

Minutes

Practices Represented

ICP – Dr Russell Hills
Cobham - Dr Shazid Karim
Fairfield – Dr Amit Mehta
Heathcote – Dr Andreas Pitsaelli
Ashley Centre – Dr Andrew Sharpe
Brockwood Medical Practice – Dr Robin Gupta
Esher Green – Jill Evans
Riverbank – Trish Bremner, Practice Manager
Lantern – Dr Heather Graham
Leith Hill – Dr Louise Keen
Molebridge – Dr Simon Williams
Littleton – Dr Phil Gavins
Tadworth – Dr Julia Chase
Longcroft – Dr Nicola Kirby

In attendance:

Ralph McCormack, Interim Chief Officer
Matthew Knight, Chief Finance Officer
Justin Dix, Governing Body Secretary

Chair: Dr Claire Fuller

Minute taker: Justin Dix

Meeting started: 4.00pm

Meeting finished: 5.05pm

1. Welcome and introductions

Dr Fuller welcomed everyone to the Annual General Meeting of Surrey Downs CCG, particularly members of the public and those from partner organisations in the NHS, local government and the voluntary sector. A number of Governing Body members were also present.

AGM300916/001

2. Apologies for absence

There were no practice apologies. For invited guests, Daniel Elkeles from NHS Epsom and St Helier, and David Clayton Smith, Chair of the Academic Health Sciences Network had sent their apologies.

AGM300916/002

3. Quorum

The meeting was declared quorate

AGM300916/003

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

The register was noted and practices were asked to send any updates to Justin Dix.

AGM300916/004

5. Minutes of 2015 Annual General Meeting

These were agreed as an accurate record

AGM300916/005

6. Annual Report

Dr Fuller noted this was the third Surrey Downs CCG Annual General Meeting. In the last year two practices had merged reducing the number of practices from 33 to 32 but the net population of the CCG had increased. There were now also three GP provider networks.

AGM300916/006

- Collaborative arrangements had changed but the CCG continued to host Continuing Health Care, Medicines Management and Individual Funding Requests. Safeguarding arrangements had been rationalised and both adult and children's' safeguarding were now under Guildford and Waverley CCG.
- A new development was the Surrey Heartlands footprint for the Sustainability and Transformation Plan (STP) – 850,000 people, which was the bigger part of Surrey's 1.2 million population.
- GP networks had taken on substantive responsibilities. Dr Evans from Esher Green had presented at the Governing Body earlier in the day on what they were doing in East Elmbridge to provide better care.
- Self-referral for Integrated Access to Psychological Therapies (IAPT) had also been introduced and now gave open access to patients with anxiety and mild to moderate mental health issues.

AGM300916/007

AGM300916/008

AGM300916/009

AGM300916/010

- A new Clinical Assessment and Diagnostic Unit had been opened at Epsom Hospital for the over 65s. GP health partners were now working on the Epsom site and had been visited by a number of VIPs. Feedback from patients was very positive and the service had instant access to GP notes. AGM300916/011
 - Dr Julia Chase had overseen the development of the local safe haven for people with mental health problems. AGM300916/012
 - James Blythe and the communications team had led a very extensive consultation on the proposals for local community hospitals – it was considered to be an excellent model for engagement and the format was being copied nationally and regionally. AGM300916/013
 - Surrey CCGs had collectively won an award for commissioning for carers. AGM300916/014
 - The Surrey CCGs had commissioned a new CAMHS service – this was led by Dr Suzanne Moor for Surrey Downs – and this has improved a key service for some very vulnerable people. AGM300916/015
 - The CCG had supported World Stroke Day. AGM300916/016
 - The organisation had led on the delivery of nearly £10 million of financial efficiencies, without compromising patient care. AGM300916/017
- However the CCG had also been through difficult times – it had been issued with Directions and instructed to go through a capability and capacity review. This had been extremely comprehensive and 148 of the 149 actions had been completed, the remaining one being the appointment of a substantive Accountable Officer. AGM300916/018
- The governance review had refocused clinical leadership through a clinical cabinet, put more emphasis on localities and enhanced the role of locality chairs. AGM300916/019
 - Ralph McCormack had joined the organisation as Interim Chief Officer in January 2016. AGM300916/020
 - New structures had been put in place in response to the review. This had separated out the setting of strategy, assurance, delivery and clinical leadership. Six months in this seems to be going very well. AGM300916/021
 - Antony Collins had spent several months with the CCG as turnaround director but despite achieving the required control total for 2015/16 the CCG remains under directions. AGM300916/022

- There had been a very positive improvement in the 360 degree survey – the CCG now benchmarked favourably against its peers on clinical engagement and clinical leadership, leadership and commissioning. Areas for improvement are around communication and sharing our intention, and also about monitoring quality, particularly services where we are not the main commissioner.

AGM300916/023

Dr Fuller then outlined the CCG's ambitious plans for the future – not only addressing the very significant financial gap, but also putting in place projects around care pathways and making improvements to running costs and contracts.

AGM300916/024

Surrey Heartlands STP had come into place in Dec 2015 as part of delivering NHS England's Five Year Forward View. This was Chaired by David McNulty from Surrey County Council but the full list of participating organisations was as follows:

AGM300916/025

- North West Surrey CCG
- Surrey Downs CCG
- Guildford and Waverley CCG
- Ashford and St Peter's NHS Trust
- Epsom and St Helier's University NHS Trust
- Royal Surrey County Hospital NHS Trust
- CSH Surrey
- Surrey and Borders Partnership Trust
- Surrey County Council
- Virgin Care

The plan would be signed off in public on 20th October – it would be coming to the Governing Body prior to this and also to the Council of Members. Matthew Knight and James Blythe have been doing this on top of their day job.

AGM300916/026

6 clinical areas had been identified to work on:

AGM300916/027

- Cancer
- Musculoskeletal
- Mental Health
- Children and Maternity
- Cardiovascular
- Urgent and emergency care

There were a number of key themes within the STP. These were:

AGM300916/028

- Creating a Surrey Heartlands Academy with the University of Surrey and the Surrey and Sussex Academic Health Sciences Network.
- A new workforce model.
- A digital strategy including shared records
- Shared working across the system on public estate as part of the devolution agenda led by Surrey County Council.
- Having a single financial control total. This will be a significant challenge.

Dr Fuller then highlighted the Stroke Review. Every year 2,500 people in Surrey have a stroke and there are variations in access and outcome. Handovers to organisations are a key part of poor outcomes, prevention and patient experience. A new specification has been agreed across the patch. Providers are submitting bids against this and the work was being overseen by a Stroke Committee In Common which makes decisions about progress.

AGM300916/029

Dr Fuller concluded by saying that there were big challenges ahead – the financial position; directions; primary care workload; conflict of interest; and the STP and its complexities.

AGM300916/030

However there was a shared commitment with partners to improving health and working together for the benefit of patients.

AGM300916/031

There were no questions on the Annual Report or Dr Fuller's presentation.

AGM300916/032

7. **2015/2016 Accounts**

It was noted that the CCG had achieved a breakeven position in year one (2013/14) but a £10.8 deficit in Year 2 (2014/15). In year 3 (2015/16) the cumulative deficit was £28.6m (£16m plus the £10.8m from the previous year) which was an agreed position and part of a three year recovery plan which was in place to get the CCG back into financial balance.

AGM300916/033

The Better Care Fund had been a key factor in the increasing deficit but year one of the turnaround plan had been achieved which was a significant result, with a 3% efficiency improvement on the CCG cost base.

AGM300916/034

The qualified Value For Money statement from the external auditors in 2014/15 was not repeated in 2015/16 which was also an achievement.

AGM300916/035

The CCG spent £357 m in 2015-16. The proportions of spend in different care sectors were similar to the previous year although acute spend was down slightly. This year was much more challenging with tougher financial recovery requirements and the need to halve the deficit. There is a risk, which was outlined at the Governing Body, about achieving this.

AGM300916/036

A Member of the Public asked where the £10m of efficiency savings came from. Matthew Knight said these came from various programmes in elective care, and from doing things in a more planned way. This was covered in detail in the CCGs papers on its websites.

AGM300916/037

There were no other questions on the annual accounts.

AGM300916/038

8. **Revised Conflicts of Interest Management Arrangements**

Matthew Knight said that the new requirements were issued in June 2016. The CCG had met the requirements from the guidance as follows:

AGM300916/039

- Having at least three lay members (completed)
- Appointing a conflict of interest guardian (completed)
- Robust process for managing breaches (revised)
- Strengthened process for managing a known conflict and handling hospitality and gifts
- Publicly available registers
- Annual audit
- Training

AGM300916/040

Dr Fuller said that GP practices needed to update their registers and notify changes to the corporate office.

AGM300916/041

Dr Gupta asked about guidance for practices – Dr Fuller said this was being disseminated after locality meetings with Peter Collis as the Conflict of Interest Guardian.

AGM300916/042

9. **Dan Eley, Founder and Chief Executive Officer of The Dan Eley Foundation**

Dr Fuller introduced Dan Eley who talked about his experiences of patient care. He had had a lot of contact with the CCG over Continuing Care issues.

AGM300916/043

Dan Eley said that he was once an active person at University and had backpacked around South America and worked with deprived children for two years in central America. On the first of January 2010 he had an accident in a swimming pool which resulted in him being paralysed from the neck down.

AGM300916/044

He was taken by Air Ambulance to Bogota where he was treated but had four cardiac arrests over the following week. He survived and friends in the UK raised money through social media to bring him back to the UK, seven weeks later. He was treated at Stoke Mandeville but in addition to his injuries had developed serious pressure sores. He became seriously depressed but surgery treated the pressure ulcers and after 7 months he was able to use a wheelchair.

AGM300916/045

After a year he was able to go into Continuing Health Care but is now on the verge of moving into independent accommodation.

AGM300916/046

As he regained function and started reading he decided to start a charity for street children in Colombia. He returned to the country to meet with and thank the staff of the hospital in Bogota that had saved his life. He met with children in the charity he wanted to partner with and returned with the purpose of fund raising in the UK.

AGM300916/047

The charity had now been running for four years and was providing funding for students going into accountancy which is an in-demand profession in Colombia. The students are qualifying, bringing income into their families and developing self confidence.

AGM300916/048

As well as supporting people in Colombia the charity supports young people in his home town of Godalming, working with Godalming College and Surrey Youth Support Services. AGM300916/049

In 2012 he was able to carry the Olympic torch through his home town as one of the 8,000 torch bearers that year prior to the Olympics. AGM300916/050

Dan reflected on the key factors that had helped him. These were AGM300916/051

- A key sense of purpose in life. Investing in people with disabilities can enable them to contribute too. AGM300916/052

- Focus on what you can do not what you can't. AGM300916/053

- Keep setting yourself new challenges. AGM300916/054

- Be the change you want to see in others. AGM300916/055

- Never stop believing in your ability to be successful and happy AGM300916/056

- Look for solutions within rather than outside AGM300916/057

Dan noted that CCGs had challenging financial issues. His experience of working with the NHS had not always been easy and that what often made a difference was some simple equipment. There had been conflict over his request for a normal double bed rather than a hospital bed when moving into independent accommodation. He eventually won the battle over funding for this, based on the argument that if looked at holistically this was a normal request for him. AGM300916/058

Helen Clack, co-chair of the Health and Wellbeing Board, asked about his prospects for further recovery and whether he was being supported. Dan said he was and that his experience of the NHS had been very positive to this end. He had access to physiotherapy equipment that helped him work on this and hoped to benefit further in future. AGM300916/059

Ralph McCormack asked whether the system could have done with more support for his psychological needs. Dan explained that he had had support from a psychologist at Stoke Mandeville but the key thing was finding self-purpose and self-motivation. He had not sought support from mental health services. AGM300916/060

A member of the public asked if he had received all his treatment for free. One area that had not been funded was hydrotherapy but this would come through the personal health budget that he had recently agreed. AGM300916/061

Dan was thanked for his informative and inspiring presentation and it was agreed to circulate website details should those present wish to have more information. AGM300916/062

10. Questions from the public

There were no further questions from the public. The meeting closed at 5.05 AGM300916/063

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