Surrey Downs
Clinical Commissioning Group

Governing Body
24th November 2017, 1pm
Leatherhead Leisure Centre

Minutes

Members present:

Matthew Tait	Chief Officer
Karen McDowell	Chief Finance Officer
Dr Russell Hills	Clinical Chair
Dr Andrew Sharpe	GP Member
Dr Elena Cochrane	GP Member
Dr Louise Keene	GP Member
Sumona Chatterjee*	Executive Director of Strategic Commissioning
Elaine Newton*	Director of Communications and Corporate Affairs
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
Jason Russell*	Deputy Director of Infrastructure, SCC
Debbie Stubberfield	Independent Nurse
Ruth Hutchinson*	Public Health Representative
Eileen Clark*	Chief Nurse

***** Denotes non-voting members

Others in attendance:

Justin Dix, Governing Body Secretary

Chair: Dr Hills

Minute taker: Justin Dix

Meeting started: 1.00

Meeting finished: 3.25

1. Meeting Matters

1.1. Welcome and Introductions

The following new members of the leadership team were welcomed: GB260917/001

- Elaine Newton, Executive Director of Communications & Corporate Affairs
- Karen McDowell, Chief Finance Officer
- Sumona Chatterjee, Executive Director of Strategic Commissioning

Jason Russell, Deputy Director of Infrastructure, SCC, was welcomed as the new representative of Surrey County Council. GB260917/002

Dr Hills congratulated the team behind the Teledermoscopy project, and former CCG Chair Dr Claire Fuller for their success in the recent HSJ Awards. GB260917/003

1.2. Apologies for Absence

Apologies had been received from Donna Derby (Interim Local Managing Director), Dr Hannah Graham (GP Member), and Clare Stone (new Executive Director of Quality) GB260917/004

1.3. Quorum

The meeting was declared quorate. GB260917/005

1.4. Register of Members' Interests and potential conflicts of 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. GB260917/006

Declarations by members of the Audit Committee are to be made online via MES Declare website at the following link:- surreydownsccg.mydeclarations.co.uk GB260917/007

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. GB260917/008

1.5. Questions from the Public

There were no questions from the public. GB260917/009

1.6. **Minutes of the last meeting, held on 29th September 2017**

These were agreed as an accurate record. GB260917/010

1.7. **Matters arising and action log**

Breastfeeding: Ruth Hutchinson updated the Governing Body. The data was currently taken from health visitor records and there had been a request to extract data from GP systems. This had been escalated to the Academy and a report would be given to the quality committee, noting the new breastfeeding strategy. GB260917/011

Patient Transport Services – It was agreed to transfer this action to Donna Derby GB260917/012

Stroke focus – Matthew Tait would give an update further down the agenda. Action can be closed. GB260917/013

Individual Funding Requests – It was confirmed that the policy was not reviewed for equality analysis with minor amendments, this was being reviewed. Action can be closed. GB260917/014

2. **Chairman and Chief Officer**

2.1. **Chairman's Actions**

There were no Chairman’s actions to report. GB260917/015

2.2. **Chief Officer's Report**

Matthew Tait welcomed the new Directors and Governing Body members and noted that there was still a vacancy for the Surrey Downs Local Managing Director. Interviews had taken place the previous day and an announcement would be made next week regarding the successful candidate. Donna Derby was covering the post on an interim basis. GB260917/016

The next phase of the HR exercise was proceeding and was aimed at achieving economies of scale whilst retaining local sensitivity. Timing of consultation on new structures was being discussed and might take place prior to the end of the calendar year. GB260917/017

Epsom St Helier estate – the engagement programme has been completed and had informed the development of the Strategic Outline Case (SOC). This would cover capital, location of services, organisation of specialist provision and retention of services on the Epsom site. The trust’s SOC process would now be aligned with commissioner strategy through a joint programme between South West London and Surrey Heartlands. There would be an update in private session from Andrew Demetriades who was now the programme director. GB260917/018

Delegated Commissioning – there had been a session with the council of members the previous evening where a number of concerns about timing and benefits had been raised and explored with the Local Medical Committee (LMC) present. It was likely that there would be a vote prior to Christmas to formally test this but the change would require a 75% majority. Peter Collis said that it would be important to consider the wider changes to governance in the context of the views on delegation and the timing would be important. Matthew Tait agreed and said that the confidence of the membership was clearly a significant issue when looking at the balance between central and local delivery. The constitution would also need to change as part of a bigger package of changes around new executive appointments but there was no intention to undermine localities and local clinical leadership. Dr Hills said it was important to bring these themes together. GB260917/019

Eileen Clark requested that the timing of the delegated vote be considered very carefully due to the pressure on GP time at this time of year. Dr Hills assured the Governing Body that there would be scope for practices to fully consider the issues prior to any decision making process. The LMC had offered to support the process and the primary care team would need to support practices with information. Matthew Tait said that the delegated commissioning vote had already been subject to special dispensation due to the East Surrey item and could not be delayed further. GB260917/020

Sustainability and Transformation Partnership (STP) – the transformation money had been secured and an investment framework had been put around this. The available £9m would be allocated against a range of areas but monies had been provided to support winter pressures and development of out of hospital services. The decision making process was continuing based on where the monies would have greatest impact and align with the STP workstreams. GB260917/021

Devolution – work was continuing on which areas would be devolved and it was taking time to build the case for change. AHSN and Health Education England resources could be made locally available as part of this. A longer term piece of work centred on being clear how devolution supported the development of accountable care systems and local populations. GB260917/022

Matthew Tait highlighted the considerable work being done to support winter and flu preparation. GB260917/023

Dr Hills said that the last Health and Wellbeing Board there had been a discussion about self-care which he had led, centred on acute and long term conditions. The previous week had been self-care week nationally and the CCG had supported this both generally and through the prevention workstream. GB260917/024

Jonathan Perkins asked about winter resilience and asked what the take-up was of the flu jab, particularly in providers. It was agreed this information would be circulated to GB members. GB260917/025

Action Matthew Tait

Dr Hills said there were strategies for increasing front line staff vaccination and there were also strategies for working with schools and other specific sectors. GB260917/026

Dr Keene asked if the money for winter GP clinics would be late as this had been the case last year. Matthew Tait said this should be available in the coming week. There were ring fenced monies for primary care clinics which the primary care team had been leading on. GB260917/027

Eileen Clark said the effort this year was significantly improved and she felt there would be better outcomes. The latest flu reports would be circulated to the GB. Jonathan Perkins said that figures of 75% were being communicated when this should be much higher. GB260917/028

- Dr Kelly said that there had been issues with messaging that countered the false facts about vaccination. This was a difficult cultural change. GB260917/029
- Peter Collis said that in the private sector company he was involved with this had been offered as a benefit and had been very popular. GB260917/030
- Dr Sharpe said that there was live data available on vaccination rates from practices. GB260917/031

Dr Kelly asked about Academic Health Science Networks and asked where this conversation was being held. He was concerned this could lead to fragmentation. Matthew Tait said that this was an issue that had been discussed at Devolution level where it was felt this should be integrated with STP work but Dr Fuller as STP Senior Responsible Officer was leading the conversation. There were issues of scale that needed to be considered. GB260917/032

Peter Collis asked about devolution from the 1st April and how agreement could be reached in time? Matthew Tait said that he felt the conversation was broadly on track although there were risks associated with the timeline and getting the committee in common arrangements right. The working assumption from the devolution agreement was that this would be completed on time. There was a technical discussion around S75 which needed a legal view and this could also be challenging. The history of the Better Care Fund however showed that these agreements could be achieved. The Joint Committee would be thought provoking particularly around formal decision making and there would be a discussion on this in January at the joint organisational development session. GB260917/033

Elaine Newton said that the constitutions would be adapted to put the enabling provisions in place; this would enable ratification (for instance) through Governing Bodies in common, so the journey for the CCGs and the Devolutioon partners would be a joint one. Dr Hills said that the Governing Body agenda would adapt to reflect the new executive structures and the need for feedback on these issues. GB260917/034

3. Finance and QIPP

3.1. Finance and QIPP Report

Karen McDowell highlighted the following key points from the morning's Finance and Performance Committee (FPC). GB260917/035

- The CCG was following plan not control total and there was an adverse variance of £3.2m which was not yet reflected in the forecast. GB260917/036
- A deep dive of activity at M6 had been conducted with regulators who were fully aware of the issues and themes. There was no intention to change plan and Surrey Heartlands as a system was expected to pursue this with commissioners and providers working together. GB260917/037
- Acute over-performance with Kingston and St George's was significant and the CCG was working with these providers. Specialist commissioning rules were a factor in these discussions. It was expected that the St George's position would be resolved with national leadership. GB260917/038
- The best / expected / worst scenarios on Page 12 would move around and inform the mitigations that were needed to meet the risks. GB260917/039
- All contingencies and reserves were being released other than the 0.5% mandated by NHSE. GB260917/040
- QIPP delivery was based against 5% of resource limit which was very challenging and some slippage was already occurring, notably in planned care. Unidentified QIPP was important and the CCG was being asked to demonstrate how it was minimising this. There were some very positive stories and one of these would be presented to the national team the following week as a case study. GB260917/041

Jonathan Perkins said that the FPC had focused on the finance report and had reviewed the figures in detail. The key message was to try and recover as much as possible of the £11.9m QIPP target and the team was working as hard as possible to achieve this. GB260917/042

Debbie Stubberfield said that there was a feeling of QIPP fatigue and this was common across commissioner and provider. She commended the effort but wondered what the reality was. Karen McDowell acknowledged this but said that the bigger national programmes and the full support of providers would be key to success. Matthew Tait agreed and said that the importance of partnership working could not be overstated. Real change could only happen as a system. He felt there were good controls on cost but the rate of progress on containing activity needed more work. GB260917/043

Dr Kelly asked about the "worst" figure for acute overspend? Karen McDowell said this would change on a monthly basis and GB members should expect to see shifts. Dr Kelly also noted that there was inequity between providers when it came to delivery of QIPP. Matthew Tait agreed that this might need some attention and there were some presentational issues around how the contracts operated. Provider engagement in QIPP delivery was essential. GB260917/044

Peter Collis agreed with Debbie Stubberfield and said that there was a sense of fatigue around the programmes that were being put together. Some areas were potentially controversial and needed national policy backing. Value for Money was as important as cost control and there was work in hand to demonstrate this. GB260917/045

4. Quality and delivery

4.1. Integrated Quality and Performance Report

Eileen Clark spoke to this. This was a summary of the report discussed at quality committee in November. The main issues were: GB260917/046

- Paper records at community hospitals – the review indicated that whilst an electronic solution would be ideal the current system risks were effectively mitigated and the CQC agreed with this. GB260917/047
- CPE outbreak at ESH – there had been a robust piece of work with PHE to deal with this and contact potentially affected individuals. It was felt this had been dealt with effectively and the cases tended to be isolated. GB260917/048
- A full report had been received about SECAmb earlier today and this would need further discussion in private session. GB260917/049
- CHC – there was close working across the system and also an invitation to join a national programme in this area. This was potentially very positive. There would be an update on process and outcomes at the next GB. GB260917/050

- HCAI – work was ongoing on E.coli and there had been a recent national event regarding this. Surrey Downs had demonstrated good compliance against antibiotic prescribing targets as this was a key factor. A look back exercise had been undertaken with practices re CDiff and this had been well supported by GP practices. GB260917/051

Matthew Tait highlighted the Better Care Fund (BCF) plans to deal with poor Delayed Transfer of Care (DTOC) performance as the system was beginning to be a national outlier and this could lead to CQC intervention. CHC delays were a factor in this and additional resource had been provided around assessment. Eileen Clark acknowledged this and said there was a lot of work being undertaken on the balance of skills and the assessment processes. She felt there was recognition of the role of CHC in the whole system. GB260917/052

5. Strategy and Planning

5.1. Planning update and Commissioning intentions [ATT]

Sumona Chatterjee said that the Commissioning Intentions were for two years. This year therefore constituted a refresh offering an opportunity to align our plans across the three Surrey Heartlands CCGs and Surrey County Council. The final version of the Surrey Heartlands Commissioning Intentions will be brought back to the March Governing Body for final sign off. GB260917/053

Elaine Newton said there was work underway across the 3 communications teams to engage with the public demonstrating both central and local sensitivity. SCC had supported this engagement, which was very positive. Dr Hills said this had also been discussed at the Health and Wellbeing Board and there was a similarly positive view of the joined up working and documentation that had come out of this. GB260917/054

6. Governance

6.1. Surrey Heartlands CCGs Committees in Common

Matthew Tait introduced this. The three CGCs GBs had come together in September to generate the collaborative context that would lead to the local delivery model. The aim was to create a joint CIC from April that would function alongside the devolution joint committee. There was work to be done around what was devolved and what local system architecture was required. GB260917/055

Elaine Newton also highlighted that potential for a joined up operating model for the committees as well as the Governing Body and the need to talk this through with the relevant committee chairs. GB260917/056

Dr Hills highlighted the challenge of business as usual and pressure on agendas. Elaine Newton said this had been done elsewhere and there had been history of doing this across PCTs prior to 2013. It would be important to work out the dynamics. GB260917/057

Peter Collis said that he felt the proposals were sensible and there was a need to see the whole picture. The relationship with Devolution was important but there was also the issue of ensuring that there was confidence about the overall framework and how this was communicated to stakeholders. GB260917/058

Jonathan Perkins said the paper was very clear and asked about the pilot set out in 2.ii – it was noted this was a Guildford and Waverley pilot within the Surrey Heartlands CCG. GB260917/059

Dr Sharpe asked about communicating with member practices and the LMC and it was acknowledged that the membership did need to feel comfortable with this and that there was no intention to undermine local clinical accountability. GB260917/060

Dr Hills asked about whether constitutional amendments would be required and Matthew Tait said that he thought this would be necessary to meet the spirit as well as the technical requirements. Elaine Newton agreed and said there was a need to demonstrate that the constitutions showed how decisions were being made. Meetings with member practices would need to be planned to demonstrate this. GB260917/061

Eileen Clark asked how the integrity of CCGs and individual GB members would be maintained. Matthew Tait said that the assurance would need to be clear and some other parts of the system such as clinical cabinet might need to be strengthened. There would be a lot to work through. He reassured the Governing Body that the individuality of CCGs would be protected. GB260917/062

Dr Hills noted that the previous iteration of governance changes at Surrey Downs level had required similar assurance to the membership and for a similar rationale. GB260917/063

Jacky Oliver said that she supported the proposals but reiterated the need for meetings to be accessible to the public. Matthew Tait agreed and said this needed to be part of a wider engagement strategy. GB260917/064

The proposal to move towards an in-common approach with Guildford and Waverley and North West surrey CCGs was agreed. GB260917/065

6.2. **Surrey Downs Primary Care Committee terms of reference**

Matthew Tait noted that this was a work in progress and that the thinking behind it was about managing the governance of primary care and its development. There was a group that was managing the GP forward view across surrey heartlands. GB260917/066

Matthew Tait recommended taking these terms of reference away and modifying them for this to become a primary care operational group with appropriate lay and clinical engagement. GB260917/067

Eileen Clark asked about primary care clinical involvement and Matthew Tait said this would be part of the change to an operational group and he would take this feedback on board. GB260917/068

Debbie Stubberfield asked about where primary care quality assurance would take place and Matthew Tait said that this would also be reflected in the next stage of work. GB260917/069

It was agreed that the terms of reference would be remitted back to the executive for further work. GB260917/070

6.3. **Joint Risk Management Strategy and Policy**

Elaine Newton noted that this had been agreed at the G&W and NW Surrey CCG Governing Bodies and there was a need to ensure a consistent approach across the three CCGs. It had been co-ordinated across the three governance teams and three audit committees and had been supported by internal audit. It would be rationalised in line with the overall direction of travel with committees in common. GB260917/071

Sumona Chatterjee said this was a thorough document but there might be a need to clarify the responsibilities of the director of strategic commissioning. GB260917/072

Jonathan Perkins highlighted page 8 and some of the terminology used which it was agreed would be refined. GB260917/073

Debbie Stubberfield said that the quality committee supported this document. GB260917/074

The Joint Risk Management Strategy and Policy was agreed. GB260917/075

6.4. **Governing Body Assurance Framework (GBAF) and risk management**

This was noted. The importance of aligning the BAF to the risk register had been raised at the FPC that morning. GB260917/076

7. Assurance from committees and other forums

7.1. Clinical Cabinet Report

Dr Hills highlighted the need to make the clinical cabinet an effective forum and to make the best use of the clinical expertise that was present. He was particularly concerned to ensure that clinical cabinet drove transformational change and fed ideas into the system. PODs were an example of how little time was devoted to a significant issue. GB260917/077

The conflict of interest issue was highlighted in relation to the IUC procurement.

Dr Kelly said that a refresh in the committee would need to ensure that capability and capacity was sufficient. This was acknowledged and Dr Hills said there was a need to balance the needs of the CCG as a commissioning organisation and the use of the group as a forum for clinical ideas and discussion. GB260917/078

7.2. Audit Committee GB260917/079

Peter Collis said there had not been a formal meeting but there had been discussion about internal audit arrangements at FPC and Karen McDowell would be doing an options paper on this in December. GB260917/080

7.3 Quality Committee

The Committee met on 20th October and 10th November. A list of key concerns is highlighted below. As a matter of public record the finalised minutes of the meeting held on 20th October were noted. GB260917/081

Attention was drawn to: GB260917/082

- PPE responsibilities and audit
- Infection control capacity
- Serious incident reporting
- Cardiology pathways
- SECAmb – ongoing concerns but also positive observations about patient care
- Issues with Surrey and Borders data quality
- Deaths of Learning Disability Patients in care
- Sepsis reporting
- CHC Quality Assurance Framework
- Collaborative working

Debbie Stubberfield highlighted the issues with learning disabilities and premature mortality. She and Eileen Clark would be reviewing the training in this area and supporting preventable deaths of people with learning disability. GB260917/083

The adult and children's safeguarding report was also received at the last meeting and whilst this was very good it did not cover all of the CCGs providers. GB260917/084

Ruth Hutchinson said that the public health team were drilling down into the issues around learning disability mortality and would be happy to share their draft working in this area. Dr Hills said the premature death figures were significant (14 years for men and 18 years for women) and there was a lot of work going on in this area. GB260917/085

7.4. Remuneration and Nominations Committee

The committee met on the 29th September. Key issues to bring to the Governing Body's attention are set out below. Minutes of this meeting are not published on the CCG's web site due to the confidential nature of the information they contain. GB260917/086

Key concerns: GB260917/087

- Policies for whistleblowing and organisational change were agreed
- Future joint committee arrangements
- Risk around transition and business as usual
- The risk around maintaining independence of lay members

Peter Collis highlighted the need for this to be joined up across Surrey Heartlands and this was the expectation of the committee. There would be a need for lay members to get the right balance between supporting the CCGs and maintaining independent scrutiny. This would be a feature of ongoing OD discussions. GB260917/088

7.5. Finance and Performance Committee

The Committee met on the 27th October and 24th November. Key issues were reported to the Governing Body seminar later that day. Minutes of this meeting are not published on the CCG's web site due to the commercial in confidence nature of the discussions regarding the CCGs contracts. GB260917/089

Jonathan Perkins said that there had been a thorough review of finance and QIPP as set out earlier. Recovery plans were being developed with providers and in specific specialties. GB260917/090

IUC procurement was covered in this session from a financial perspective. There was also a Referral To Treatment Time (RTT) presentation led by Dr Natalie Moore which sought to address the underperformance in this area. Leverage varied depending on the host commissioner and local arrangements. GB260917/091

This committee had also considered moving to joined up committee arrangements and it was suggested to progress this in the next quarter probably around February. GB260917/092

7.6. Stroke Committee in Common minutes

The minutes of the West Surrey Stroke System Committees in Common held on 7 September 2017 were noted and the following amendments to the terms of reference were ratified: GB260917/093

i.Change of lay convenor to Peter Collis, Surrey Downs CCG

ii.Change of meeting date from July to September 2017

iii. Public meeting protocol amended to – agenda to be published two weeks prior to meeting and papers to be circulated no less than 5 working days prior to date of meeting.

Matthew Tait said these were for note but the decision highlighted the need to make progress in the East part of the county. There had been work undertaken with Epsom St Helier and consultation would be required once the capacity to deliver HASU was clear and handle the additional patients. A report would come to the Governing Body when this was timely. GB260917/094

Jonathan Perkins said the delay was understood but that it needed to be acknowledged that this meant that the level of service was to patients, and the consequent mortality, was still considerably below that in other areas such as London whilst this was resolved. GB260917/095

8. Other Matters

8.1. Any Other Urgent Business

Dr Sharpe noted that Camden CCG had a simple system for quality alerts from primary care which he felt needed to be put in place. This was something potentially that the three CCGs could look at. GB260917/096

8.2. Future Meeting Dates

The next meeting in public would be on the 26th January 2018 at 1pm, venue to be confirmed. GB260917/097

8.3. **Resolution - private session**

In accordance with the CCG's constitution and Section C3.17 (i) (ii) and Sections 1(2) and 1(8) of the Public Bodies (Admission to Meetings Act 1960), it was resolved that it was necessary for representatives of the press and other members of the public to be excluded from any section of this meeting wherein public discussion, having regard to the confidential nature of the business to be transacted, would be prejudicial to the public interest.

GB260917/098