



Surrey Downs
Clinical Commissioning Group

Governing Body
26th January 2018, 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 Louise Keene	GP Member
Dr Hannah Graham	GP Member
Sumona Chatterjee*	Executive Director of Strategic Commissioning
Jonathan Perkins	Lay Member for Governance
Peter Collins	Lay Member for Governance
Jacky Oliver	Lay Member for Patient and Public Engagement
Debbie Stubberfield	Independent Nurse
Ruth Hutchinson*	Public Health Representative
Eileen Clark*	Chief Nurse

* Denotes non-voting members

Others in attendance:

Donna Derby, Interim Local Managing Director.
Colin Thompson, Local Managing Director (designate)
Shelley Eugene, Head of Primary Care (for item 5.1)
Suzi Shettle, Head of Comms and Engagement (for item 6.2)
Justin Dix, Governing Body Secretary

Chair: Dr Hills

Minute taker: Justin Dix

Meeting started: 1.00

Meeting finished: 3.25

Item	
1. Meeting Matters	
1.1. Welcome and Introductions	
Dr Hills welcomed everyone to the meeting.	GB260118/001
1.2. Apologies for Absence	
Apologies had been received from Dr Cochrane, GP Member; Dr Kelly, Secondary Care Doctor; Elaine Newton, Executive Director for Communications and Corporate Affairs; Clare Stone, Executive Director for Quality; Peter Collis, Lay Member for Governance; Jason Russell, Surrey County Council.	GB260118/002
1.3. Quorum	
The meeting was noted as being quorate.	GB260118/003
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.	GB260118/004
Declarations by members of the Audit Committee are to be made online via MES Declare website at the following link:- surreydownsccg.mydeclarations.co.uk	GB260118/005
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.	GB260118/006
Debbie Stubberfield noted that she was now also the lay nurse for NHS East Surrey.	GB260118/007
It was noted that there was a new online training package from NHS England which all members were required to complete.	GB260118/008
1.5. Questions from the Public	
Roger Maine, a member of the public, updated the meeting about his experience of services at a local hospital (SASH) a year ago. This had centred on his wife's cancer care and his concerns about same day discharge.	GB260118/009
Since that time he had felt very supported by his GP and local MP but had not felt that the response from the trust or the CQC had not been helpful.	GB260118/010

Item

Cancer research UK had been very supportive in providing clear information but the parliamentary ombudsman had been very slow to take up his concerns. When it did become involved the trust was very slow at providing it with information. GB260118/011

Mr Maine had replied to the draft report but he had not had any sight of the trust's response. He expected this process would continue until July before it was completed. GB260118/012

Dr Hills thanked Mr Maine for his update. Eileen Clark said that she had been in contact with the trust and she did recognise his concerns about their slowness to respond. She commended Mr Maine's continued advocacy and would support him in this. GB260118/013

Mr Maine noted that part of the issue was short staffing in the PALS office and he felt it was wrong that this function was not supported. GB260118/014

1.6. **Minutes of the last meeting, held on 24th November 2017, for accuracy**

These were agreed as an accurate record. GB260118/015

1.7. **Matters arising and action log**

GB260917/025 Flu Jab update. Eileen Clark gave an update and said that at the end of December local trusts were performing well although CSH Surrey were much lower than other organisations. This was the subject of an ongoing discussion with the provider. Overall she felt it was a positive picture with significant improvements on previous year. GB260118/016

Dr Hills said that it was important to maintain momentum despite some of the negative press. Eileen Clark agreed and said organisations were planning earlier and sharing best practice. Matthew Tait said that the percentages were not easy to explain to the public but emphasised there was a level of personal choice involved. Action could be closed. GB260118/017

2. **Clinical Chair and Joint Accountable Officer**

2.1. **Clinical Chair's Update**

Dr Hills thanked Donna Derby for supporting the CCG since Andrew Demetriades' departure and welcomed Colin Thompson as the incoming Local Managing Director. Colin's appointment meant that the Joint Executive Team was now fully recruited to. GB260118/018

Dr Hills highlighted the following areas: GB260118/019

- There had been a workshop on local QIPP planning with the clinical cabinet GB260118/020

Item

- There had been two sessions across Surrey Heartlands on how organisations could work together GB260118/021
- The first Epsom Accountable Care Partnership meeting had taken place. GB260118/022
- A meeting with Hampshire facing commissioners had taken place to understand their success in reducing A&E attendance, which supported the approach being taken in Surrey Downs. GB260118/023
- Dr Gupta and Dr Natalie Moore had been successful in being accepted on to a national clinical leadership programme. GB260118/024

2.2. Joint Accountable Officer's Report

Matthew Tait highlighted the following:

- Winter management had been difficult but core performance locally had been good, partly due to using transformation funding to create extra local capacity. There had also been additional central money put into the system just before Christmas. He commended the way organisations had worked in partnership on this issue. GB260118/025
- Matthew Tait said that two key areas would support further work: transformation funding now and over future years; and working with provider colleagues to maximise their Strategic Transformation Fund incentive scheme income. GB260118/026
- The Joint Committee had focused on using and maintaining funding; maintaining and improving quality; more effective planning; and joint commissioning intentions. This last was very much about whole system work and knitting planning together in an integrated way. GB260118/027
- National Teams were coming to demonstrate comparative benchmark data for the local system. There was a also a workshop in February to look at addressing the significant challenge to the system in 2018/19. GB260118/028
- National Guidance would, it was hoped, contribute to addressing these issues but there was much to do. GB260118/029
- Community and patient engagement – the work done in 2016 would be embedded in 2018/19 planning and there was learning across the three CCGs. GB260118/030

Item

- Delegated Commissioning – the membership had not supported this but Matthew Tait said he was committed to improving our support to primary care and he was confident that this agenda would move forward in due course. GB260118/031
- Adult Community Health Services – The CCG expect to confirm the way forward in February. GB260118/032

Dr Hills said the support for delegated was high but not quite high enough. GB260118/033

Dr Sharpe asked about the scale of transformation funding used to support acute trusts over winter? Matthew Tait said the £2m had been deployed across the system for areas that included primary care, reablement, acute trust capacity and Continuing Health Care (CHC). It was hoped that better planning would in future reduce the need for putting such significant sums in over the winter but this would always be an issue. Dr Keene said that planning needed to start as early as possible to avoid confusion in future. GB260118/034

3. Finance and Commissioning

3.1. Finance Report

Karen McDowell highlighted the following: GB260118/035

- There was a planned forecast deficit of £10.8m but this was currently reporting a YTD deficit of £14.8m which was mainly due to unidentified QIPP that had been reported regularly to regulators throughout the year. GB260118/036
- A number of national issues (mainly St George's IR and prescribing) had contributed to the in year pressures. GB260118/037
- CCG pressures were mainly in acute in St George's, Kingston and the Marsden particularly around non-elective spend. A number of critical care patients had been an issue and some new services need to be monitored for activity at Kinston. GB260118/038
- CHC risk share had impacted adversely on Surrey Downs this year. GB260118/039
- Prescribing had seen a lot of good work but the national pressures were significant due to the no cheaper stock available. GB260118/040

Karen McDowell drew attention to the unidentified QIPP figure on page eight of the report; this was not expected to change in – year. GB260118/041

Item

The risks in the system had been clearly reported and further mitigation was constantly being sought and all contingency reserves had been released. GB260118/042

Karen McDowell summarised by saying that Surrey Downs was a financially challenged system trying to work closely with system partners to address issues of sustainability. This meant working across both commissioners and providers. GB260118/043

Jonathan Perkins said that there had been a lengthy discussion at the Finance and Performance Committee on these issues and he noted the £6.4m gap. The team led by Julian Wilmshurst-Smith had been working very hard to deliver the identified QIPP and he commended their efforts in maximising this in-year. Next year would be an even greater challenge. GB260118/044

Some frustration was being experienced about transformation efforts at STP level and when these would contribute to the local issues. It was not clear whether it was best to wait for system wide initiatives (for instance MSK) or continue locally. Matthew Tait acknowledged this issue and said it was very complex. Developing community services would be key locally and STP wide work would be good at expanding possibilities and benchmarking best practice. The key was to identify the best possible pathway and then implementing this, evaluating the benefits of local and system wide working in each case. The STP wide work would need to be at a very different scale but it was important to integrate the work both clinically and managerially. Finance, Business Intelligence and activity would be key to making changes at all levels.

Karen McDowell agreed and said that alignment of finance and business intelligence between local and STP wide initiatives would be key. There should be no reduction in local effort whilst system wide efforts were developed and it would be important to avoid double counting. GB260118/045

Eileen Clark asked about critical care on Page 5 of the report and wondered what the role of responsible commissioner guidance might be. It was agreed this should be reviewed. GB260118/046

Dr Sharpe noted the significant figures around some aspects of prescribing. Karen McDowell said there needed to be a breakdown of local and national aspects of this. GB260118/047

4. Quality and delivery

4.1. Integrated Quality and Performance Report [ATT]

Eileen Clark highlighted the following areas: GB260118/048

Item

- Complaints at Surrey and Borders Partnership (SABP) – this was behind acceptable performance levels and the backlog has been cleared following the introduction of new practices. GB260118/049
- SABP data quality had been an issue which had been reported to the GB in the past. The lead commissioner was being asked to support challenges in this area. Debbie Stubberfield said that other commissioners were also concerned about this and pursuing the same lines of enquiry. GB260118/050
- CHC – this had been focused on at the previous week’s Quality Committee. The national improvement programme was being implemented locally and was bringing some useful improvements. Debbie Stubberfield noted that the select committee report had highlighted this issue and she also commended the work being done locally. GB260118/051

Dr Graham raised concerns about nursing home residents who could not get support from SABP if they moved into the area with a pre-existing diagnosis of dementia. Eileen Clark would investigate this and follow up with the lead commissioner. GB260118/052

Action Eileen Clark

Sumona Chatterjee said that as a representative of the lead commissioner (G&W) she would also pick this up and she also highlighted that a breach notice had been issued. GB260118/053

Matthew Tait noted the position with SECamb. There had been detailed stakeholder discussions recently, and new measures to monitor ambulance performance were in place. These were not yet being publicly reported and work was taking place with the trust to address long standing issues and structural problems, including a demand and capacity review to identify areas for improvement. This could have financial implications. GB260118/054

Debbie Stubberfield commented on patient safety and patient experience over the course of the winter period which was being reviewed nationally. She would welcome something on patient outcomes. Matthew Tait said that the out of hospital workstream at STP level was using logic models to identify patient outcomes. He would see how this information could be shared. GB260118/055

Action Matthew Tait

5. Strategy and Planning

5.1. GP Forward View Plan - Update on submission and assurance

Donna Derby said that this work first started in April 2016 and was focusing on addressing a number of structural issues in primary care. This was being done across the three local CCGs. GB260118/056

Shelley Eugene said that investment had been put in place to support practices in areas such as workforce, care delivery, and integration. One of the key areas was extending access to patients and this would take effect from March 2018 with 8am to 8pm working and additional appointment minutes. The hub model would be used to support this and appointments would be modelled using NHS E toolkits. GB260118/057

- Online booking was being developed and surveys were being undertaken to understand what access arrangements people wanted to. The next significant challenge would be the Easter period which had many of the features of winter pressures. GB260118/058
- There was a lot of work taking place on workforce, with GP leadership programmes being put in place not just for GPs but also practice managers and practice nurses. Reception staff and admin staff were also receiving training. GB260118/059
- Overseas recruitment was taking place and a lot was being done on recruitment and retention. GB260118/060
- “Care Navigation” was being used to ensure that the right work was directed to the right member of the practice workforce. This also involved directing people to other agencies. GB260118/061
- IT improvements were significant including the online booking work and improvements with mobile working in nursing homes. GB260118/062
- Transformation funds had been devolved down to locality level and Dorking were using this for practice pharmacies. In East Elmbridge there was a joint working initiative taking place across a number of practices. Quality standards were being supported and risk stratification was being implemented to support high risk patients. GB260118/063
- Text messaging was being used to improve communication with patients in a wide variety of areas. This was already showing improvements. GB260118/064
- Estates work was focused on reducing infection problems. GB260118/065
- Social prescribing and systems work were also being used. GB260118/066
- The primary care team were working with practices to help them access resilience monies. GB260118/067

Dr Sharpe reiterated the importance of investment and welcomed Shelley Eugene's update. There was a significant amount of money going into e-consult but practices varied in their willingness to embrace this. It needed more support to effect the cultural change necessary. Shelley Eugene acknowledged this and said that solutions needed to be locally responsive.

GB260118/068

Dr Hills asked about general support to practices around digital technologies and Shelley Eugene said this was also recognised and training was being put in place, for instance on getting the best use of EMIS.

GB260118/069

Dr Graham thanked Shelley Eugene for her significant efforts in this area and for being so accessible to practices with issues.

GB260118/070

Jacky Oliver asked for clarification about pharmacist support. It was noted this would be additional allocated time rather than a practice based pharmacist.

GB260118/071

Jonathan Perkins asked about workforce numbers and modelling for future need i.e. over the next five years. Shelley Eugene said that some modelling had been done using KSS data and practice based toolkits. The data was increasingly live and she could provide baseline modelling information if required. The main issue was the number of GPs who would be retiring in the next decade, and being clear about the preferences of newly qualified GP's ambitions.

GB260118/072

Matthew Tait welcomed the presentation as it focused on the key differences that the GP Forward View and related initiatives were making at the practical level. The CCG was working with other areas on primary care networks and primary care at scale and the focus was on what was needed in future. Four key areas had been identified one of which was workforce, and there was a focus on the shape of a GP career. Premises rules and the role of NHSPS was another area, as was IT; lastly the contracting arrangements and how these could support transformation.

GB260118/073

Dr Hills summarised by saying that the key was to release clinical time and reduce administrative burdens, allowing GPs to be leading teams dealing with challenging areas such as frail elderly.

GB260118/074

5.2. Acute Sustainability at Epsom and St Helier University Hospitals NHS Trust

Matthew Tait welcomed Andrew Demetriades to the meeting and said that since he last spoke to the Governing Body there had been a great deal work done to take this forward. The challenges were well known locally and nationally.

GB260118/075

Key issues were clinical sustainability, estates, and financial sustainability. This work needed to be built on and tested to see if assumptions about future clinical models were robust. It would be the three commissioning CCGs who would need to decide if the proposed direction was the right one.	GB260118/076
Andrew Demetriades said that medical directors in SW London had done a great deal of work to assess themselves against key clinical standards and the particular and unique challenges in Epsom were clear and understood.	GB260118/077
The paper supplied to the Governing Body set out how the process should now continue, engaging as widely as possible before going out to consultation. Complying with regulatory tests would be key.	GB260118/078
Three important areas were highlighted: <ul style="list-style-type: none"> • Impact of change on the wider network of hospitals and patient flows surrounding Epsom; • Choice and travel times for patients; • Impact on specific communities and the equality impact of any proposed changes. 	GB260118/079
Any changes would require significant capital.	GB260118/080
It would be important that the changes were subject to external clinical scrutiny.	GB260118/081
Dr Hills noted that in this, the 70 th year of the NHS, addressing this issue of local sustainability was particularly important. It was a complex process that needed to be taken forward at pace to avoid difficulties in delivering services at future.	GB260118/082
Debbie Stubberfield asked about the clinical standards and noted that some of these had not been agreed by CCGs. The governance of the process would need to address this. This was acknowledged.	GB260118/083
Matthew Tait said there was a governance framework around this and an independent chair was being sought to lead this going forward through a Committees In Common approach.	GB260118/084
The Governing Body AGREED to support the commissioner led process set out in the document.	GB260118/085

6. Governance

6.1. Governing Body Assurance Framework (GBAF) and risk management

Justin Dix introduced this. There had been only main changes since the last iteration and the spread of risk seemed broadly consistent. GB260118/086

The report was NOTED. GB260118/087

6.2. Equality and Diversity Annual Report

Suzi Shettle spoke to this item. Dr Hills emphasised the importance of this work to the CCG's strategic aims. GB260118/088

Suzi Shettle said that the CCG was required to publish this report on an annual basis and that it was mapped against the Equality and Delivery system used in the NHS. It showed work that had been and planned improvements. The three Surrey Heartlands had sought to align their reporting and prioritising this year. GB260118/089

The three key recommendations were: GB260118/090

1. Review current equality and diversity processes, plans and priorities across the three CCGs and align these to achieve an approach that measures impact, shares outcomes, learning and best practice and ensures a consistent approach across the three organisations GB260118/091
2. Work with wider Surrey Heartlands partners to ensure a common equality framework is applied to projects and plans that are being delivered through the clinical and enabling workstreams. GB260118/092
3. Continue to develop the current programme of equality awareness training and across the three CCGs, taking advantage of the strengths that come from working in collaboration. GB260118/093

The draft report had been discussed at the quality committee and some areas for improvement had been discussed in the coming year. GB260118/094

Dr Hills thanked Suzi Shettle and her team for this work. Across the STP there was also work proceeding on learning disabilities as this was a key area and there was a coalition to support this population to access services more easily and appropriately. GB260118/095

Jacky Oliver said this was a very impressive piece of work. She said that it would be useful to have the figures on people in the travelling community and this was acknowledged. Ruth Hutchinson said that data collection was an issue for this group. Dr Hills said that outreach work was being done with this population. GB260118/096

Ruth Hutchinson said that there was a need to look at the difference between life expectancy and healthy lifestyles and Surrey Downs did perform well in this area. GB260118/097

Jonathan Perkins said that there were concerns about bullying and harassment in the report in respect of the CCG as an employer. It was clarified that these figures were from the recent staff survey and work was being done to take action in this area. GB260118/098

6.3. Updated Scheme of Delegation

This was the Surrey Downs Scheme of Delegation and contained minor amendments only, but there will be a further version coming back once current changes to the structure were completed. The Scheme of Delegation was AGREED. GB260118/099

6.4. Updates to Individual Funding Request Policies

Donna Derby introduced this. The changes were a reflection of clinical advice and came from the Surrey Priorities Committee. The most significant area was changes around cataracts. GB260118/100

Jonathan Perkins highlighted recent NICE changes to biosimilars. It was confirmed that these would be reviewed by the medicines management team and would come to the clinical cabinet prior to implementation. GB260118/101

7. Assurance from committees and other forums

7.1. Clinical Cabinet Report

The Clinical Cabinet does not report to the Governing Body but minutes are available to Governing Body members on request. The last meeting on the 11th January was cancelled as there was a QIPP workshop instead. GB260118/102

The meeting in December 2017 highlighted the following: GB260118/103

- New Project Outline Documents for QIPP schemes were agreed
- There was a focus on winter pressures and in particular flu
- Programme leads all gave feedback on their work areas
- There were updates on financial and clinical performance

7.2. Audit Committee

Jonathan Perkins spoke to this in Peter Collis' absence. He highlighted the following: GB260118/104

- The need to prepare for the annual report and accounts process but also a range of concerns around Cyber Security. He highlighted the importance of the training module. GB260118/105

- GDPR was a major concern and this was a significant change with potentially large fines. GB260118/106
- There was a need to make progress on internal audit recommendations. This was being taken forward at local level in each CCG. GB260118/107
- There was now the same auditor (KPMG) across the three Surrey Heartlands CCGs and their work would be important to provide assurance to the public. GB260118/108

Dr Sharpe noted that the cyber training would be made available to all GP practices. With respect to GDPR he did express some concern about GP practice readiness. This needed to be more widely highlighted e.g. in Start The Week. GB260118/109

7.3. Quality Committee

In addition to the above discussion under the Integrated Quality and Performance Report, Debbie Stubberfield emphasised the very important work being done in care homes, getting them engaged. She commended Eileen Clark's excellent work and leadership in this area. GB260118/110

It was noted that there had been good discussions with the quality leads in the other Surrey Heartlands CCGs about how to work together under the new collaborative arrangements. GB260118/111

7.4. Remuneration and Nominations Committee

There had been no meetings since the last Governing Body. GB260118/112

7.5. Finance and Performance Committee

Covered above under finance report. Karen McDowell highlighted the performance report which had received detailed scrutiny and it was noted that the winter pressures had had an impact on performance. GB260118/113

8. Other Matters

8.1. Any Other Urgent Business

It was noted that the CCG had been successful in recruitment of overseas doctors. GB260118/114

8.2. Future Meeting Dates

The next meeting would be on the 23rd March GB260118/115

8.3. Resolution - private session

GB260118/116

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 (Item 8.3) that it is 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.