NHS
Surrey Downs
Clinical Commissioning Group

Governing Body meeting
29th September 2017

Minutes

Members present:

Matthew Tait	Chief Officer
Andrew Demetriades*	Deputy Accountable Officer
Dan Brown	Acting Chief Finance Officer
Dr Russell Hills	Clinical Chair
Dr Andrew Sharpe	GP Member
Dr Elena Cochrane	GP Member
Dr Louise Keene	GP Member
Dr Hannah Graham	GP Member
Jonathan Perkins	Lay Member for Governance
Peter Collins	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
Eileen Clark*	Interim Director of Clinical Performance and Delivery/Chief Nurse

***** Denotes non-voting members

Others in attendance:

Justin Dix, Governing Body Secretary

Chair: Dr Russell Hills

Minute taker: Justin Dix

Meeting started: 1.00

Meeting finished: 4.25

1. Meeting Matters

1.1. Welcome and Introductions

Dr Hills welcomed everyone to the meeting which was his first as the new Clinical Chair. Governing Body members introduced themselves. GB290917/001

1.2. Apologies for Absence

There were no apologies for absence. GB290917/002

1.3. Quorum

The meeting was quorate. GB290917/003

1.4. Register of Members' Interests and potential conflicts of interests

Committee members and others present were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of Surrey Downs Clinical Commissioning Group. GB290917/004

Declarations by members of the Audit Committee are to be made online via MES Declare website at the following link:- surreydownsccg.mydeclarations.co.uk GB290917/005

Information on the interest of people in decision making groups is available to members of the public on the above link. Additional declaration reports are available on request via the secretary to the governing body. GB290917/006

1.5. Questions from the Public

Mr Francis, a member of the public posed a question regarding his experiences of our Referral Support Service and the national e-referral system. The main issues and areas of concern related to: GB290917/007

- process and how the RSS service links in with the national e-referral system GB290917/008
- communication – and patient letters, particularly reference to passwords, which is confusing and unhelpful GB290917/009
- A bad experience, where the original referral wasn't initiated as it should have been in primary care, which led to further delays and confusion GB290917/010

- Ultimately, a feeling that the process is too complicated and confusing for patients, which on this occasion resulted in Mr Francis having to make 7 telephone calls to get the issues resolved

GB290917/011

Mr Francis said his wife had received two appointments in October a few days apart. It had meant more confusion. Dr Hills said this would be looked into as part of the investigation and would be raised with the trust.

GB290917/012

Dr Sharpe said that developments were being put in place that should address most of Mr Francis' concerns. Mrs Francis asked if the system would work for people with profound hearing problems. Dr Sharpe said that it would address both hearing and visual impairments but there would still be a small number of people who would need support and possibly hard copy correspondence.

GB290917/013

A question had also been received from a Mr John Meyer, local resident.

GB290917/014

Further to Twitter discussion I wish to table a question for your 29 September meeting:

GB290917/015

Whether the CCG's view has changed since 2013 re a future for Epsom as part of Surrey NHS – at that time Miles Freeman was quoted "This CCG's wish is that whatever comes out of this process, we would like to consider a future for Epsom Hospital as part of the Surrey system. What can the CCG say to reassure Mole Valley residents on the strong fear "Epsom will be cannibalised to improve hospitals in London and people will go elsewhere in Surrey."

Dr Hills replied that the trust's estates review had highlighted a number of issues about the current hospital buildings, both at Epsom and St Helier, and this engagement is the next part of the conversation. As commissioners, Surrey Downs CCG very much supported an open and honest discussion about possible options and how services could be provided in future and encouraged local people to make their views known. At this stage there is no preferred option – the trust is genuinely seeking feedback on their current thinking and this will be used to help shape a business case for capital funding. It was understood that there have been some concerns raised by Mole Valley residents, who do not feel they have been as involved in this engagement. We have fed this back to the trust and we understand that Daniel Elkeles (Epsom and St Helier Chief Executive) will now be attending a meeting of the Leatherhead Community Association on 6 October to discuss this with local residents.

GB290917/016

1.6. Minutes of the last meeting, held on 28th July 2017 for accuracy

These were agreed as an accurate record

GB290917/017

1.7. Matters Arising and Action Log

All items on the action log would be closed other than the following: GB290917/018

GB280717/11 - Questions from the Public - PTS Contract. Suzi Shettle would provide an answer prior to the next meeting.

GB280717/83 - IFRs - Assurance that the policies were refreshed for equality analysis. Justin Dix would complete this action prior to the next meeting. GB290917/019

It was agreed to check whether the recent Senate publication on Value in Healthcare was in the Governing Body reading room, although the action could be closed. GB290917/020

2. Chairman and Chief Officer

2.1. Chairman's Actions

2.1.1. Better Care Fund

The decision to agree the BCF contribution for 2018-19 was noted. GB290917/021

2.2. Chief Officer's Report

Matthew Tait welcomed Dr Hills as the new chair. GB290917/022

- The single leadership team process was continuing. Interviews were taking place and formal announcements would be made within the next two weeks. There would then be a wider phase for the next tier of senior managers to ensure support to the CCGs and the localities. GB290917/023

- SDCCG had been shortlisted for two national awards for Teledermoscopy and clinical leadership respectively. The awards would be notified in November. GB290917/024

- The Surrey wide stroke review was continuing. The broad recommendation regarding hyper acute units at Frimley, East Surrey and either Ashford St Peter's or Royal Surrey. The Committee in Common had supported the Frimley Health and Ashford St Peter's options and this would now be worked through. A stroke oversight group would work across Surrey and with colleagues in Surrey. GB290917/025

- East Surrey CCG – the two CCGs were looking at closer joint working and proposals would come to a future Governing Body. GB290917/026

- The Epsom St Helier engagement work was noted as above and Matthew Tait fully acknowledged the importance of Epsom to the local population. GB290917/027

- Across Surrey Heartlands there was a potential £9m of funding for this year and an investment framework was being proposed to support the decisions around this. There would be a first meeting of the joint committee for devolution next week, and four members of the CCG Governing Body would sit on that. There had also been a three day event recently for stakeholders to explore their commitment to joint working. Dr Hills said this had been very valuable as it included both commissioners and providers and the local authority to look at how to collectively improve the local system. GB290917/028

- The three CCGs had also run a workshop on how the CCGs could work together and formalise governance proposals in future. GB290917/029

It was queried whether the £9m was genuinely for investment or to address historic debt. Matthew Tait confirmed that the aim of the funds was to genuinely address the need to change systems. An example would be the approach to the GP forward view. However some of the pressures in the system were immediate and need immediate operational transformation rather than just the longer term changes. GB290917/030

The need to maintain business continuity whilst going through major change was noted. This had been identified in the Audit Committee and the Remuneration Committee and it had been agreed to escalate this to the Joint Executive. Matthew Tait acknowledged this and said he would check that this was reflected in Governing Body Assurance Frameworks across the system. GB290917/031

3. Quality and delivery

3.1. Quality and Performance Report

Eileen Clark identified the following key issues from the reports provided. GB290917/032

Looked After Children had been a key focus at the last Quality Committee with the annual report presented by Dr Christine Arnold, designated Doctor. The main issues were as follows: GB290917/033

- The increasing numbers of unaccompanied asylum seekers were a challenge. GB290917/034
- Management of health records – in particular avoiding fragmentation – was very important. There were risks to individuals if this was not co-ordinated.
- Health assessments for LACs – the number of timely assessments was increasing (up from 77% to 88% against a national position of 90%.
- There was some concern about access to dental and immunisation service and programmes were in place to address this.
- A care leavers passport was being developed that could be carried by children and would give a more comprehensive overview of their health needs going forward.

Ruth Hutchinson said that the County Council acknowledged the complexity of the issues and the feedback about problems for carers for instance with transport which would facilitate the children in attending appointments. GB290917/035

Debbie Stubberfield said that this was a very vulnerable group and for many children their records, both health and social care, were incomplete. A guide to who does what for LACs was to be circulated to GPs. It was agreed that Eileen Clark would check this. GB290917/036

Action Eileen Clark

Andrew Demetriades noted that Referral To Treatment was an issue for Epsom St Helier and there would be further discussions at the Finance and performance Committee and these would be highlighted at the November Governing Body. GB290917/037

Andrew Demetriades asked if there was any update on Health Care Acquired Infection. Eileen Clark said this was a challenging area and in looking at the data, it was clear that there were a lot of patients who had not seen a healthcare professional and this indicated the need for a more public health focused approach. GB290917/038

Dr Graham said that there had been a lot of work on prescribing and its links to Health Care Acquired Infection. GB290917/039

3.2. Constitution measures

These were noted. GB290917/040

3.3. **Outcomes indicators**

There had been few updates in this area. Breastfeeding was a difficult area to report on due to the availability of very local data. A lot of work was going on in respect of breastfeeding strategies. There was some question as to the data quality in primary care but, subject to IG considerations; there might be a possible way of investigating GP systems. GB290917/041

Action Ruth Hutchinson / Dr Sharpe

Mixed sex accommodation breaches – there had been one breach over the summer but there was a need for more consistent reporting and access to more patient experience data. An audit was taking place at the moment. GB290917/042

It was noted that there was national data being prepared in respect of breastfeeding as part of national maternity work. GB290917/043

3.4. **Operating Plan metrics**

Unplanned admissions in under 19 – Matthew Tait asked if there were any views on this and how they could be addressed. Eileen Clark said there had been some improvements e.g. with GPs in A&E but the numbers were increasing. The analysis was consistent with Right Care data and an update would come back to the next meeting on this. GB290917/044

3.5. **Continuing Health Care Update**

Eileen Clark noted the history of this issue and the relationship with the quality premium initiative. GB290917/045

- Surrey Downs hosted the CHC function in Surrey and the July NAO report had covered the broad range of functions involved. The national picture was consistent with the local experience but the process of CHC was complex. It was clear that there was a lot of variation nationally in how the assessment tool was being applied in different provider organisations. GB290917/046
- Eligibility decisions were generally taking longer than the standard of 28 days. GB290917/047
- The growth in demand was placing CCG budgets under pressure. GB290917/048
- The CCG was taking part in local initiatives on best practice. GB290917/049
- There was an appeals process with an independent review panel but overall the decision making was felt to be fair and consistent. GB290917/050

- It was felt that there was considerable scope to improve processes and outcomes by working jointly with the local authority and on the devolution agenda. GB290917/051

The Quality Premium work focused on assessment in acute hospital and the 28 day standard for decision. Quarter 1 figures had been a problem due to data collection and the figure for assessments in hospital looked like it was around 23% against a target of 15%. An improvement plan was in place to improve this. There were similar issues with the 28 day assessment standard with 68% compliance reported against an 80% target. GB290917/052

Key stakeholders were being involved in the improvement work. It would take at least six months to see patterns to the improvement process. GB290917/053

Dr Hills said that the key issue seemed to be better co-ordination between agencies and Eileen Clark said this was the case and would be critical over winter as the patients involved were vulnerable. GB290917/054

Dr Kelly said that the quality premium work needed to focus on the system as a whole and not just moving the blocks around. He also expressed concern that the Fast Track process was open to abuse and needed close monitoring. It was confirmed that a post had been put in place to monitor this and ensure the funding was being used appropriately. GB290917/055

Concern was expressed that there were large numbers of people whose hopes were raised and funding not subsequently allocated. Good practice was being pursued in this area. This was partly about training and partly process. However some commercial agencies were contributing to these unrealistic expectations. GB290917/056

It was clarified that CHC referrals can come from multiple sources. GB290917/057

Patient education was acknowledged as important but there was a lot of variable and conflicting information, particularly with regards to health vs social care. This would be addressed within the improvement plan. National leaflets were felt to be too long and complicated. GB290917/058

The importance of both this and removing the health and social care barriers was emphasised. Andrew Demetriades said he had recently shadowed a nurse doing an assessment and this had made it clear how complex this was and the importance of working constructively with families. GB290917/059

4. Finance and Planning

4.1. Finance and QIPP Report

Dan Brown highlighted three issues. GB290917/060

- The plan position had recently been clarified with NHS England at a deficit of £10.5m. There were some conditions attached to this that were already part of the work with other CCGs. GB290917/061

- The QIPP assumptions were based on realising £18.2m but the identified QIPP was at £11.8m and this would be challenging. The CCG would need to continue to focus on maximising QIPP delivery. GB290917/062

- Acute Care. Two trusts were over performing – Kingston (£2.8m) and St George's (£1.6m). The reasons for this were very different as the former was due to genuine pressures and the latter had arisen from changes in allocation processes. Attempts were being made to address this. There were also issues with how activity was coded in the acute sector. GB290917/063

Peter Collis noted this had been reviewed extensively in the FP C. He asked how this should be taken forward given the very different position of the three Surrey Heartlands CCGs. Matthew Tait said this was a big issue. SDCCG and G&W had both submitted plans in excess of their control total. NW Surrey was seeking breakeven. The regulator was looking at collaboration across the three systems to help mitigate risk. The block position with Epsom was useful but all trusts were experiencing financial pressures and there was not much flexibility in the system. GB290917/064

A future Financial Recovery Plan will probably focus on the short term pressures then move to a longer term (two to three year) plan. It was noted that there was a tension between short and longer term initiatives and the use of transformation funding would be key. GB290917/065

The discrepancy between activity and outpatient referral was noted. GB290917/066

4.2. 2018-19 Planning update

The update paper was noted. The CCG was in year two of its two year plan and activity and finance would need refreshing. Discussion had taken place at Clinical Cabinet and there had been a workshop on commissioning intentions which then went back to programme boards. A single set of overarching commissioning intentions was also being developed at Surrey Heartlands level. There would be formal signoff in November. However provider notice letters were being issued at the end of this month. GB290917/067

4.3. **Adult Community Services - update on reprocurement process**

The summary paper was noted. This had been a very challenging process. The term of the contract was expected to be over three years with a two year extension option. There were three key areas: core services; new models of care that promoted integration; and specialist services. GB290917/068

The Invitation To Tender (ITT) would be issued on the 9th October and the intention was to try and get a good balance between quality and financial feasibility. The general timetables were as set out in the document. GB290917/069

Peter Collis said there were known concerns about how the evaluation should proceed. The sheer amount of work and the engagement with primary care was noted. GB290917/070

5. **Governance**

5.1. **Governing Body Assurance Framework (GBAF)**

Justin Dix said that the Assurance Framework had been updated in discussion with the Local Management Team. There was some minor movement but on the whole little change as would be expected at this time of year. GB290917/071

The Governing Body Assurance Framework was noted. GB290917/072

5.2. **Emergency Planning, Resilience and Response (EPRR)**

Eileen Clark introduced this. There had been a fire in a Surrey Community hospital earlier in the year that highlighted the need for mutual aid. The self-assessment process had assessed the CCG as giving substantial assurance around arrangements in place for EPRR and this had been endorsed by NHS England. CSH Surrey's assurance had been linked to Surrey Downs as host commissioner. Epsom St Helier's assurance was based on its role as a provider within the London system. There had been significant improvements over the last four years. GB290917/073

The potential for disruption as a result of a cyber security incident was noted as increasingly relevant to EPRR. Dr Sharpe emphasised the role that CSU's could play in supporting CCGs to protect their information assets and provide the public with confidence that data would not be compromised. It was noted that the Audit Committee was overseeing a detailed audit response in this area. GB290917/074

Peter Collis asked if we were comfortable with the SECAmb assurance position via NW Surrey CCG. Eileen Clark said that she was comfortable with this as it had been a detailed process. GB290917/075

5.2.1. **Lay Member for Emergency Planning, Resilience and Response (EPRR)**

Peter Collis had been nominated by the Audit Committee as the lay member to lead on EPRR. This was agreed. GB290917/076

5.3. **IFR Policies for approval**

The updated policy proposals were agreed. These proposed minor changes only as set out in the papers. GB290917/077

6. **Assurance from committees and other forums**

6.1. **Clinical Cabinet Report**

Jonathan Perkins highlighted the following: GB290917/078

- The amount of work involved in the development of the community specifications for both the CCG and the localities
- Pathways for cardiology and chest pain
- Clinicians had been engaged in the commissioning process

The prescribing annual report was recommended reading and had been placed in the Governing Body reading room. GB290917/079

6.2. **Audit Committee**

Peter Collis fed back on this. There would need to be separate accounts for each of the three CCGs and external auditors had said they were looking for fair allocations in this process. Audit committees working together would need to reflect the need for sign off of annual accounts at statutory body level. GB290917/080

It was also noted that performance against audit recommendations was very good and the teams involved were commended. GB290917/081

6.3. **Quality Committee**

The majority of issues including looked after children had already been discussed. There had also been work on the quality committees coming together. GB290917/082

- St George's RTT was a concern. GB290917/083
- SECAmb was a matter of ongoing concern. GB290917/084
- Capacity around patient and public engagement was very limited at the moment. GB290917/085

6.4. **Remuneration and Nominations Committee (Remcom)**

There had been a Remcom that morning and policies for organisational change and whistleblowing had been signed off. GB290917/086

Work was in hand to bring the three Remcoms together by the end of the year. GB290917/087

A major concern was the involvement of lay members in the day to day work of the organisation. This had been appropriate up until now but it was important not to cross the line where lay members could not hold the organisation to account and maintain a sense of independence and objectivity. Dr Sharpe agreed and said this had been a major issue with the previous system of governance. Matthew Tait said the three CCGs in Surrey Heartlands differed in this respect and there would be a need to ensure some convergence of approach but also there was potential for economies of scale with lay members to separate out roles clearly whilst also providing more support. GB290917/088

Jacky Oliver said that there was an important balance to be struck. It was an issue as there was currently only one lay member for PPE. This was noted. GB290917/089

6.5. **Finance and Performance Committee**

Jonathan Perkins noted that there had been a meeting the previous week and most of the issues had been covered on the agenda to date. There was a strong focus on QIPP and the QIPP target. The current position was that we would need another £2m to hit the 75% achievement level. GB290917/090

The wider approach to achieving in year balance (the envelope approach) was increasingly focused at Surrey Heartlands level. GB290917/091

There had been a very useful presentation on the work of the three hubs and how they had moved on over the last two years. The need for better metrics was identified as the information was more qualitative than quantitative at the moment. There was a particular need to look at the whole population not just the over 65s. GB290917/092

The RTT improvement plan at Epsom was also discussed. GB290917/093

7. **Other Matters**

7.1. **Any Other Urgent Business**

Dr Sharpe said he would be focusing on Cyber Security in primary care over the next year with a focus on training and infrastructure. GB290917/094

Dr Kelly asked for an update on flu planning. It was noted that the guidance had just been issued. Our local workforce was an issue and vaccination of staff was important. Matthew Tait said that a national meeting had been called for next week on winter planning and part of this would be the handling of flu. GB290917/095

Dr Sharpe noted that MJOG was being used to support patients with reminders about vaccination. The Clinical cabinet had also supported sign off of vaccination plans locally. It was noted that flu clinics were seeing more patients this year. Young school age children needed particular attention and workforce in this area was an issue. GB290917/096

Dr Keene asked if the criteria for vaccination of carers had changed. Ruth Hutchinson would check his. It was felt to be attributable to central information as to whether carers needed to be immune compromised. GB290917/097

Action Ruth Hutchinson

Jacky Oliver said there did seem to be a much more proactive approach on the part of community pharmacists this year. GB290917/098

7.2. Future Meeting Dates

The next meeting would be on the 24th November. GB290917/099