if this report was integrated with the risk register and also linked to the financial reporting, and it was confirmed that this was the case. GB310114/090

Keith Edmunds said that the costs of projects were being mapped. Miles Freeman commented that ideally we should have a benefits realisation plan to accompany the process indicators but this had not been possible as yet. Ideally we would map better outcomes for patients to investments. GB310114/091

It was noted that difficulties with NHS property services was a common issue. Miles Freeman said that CCGs were collectively escalating this issue and that the restructuring was unlikely to improve things quickly. GB310114/092

## 13. Finance report

Keith Edmunds reported that the position after nine months was still for a forecast of breakeven at the end of the financial year. The trends and pressure areas were unchanged, namely activity in acute hospitals and prescribing. Mental Health and Continuing Health Care were underspent. Reserves had been used to support additional specialist commissioning costs. GB310114/093

A year end position was being agreed with acute trusts however the position overall was more than challenging than in the previous month. A major issue was contract challenges. GB310114/094

There were still some issues arising out of transition but charges from NHS Property Services had now been resolved in the CCG's favour. Retrospective claims for CHC were an ongoing issue. GB310114/095

Dr Wali said that some aspects of prescribing such as cost were not within the CCGs control. He reported that a prescribing recovery plan was being developed that included re-installing prescribing decision support software. This would not only save costs but give better quality decisions for patients as it helped GPs to make the right evidence based decisions. GB310114/096

Dr Gupta said that in Dorking the GPs were struggling to implement all the required changes and there was a need to look at communications as practices received a lot of emails asking GPs to make changes, and even where these were implemented changes took time to have an effect. GB310114/097

Peter Collis noted that the CCG was cautiously optimistic about achieving financial balance but asked what the consequences of failure would be. Keith Edmunds said that any overspend would be an overhead charge on the following year's budget allocation. GB310114/098

## 14. Risk Register and Assurance Framework

Miles Freeman introduced this item. The CCG had now adopted the "Four Ts" methodology of Treat, Toward, Tolerate of Terminate. Each risk was now assigned a status using this methodology. In reality there were not many options to terminate or transfer risks. GB310114/099

It was important to note that some of the changes in the risk register, particularly where there was an apparent deterioration, were not due to any change as such but due to a change in the CCG's thinking based on experience. Business continuity was a good example of this where we had changed our perception of the level we needed to be at. Miles Freeman acknowledge the issues mentioned earlier regarding access to Cedar Court as part of business continuity planning. GB310114/100

The self-assessment on risk maturity was a very conservative one but this did challenge the CCG to think about how it was managing risk and offer a basis on which to go forward and improve GB310114/101

Doctor Fuller asked why the localities were felt to be red and Miles Freeman said that this was due to the localities ability to drive change. Miles Freeman said this was not a criticism of localities but a comment about their level of influence over change, which was an organisational development issue and highlighted the need to stop and think about where localities went from here, giving them a clear role and purpose. GB310114/102

Nick Wilson expressed surprise at the new information governance risk and it was clarified that this was due to the emerging evidence from the Information Governance (IG) Toolkit which contained a number of red RAG rated areas and was subject to regular review by the Executive Committee. GB310114/103

Dr Evans expressed about bringing all the transformation boards together into a single risk as they were at different stages, and it was acknowledged that Kingston was improving significantly. Miles Freeman said that this could be acknowledged through the key programmes. GB310114/104

## 15. Audit Committee Minutes

Peter Collis referred members of the Governing Body to the list of bullet points in the cover sheet which summarised the issues from the last meeting. He felt that the Four Ts approach to risk was very helpful. GB310114/105

He also highlighted the Institute of Chartered Secretaries (ICSA) code of governance which it was felt could be used as part of the year-end review of organisational effectiveness, using the questions in the code for the CCG to reflect on. GB310114/106

## 16. Quality Committee Minutes

These were noted by the Governing Body as most items had been covered in the discussion of the Quality and Performance Report. GB310114/107

## 17. Remuneration and Nominations Committee

Gavin Cookman gave verbal feedback on the meeting that had taken place this morning. Discussion had included: GB310114/108

- Complexities of pension scheme opt-out arrangements which had caused difficulties for some staff and on which further assurance was being sought. GB310114/109
- Generally positive feedback on organisational structure with the need for some minor adjustments. GB310114/110
- Workforce Key Performance Indicators which were also developing well GB310114/111
- Staffing updates GB310114/112
- Plans to undertake a staff survey in March or April GB310114/113
- The staff register of interests which was now 99% complete GB310114/114
- GP remuneration which had been benchmarked against other CCGs and felt to be appropriate. GB310114/115
- Agreement on an expenses policy for patients and carers who were supporting the CCG's work. GB310114/116
- Embedding policies and procedures through engagement with staff GB310114/117
- Consideration of workforce risks particularly around Continuing Health Care. GB310114/118
- Monitoring the HR performance of the Commissioning Support Unit. GB310114/119

## 18. Arrangements for year end

Keith Edmunds noted that the guidance for this had just been received from NHS England and was 390 pages long. The final accounts, annual report and annual governance Statement needed to be submitted by the 6th June, however there were several steps before this including the submission of the draft accounts in April. GB310114/120

The Scheme of Delegation allowed the Council of Members to delegate the sign-off of accounts to the Audit Committee and given the very tight deadlines it was agreed this should be pursued either virtually or through the localities. GB310114/121

## 19. Patient and Carer update; Principles of Patient and Carer Engagement; Carers Section 256 Agreement

Denise Crone spoke to this item. It was a statutory requirement for CCGs to engage with patients and carers and the CCG had four locality patient representatives who supported bringing recommendations to the CCG Governing Body and advised it on compliance issues. In addition they helped support the self care agenda and advise on the management of Serious Incidents Requiring Investigation. GB310114/122

Karen Parsons outlined the main provisions of the Section 256 agreement as follows: GB310114/123

- It was a pooled arrangement hosted by Surrey County Council
- It must be spent on adult social care with a health benefit
- It must be compliant with national guidance.
- Surrey Downs, along with Guildford and Waverley and North West Surrey CCGs, were entering into the pooled arrangement. The other Surrey CCGs may join eventually
- It was noted that more work was needed on some of the detail such as the local authority's contribution
- Use of the budget was recorded down to practice level so that member practices could see how much of the benefit of the fund their patients would be getting.

The Governing Body: GB310114/124

- Approved the approach to engagement outlined in the paper
- Approved the delegation of a budget for patient / carer involvement
- Approved the patient engagement principles

## 20. Continuing Health Care Review

Karen Parsons presented the latest position on the Continuing Health Care review and noted the questions it set: GB310114/125

- Is the existing service fit for purpose, compliant and does it offer value for money for our local population? GB310114/126
- Is the existing model right? Is it properly resourced and are resources deployed effectively?
- How does the existing service perform and how do others do it?

The review considered a number of factors and was led by external consultants who engaged staff, patients and stakeholders. A number of weaknesses were identified around systems, relationships, engagement and compliance. There were 94 recommendations as a result. These were in the following thematic areas: GB310114/127

- Service users and carers should be more actively engaged in planning and decision-making GB310114/128

- Processes need to be streamlined to ensure effective and timely assessment in line with the national framework
- To develop improved partnership working, teams should have a geographical focus
- To improve efficiencies and effectiveness, some back-office contracting functions should be integrated with the local authority
- Opportunities for assessing clients following rehabilitation need to be maximised, with greater focus given to assessing clients in the most appropriate care setting

As a result of this four options were suggested to take the team forward. GB310114/129

1. Service continues in current format GB310114/130
2. Local authority joint model
3. Variation of the existing model
4. Implement an alternative model (hybrid of best practice) and move to closer integration

Based on the review's findings and recommendations, at its meeting on the 21st November the CCG Collaborative agreed model 4. This had the following key elements: GB310114/131

- Out posted, patch-based resources for Acute and Community Hospitals GB310114/132
- Geographically focused teams for care homes with nursing
- Potential joint placements function with Local Authority
- Potential outsourcing of retrospective reviews
- Simplified assessment and accredited assessors in acute and provider settings
- Case Co-ordination and Case Management
- Service user and carer and multi-agency 'Quality Panel'

A programme board has now been established to take this work forward and senior nurse and business manager posts put into the structure. The challenge now was to operationalise the changes whilst retaining the workforce. GB310114/133

Doctor Fuller noted that this had been a huge piece of work and asked how quickly users of the service would notice a difference. Karen Parsons said it would take 6 to 9 months to make substantial progress. Within a year and a half assessments would be completed within three months as opposed to the current nine. A key step forward would be the awarding of the database contract in June. GB310114/134

Cliff Bush congratulated the team for achieving this progress. He felt that outsourcing the retrospective reviews would be a good idea. However it was felt that there were difficulties with any supplier having the capacity to undertake the work. Developing the workforce was one of the most significant challenges. GB310114/135

Alison Pointu stressed the importance of personal development and empowering nurse leaders. GB310114/136

Dr Evans said that the positive impact on the acute hospitals and the community services as well as patients could not be stressed enough. She felt that these were concrete proposals and congratulated Karen Parsons and the team for taking this forward. GB310114/137

## 21. Any other business

There was no other business GB310114/138

## 22. Questions from the public

Bob Mackison asked two questions: GB310114/139

Where does the Epsom Stroke Unit come in to local provision? It was clarified that it was in the Surrey wide Telehealth project. GB310114/140

Clostridium difficile figures do not seem to be consistently reported. It was agreed that the Head of Quality would speak to him after the meeting as this was a fairly technical issue. GB310114/141

Rosemary Najiim asked how the Referral Support Service worked in relation to patient choice. Karen Parsons said this was used as part of the service and Dr Fuller said that this was on top of patient choice not instead of. GB310114/142

She also commented on the lack of patient participation groups in General Practice and said this was a good source of local advice. She advised the CCG to start these groups in all local practice. GB310114/143

With the out of hours service she felt strongly that people should not be told to go back through NHS 111 as this duplicated existing services. It was agreed that Dr Loveless would address this outside the meeting. GB310114/144

Roger Maine said that we should feed back to NHS property services about how their delays were impacting on patients. He felt the delays in reprocuring Dorking X-Ray had been an embarrassment to the CCG. GB310114/145

He also felt that Out of Hours should be organised at a locality level as more remote providers were not able to provide a locally sensitive service. He also thanked Jack Wagstaff for his excellent work on the project. GB310114/146

He then said that the progress on Continuing Health Care was very welcome but agreed with outsourcing retrospectives as otherwise this workload would slow the team down. GB310114/147