



# **Surrey Downs Clinical Commissioning Group**

**Annual General Meeting  
Friday 29<sup>th</sup> September 2017  
Leatherhead Leisure Centre**

## **Minutes**

### **Practices Represented**

Integrated Care Partnership – Dr Russell Hills  
Ashley Centre – Dr Andrew Sharpe  
Esher Green – Jill Evans  
Leith Hill – Dr Louise Keene  
Longcroft – Dr Nicola Kirby  
Lantern Surgery - Dr Hannah Graham  
Tattenham Surgery - Dr Elena Cochrane

### **In attendance:**

Matthew Tait, Accountable Officer  
Dan Brown, Acting Chief Finance Officer  
Andrew Demetriades, Deputy Accountable Officer  
Justin Dix, Governing Body Secretary

**Chair: Dr Russell Hills**

**Minute taker: Justin Dix**

**Meeting started: 4.00 pm**

**Meeting finished: 4.50 pm**

## **Item**

### **1. Welcome and Introductions**

Dr Hills, as Chairman of the meeting, welcomed everyone to the AGM and in particular welcomed members of the public. AGM290917/001

Dr Jill Evans, Dr Niki Kirby, Dr Elena Cochrane, Dr Hannah Graham, Dr Russell Hills, Dr Louise Keene, and Dr Andrew Sharpe introduced themselves as representative of local member practices. AGM290917/002

### **2. Apologies for absence**

These had been received from representatives of Cobham, Capelfield and Molebridge practices. AGM290917/003

### **3. Quorum**

The meeting was not quorate in terms of member practice attendance but no decisions were on the agenda. It was noted that the main purpose of the meeting was to present the CCG's annual report and accounts to the public. AGM290917/004

### **4. Conflict of interests**

These were available on the CCG's web site for both Governing Body members and GPs involved with the work of the CCG or represented. No conflicts relevant to the conduct of the meeting were noted. AGM290917/005

### **5. Minutes of 2016 Annual General Meeting**

These were agreed as an accurate record. AGM290917/006

### **6. Matters arising**

There were no matters arising. AGM290917/007

### **7. 2016/17 Annual Report**

Dr Hills gave a presentation on the work of the CCG during 2016/17. AGM290917/008

Although the CCGs profile was similar to the previous year, there was now a joint accountable officer (Matthew Tait) shared with the other two CCGs in Surrey Heartlands (North West Surrey and Guildford and Waverley) and the Sustainability and Transformation Partnership had recently been renamed The Surrey Heartlands Partnership, which involved eleven organisations and covered a population of around 850,000 people. AGM290917/009

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Dr Evans noted that closer relationships were being developed with Kingston Hospital as well as Surrey Hospitals, even though this was in the London patch, as this was the significant relationship in terms of acute care for the population of East Elmbridge. AGM290917/010

Significant achievements included: AGM290917/011

- new care pathways across a range of areas including eye care, skin care and cardiology, with more services available in the community, closer to home
- expansion of local community hubs, which are caring for the most frail and elderly members of our community and helping to prevent unnecessary hospital admissions.
- embracing new technology as part of a project that is helping to detect and diagnose skin problems much more quickly in the community
- working with care homes, to help ensure residents are staying well hydrated, which reduces the risk of urinary tract infections, falls and fractures.
- 85% of our GP practices offering extended opening hours, with appointments available during evenings and at weekends
- strengthened governance arrangements and increased clinical input through the creation of a new Clinical Cabinet, where clinical members drive forward plans to improve care
- launched a new Participation Action Network
- achieved £15.5m of efficiency savings by doing things differently, without compromising on quality or patient care

Dr Hills said that there had been a lot of work over the last year in all these areas particularly developing the community hubs and working within the Surrey Heartlands Partnership. AGM290917/012

Dr Hills noted that, following a comprehensive review of our governance structure, (linked to the Directions placed on the CCG by NHS England in August 2015) in April it made some changes to its ways of working to strengthen these arrangements. This included reducing the size and membership of the Governing Body and re-focusing GP roles to ensure time is focused on clinical business, setting up the new Clinical Cabinet and making some changes to other committees. AGM290917/013

The CCG also saw some changes in leadership during the year. The Interim Chief Officer, Ralph McCormack, left as planned in March 2017 ahead of the appointment of a Joint Accountable Officer across the three CCGs. The former Clinical Chair, Dr Claire Fuller, stepped in as Clinical Chief Officer from April to June 2017 until Matthew Tait arrived. AGM290917/014

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With the arrival of our new Joint Accountable Officer, in June 2017 the CCG had successfully met all of the requirements of the Directions placed on it by NHS England and in July 2017 Directions were removed. This reflected the huge amount of work undertaken across the organisation, particularly around planning and performance and the strong track record of delivering savings, whilst also improving care. Dr Hills thanked everyone for their hard work in achieving this outcome.

AGM290917/015

### 7. 2016/17 Accounts

Dan Brown presented the accounts as set out in the Annual Report.

AGM290917/016

The key message was that the CCG had improved its financial position, through the Quality, Innovation, Productivity and Prevention (QIPP) programme, at the end of the financial year achieving savings of £15.5million. Whilst this was slightly below the target it was a significant achievement that was only possible thanks to the hard work and commitment of the CCG staff, member practices and wider partners. As a result, the in-year deficit had reduced from £17.9million in 2015/16 to £8.7million in 2016/17 but it is clear that 2017/18 is going to be an even more challenging year for, given the level of efficiency savings required.

AGM290917/017

A member of the public asked about spend on people with learning disabilities. It was noted that this was within the overall mental health spend.

AGM290917/018

Dr Hills said that as the lead for equality and diversity he was looking at how the CCG could address the needs of people with a learning disability. This was something the CCG took very seriously.

AGM290917/019

### 8. Keynote address: Future Working through the Surrey Heartlands Partnership

Matthew Tait went through a series of slides that set out the CCG's approach to collaboration. Key points were as follows:

AGM290917/020

- Existing structures were not fit for purpose
  - There was a need to improve access and be financially sustainable
  - SHH&CP preferred to STP label as it links to local accountability and the work around devolution.
- AGM290917/021
- Surrey Heartlands had a complex landscape
  - The population is not bounded and patients flow across borders
- AGM290917/022

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- Behind the high level picture there was a lot of work taking place on specific agendas such as children's service and learning disabilities. AGM290917/023
- The CCGs were also working collectively to get access to responsibilities and funding for primary care and specialist commissioning as much as possible
- People have different views of the scale of Accountable Care Systems and make decisions accordingly AGM290917/024
- Epsom health and care partnership is an example of an integrated architecture for service delivery
- There was a need to get the right balance between protecting localities and getting the benefits of working at scale AGM290917/025

## 9. Questions from the public

A member of the public asked what the plans were for working with the voluntary sector? Dr Hills said this was a part of the work we are doing collectively and at workstream level. It was also part of the engagement and communications piece. He was very aware of the role of the voluntary sector and will link into it going forward. AGM290917/026

Matthew Tait said this was an important challenge and the CCG would need to work out how to engage – again the issue was the balance between local activities and those at scale. It would probably be best to engage at locality level rather than Surrey Heartlands wide to begin with. AGM290917/027

Dr Evans agreed agree that it is probably best at the local level and would welcome this as a locality chair. Dr Kirby said this was also taking place at Epsom Health and Care level. AGM290917/028

A member of the public commented that there was a need to link this to specific initiatives such as social prescribing but also at the strategic level. AGM290917/029

A member of the public noted that there was also need to incorporate carers into this work. Dr Kirby said that as a carers champion she agreed this is absolutely fundamental. Matthew Tait said this was appreciated in most of the Surrey Heartlands work but this was an important point. Dr Hills noted that primary care also tried to address this at the GP level. AGM290917/030

A member of the public said that Voluntary Action groups can co-ordinate activities and asked if the CCG had links into these? Suzi Shettle said there is a Patient Network which brings these groups together. AGM290917/031

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Dr Evans noted that she was also clinical lead for the Elmbridge frailty hub – holistic assessment process that includes carers. There was general agreement that the hubs would benefit from more voluntary input.

AGM290917/032

Dr Hills concluded by thanking everyone for attending. There was a lot going on in a very complex environment and the future was being designed as we go with national support and local partners. This was not just about patients but also citizens so was very much a community approach.

AGM290917/033