

Agenda item: 18

Paper no: 15

Title of Report:	Minutes from Governing Body sub-committees	
Status:	TO NOTE	
Committee:	Governing Body	Date: 27/07/18
Venue:	Dorking Halls	

Meeting Name	Date of Meeting/s
Audit Committee	09/03/18
Clinical Cabinet	08/03/18 07/06/18

Minutes

Committee members present:

Peter Collis, Lay Member for Governance
Jonathan Perkins, Lay Member for Governance

Others in attendance:

Karen McDowell, Chief Finance Officer
Justin Dix, Governing Body Secretary

Clarence Mpofu, Head of Internal Audit, TIAA

Melanie Alflatt, Counter fraud Manager, TIAA

Neil Hewitson, Director, KPMG
Ian Livingstone, Audit Manager, KPMG

	Item	
1.	Meeting Matters	
1.1.	Welcome and Introductions	
	Peter Collis welcomed everyone to the meeting	AC090318/001
1.2.	Apologies for Absence	
	Apologies were noted from Matthew Tait, Dr Andrew Sharpe, Debbie Stubberfield and Dan Brown	AC090318/002
1.3.	Quorum	
	The meeting was quorate	AC090318/003

1.4. Attendees interests relevant to the meeting

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. AC090318/004

Declarations by members of the Audit Committee are to be made online via MES Declare website at the following link:-
surreydownsccg.mydeclarations.co.uk AC090318/005

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. AC090318/006

1.5. Minutes of the last meeting [ATT]

The minutes of the 19th January were agreed as an accurate record . AC090318/007

1.6. Matters arising and action log amendments [ATT]

AC/07/07/17/070 Counter Fraud Report - Pharmaceutical fraud due to over-ordering and repeat prescribing. AC090318/008

Agreed to build into the work plan for the three Heartlands CCGs for next year. TIAA have a proposal to discuss with medicines management. This would be in Quarter 1. Action can be closed. AC090318/009

AC/220917/008 Private meeting with auditors - To arrange AC090318/010

Completed. Can be closed. AC090318/011

AC/220917/011 GDPR Gap analysis - To ensure this is carried out. Justin Dix asked that this be kept open as there was still a lack of assurance from the CSU. AC090318/012

The issue of the DPO appointment was a specific one that was still being clarified. AC090318/013

It was felt that GPs and primary care generally lacked preparedness for GDPR AC090318/014

The committee expressed its concern about the lack of assurance on GDPR and asked for regular status reports on progress. This to include the IDEEA contract with its complex sub-contractor arrangements. AC090318/015

AC/220917/040 Cyber security training - To undertake across all three CCGs AC090318/016

Melanie Aflatt noted that the training levels were still static in Surrey Downs and this was not being done in G&W and NW Surrey. There was an issue of staff being asked to do too much training in the final weeks of the year. Agreed to close action, build into the plan for next year and agenda in the forward plan for June or July. AC090318/017

AC190118 Information Governance - Justin Dix to ensure that the SIRO and Caldecott guardian roles were clear in the context of joint working. AC090318/018

It was noted that the Managing Director was allocated the SIRO role and each CCG retained its Caldecott Guardian as at present. Action can closed AC090318/019

AC190118/029 – Audit - Closure of audit recommendations. AC090318/020

Peter Collis asked about joint arrangements next year. It was agreed that as much as possible these should be dealt with in one report. RSM and TIAA would need to work together to ensure as much commonality as possible. AC090318/021

Karen McDowell reiterated the need for rapid closure of actions and ensuring that Executive Directors turned reports around quickly. AC090318/022

The significant progress since the last meeting was noted and the action was agreed for closure. AC090318/023

AC190118/033 Contracts - Review of arrangements for sub contractor assurance AC090318/024

Karen McDowell said that there this was being worked through across all three CCGs and a document was being finalised. This had taken longer than anticipated due to vacancies in finance teams but has now been resolved. Action can be closed AC090318/025

AC190118/048 Cyber awareness - Training tool. AC090318/026

As above action can be closed AC090318/027

2. Strategic and Change Updates

2.1. CCG Joint arrangements

Justin Dix gave a brief update on current collaboration towards Governing Bodies and Committees in Common. AC090318/028

- It was agreed that July would be a good time for the first Audit Committee In Common. AC090318/029

- It was noted that there were sensitivities around the appointment of lay members which needed to be clarified. AC090318/030
- It was agreed that the mapping of roles should be accelerated to help make decisions AC090318/031

3. Annual Report and Accounts

3.1. Timetable

It was agreed to circulate the key dates to committee members. Karen McDowell would propose dates for meetings in April to look at accounts. AC090318/032

Action Justin Dix

3.2. Draft Head of Internal Audit Opinion

Clarence Mpofo noted this was a draft as required by NHSE and a final version would be issued in line with the NHSE timetable. AC090318/033

Peter Collis queried the wording around the control total as there was an implication of a qualification as opposed to overall reasonable assurance. It was agreed this would be reviewed to ensure it gave the correct impression. AC090318/034

Action Clarence Mpofo

Karen McDowell noted that the final version would show finance reports to year end and would reflect the audited position. AC090318/035

3.3. External Audit Plan Progress

Neil Thomas said that the interim audit had been completed. There were no significant concerns on the basis of that work to date and therefore nothing to highlight to the committee. AC090318/036

3.4. Annual Governance Statement

Justin Dix committed to producing a draft of this by the 23rd March. AC090318/037

3.5. Annual Report narrative

Noted that the comms team had this in hand as per the timetable. Agreed that some clear good news stories should figure in this. AC090318/038

Jonathan Perkins highlighted the need for balanced wording around the effectiveness of the hubs. AC090318/039

4. Internal Audit Plan

4.1. Progress

Clarence Mpofo introduced this. The Personal Health Budgets (PHB) report was a follow-up report which acknowledged the risks in this area. The processes had been stress tested in conjunction with counter fraud colleagues. This had highlighted some ongoing weaknesses around accounting, recovery of outstanding balances, and effectiveness of the use of payments. There were also issues with employment status and tax regulations. AC090318/040

Clarence Mpofo recommended replicating the work in conjunction with Guildford and Waverley (Children's Services). Agreed to ask Colin Thompson to take this forward as the responsible LMD. AC090318/041

Action Justin Dix (to refer to CT)

Melanie Aflatt indicated that it would be useful to work with the PHB team on existing benchmark best practice. She also noted that other CCGs had put payroll provider arrangements in place. AC090318/042

Melanie Aflatt would recirculate best practice / benchmark documents. This would include the benchmarked position of Surrey Downs. AC090318/043

Action Melanie Aflatt

PHB to be an agenda item for first Audit CIC in July. AC090318/044

Action Justin Dix

IG Toolkit AC090318/045

This was a December point in time status review. This had been reviewed by the IGSG who had built the areas of compliance into the work programme. It was noted that CSU capacity and support remained an issue. AC090318/046

In overall terms the full work plan should be completed according to schedule. AC090318/047

4.2. Outstanding audit actions

There were now only four actions remaining. AC090318/048

Karen McDowell agreed that the operating plan budget would be formally signed off by Russell Hills as a Chair's action as this was consistent with discussions at Governing Bodies. Committee members were in agreement with this. AC090318/049

Action Justin Dix

The contracting position was as noted above. AC090318/050

4.3. Benchmarking and Lessons Learned reports

PHB as discussed above. No other reports.

AC090318/051

4.4. 2018/19 Draft Audit Plan

This was the first cut plan and had been discussed with RSM who were auditing NW Surrey and Guildford and Waverley CCGs.

AC090318/052

Karen McDowell would confirm any amendments prior to sign off but said that the plan was broadly as expected. The July Audit CIC would be used to ensure consistency and progress across both firms of internal auditors.

AC090318/053

Annex B to the report usefully set these arrangements out in detail.

AC090318/054

PPE arrangements were discussed. Jonathan Perkins felt there should be more visibility of PPE at the Governing Body and it was acknowledged this was an issue.

AC090318/055

Karen McDowell asked for dates to be clearer in the final version of the plan; some phasing adjustments would be necessary.

AC090318/056

5. Standards of Business Conduct

5.1. Counter Fraud Report

Melanie Aflatt noted the usual update since the last meeting. Progress was as expected.

AC090318/057

Face to face training would be scheduled early in the new year with online training to follow after this. Compliance was as discussed. There would be a joint GB session in the new financial year. These actions would shift the level of compliance from Amber to Green.

AC090318/058

The work plan for 2018/19 was discussed. A joint work plan had been developed for the three CCGs to make discussions in the CIC more streamlined.

AC090318/059

As noted above, prescribing was included in the plan.

AC090318/060

Testing of high cost packages in CHC had been tried by CCGs in Kent and it was proposed to use a similar process in Surrey. This included a review of provider methods of working and verification of payments.

AC090318/061

The plan could be reviewed for adjustment as the year progressed. It was hoped that working across the three CCGs would release some resources for additional work. It was noted that the number of days in the plan was 35 not 40 as written. Delegated commissioning was one potential area of focus for discretionary resource.

AC090318/062

The committee agreed the plan.

AC090318/063

The self-assessment position was noted. This was a draft version. The individual areas were amber (partially compliant) and green (compliant). Inspections were carried out in some areas. The committee agreed the self-assessment. The final version would be populated using the online tool with the NHS counter fraud authority, signed off by Karen McDowell. AC090318/064

6. Internal Controls

6.1. Debts and Debt write-offs

None to report. AC090318/065

6.2. Risk Report

Karen McDowell asked that the report be updated and signed off by Executive Directors, even if the risk was being held locally. AC090318/066

It was agreed that the totality of the risk register should be circulated to the committee members prior to the GB meeting in 2 weeks' time. AC090318/067

6.3. Information Governance

Toolkit progress was noted; no issues were expected with final sign off although as usual there were issues with staff training compliance to be addressed in the final weeks. AC090318/068

7. Other matters

7.1. Committee Effectiveness

This was noted and would be built into the CIC work. AC090318/069

Neil Hewitson agreed to circulate the KPMG template recommended for this purpose. AC090318/070

Action Neil Hewitson

7.2. Any other urgent business

KPMG would circulate the link to their online resources for AC members. AC090318/071

Action Neil Hewitson

7.3. Items to highlight to the Governing Body

- Cyber security training and future arrangements inc GB for fraud and bribery awareness
- GDPR and primary care
- ARAA sign off arrangements inc formal delegation plus external audit feedback
- HOIAA – reasonable
- Internal audit plan agreed
- Counter fraud plan agreed

AC090318/072

7.4. Dates of future meetings

The formal sign off meeting would be on the 23rd May but there would be an informal meeting for a page turner on the annual accounts prior to this.

AC090318/073



Surrey Downs Clinical Commissioning Group

Clinical Cabinet

7th June 2018

Cedar Room, Cedar Court

Minutes

Committee members present:

Dr Jill Evans	Locality Chair for East Elmbridge
Dr Natalie Moore	GP Clinical Director for Planned Care
Dr Niki Kirby	Locality Chair for Epsom
Dr Suzanne Moore	GP Clinical Director for Paediatrics and Maternity
Dr Simon Williams	GP Clinical Director for Urgent Care and Integration
Eileen Clark	Chief Nurse

Others in attendance:

Dan Brown – Deputy Director of Finance
Liz Saunders – Surrey Public Health
Lorna Hart – Deputy Managing Director
Shelley Eugene - Head of Primary Care
Justin Dix – Surrey Heartlands Head of Corporate Governance
Oliver McKinley - Head of Planned Care
Colin Thompson, Managing Director
John Hayes, Attain (item 2.1)
Janni Hodgson, Royal Surrey County Hospital (Item 2.2)
Andrew Demetriades, SW London Acute Sustainability Project (Item 2.3)

Chair: Dr Russell Hills

Minute taker: Justin Dix

Meeting started: 09.00

Meeting finished: 12.10

Item

1. MEETING MATTERS

1.1. Welcome and Introductions

Dr Hills welcomed everyone to the meeting.

CC070618/001

1.2. Apologies for Absence

Apologies had been received from Matthew Tait, Sumona Chatterjee, Karen McDowell, Clare Stone, Oliver McKinley and Ruth Hutchinson

CC070618/002

1.3. Quorum

The meeting was noted as being quorate

CC070618/003

1.4. Attendees Interests Relevant to the Meeting

Clinical Cabinet members 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. Declarations by members of the Clinical Cabinet are to be made online via MES Declare website at the following link:- surreydownsccg.mydeclarations.co.uk

CC070618/004

Information on the interests 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.

CC070618/005

1.5. Minutes of the last meeting

These were agreed as an accurate record subject to the following amendments:

CC070618/006

- Paragraph 008 – should refer to diagnostic test access
- Dr Natasha Moore and Dr Pitsiaeli had sent minor amendments which would also be included

1.6. Matters Arising and Action Log

CC030618/069 – MSK.- Keep open

CC070618/007

CC030518/021 – CAMHS – Update to be given after CiC on the 20 th June.	CC070618/008
CC030518/016 – Sexual Health – for July agenda – can be closed	CC070618/009
015 – DNR – can be closed	CC070618/010
CC080318/052 – SABP access to diagnostic tests – close, but to bring forward for an update in September on operational processes.	CC070618/011
CC080318/025 – Terms of reference – Keep open	CC070618/012

2. Focus Items

2.1 Attain Consultancy Presentation

John Hayes gave a presentation, the key points of which were as follows: CC070618/013

- Attain were working with Surrey Heartlands stakeholders to develop the Integrated Care System and its strategic commissioning function
- This would cover service delivery, implications for contracting and governance arrangements.
- The work would run through to the middle of July and the key output would be a road map for development through to April of next year.

It was noted that this was leading edge work nationally and accountability would be a key issue, possibly indicating requirements for legislative change. It needed to support better joint working across the health and social care system, and dovetail with wider initiatives such as population health planning. CC070618/014

Concern was expressed that this and similar work was sensitive to primary care delivery and included the vision of integrated care at locality level. The system was now multi-layered and there needed to be clarity as to where decisions were taken, acknowledging that the critical point of contact was the relationship between individual patients. CC070618/015

Formal governance arrangements would need to ensure clarity of patient outcomes, with ICPs developing at their own local pace to develop these, although the need to maintain acceptable levels of equity was reiterated. CCGs might develop into frameworks that support system delivery rather than being significant organisations in their own right. CC070618/016

It was noted that there was a wider debate about personal care and citizen involvement which would need to be taken into account as the new system developed. This could address funding, expectations and perceptions of what the NHS can and cannot do. Improving access to information and empowering different behaviours would be key. CC070618/017

Further updates would be given as the work progressed. CC070618/018

2.2 ReSPECT process implementation across Surrey Heartlands

Janni Hodgson explained that she was leading a process that would address patient preferences around the nursing home and acute hospital interface. The form that had been developed reflected the dialogue that needed to take place with patients. CC070618/019

Patient perceptions of the ethics were significant and it was important to move on from the existing systems. The pilot scheme at Royal Surrey had identified a need for the approach to be broadened out and implemented with the agreement of Surrey Heartlands CCGs. CC070618/020

It was noted that providers also needed to agree this before it could be implemented operationally, and it would need education and training for it to be rolled out effectively. Local champions would have to support a three month programme of engagement prior to launch, and in practical terms this would mean October for a practical go live date. The role of IT systems was important but currently varied. CC070618/021

The End of Life Care collaborative had supported the development of this work which covered both adults and children. It was not felt that it conflicted with other care planning tools and was heavily supported by SECamb as a provider whose staff worked with patients in emergency situations. CC070618/022

There was generally positive support from clinicians with some questions about process. It was also noted that there were elements of the form that not everyone used depending on local preferences and the form would continue to develop as a result of feedback and audit. CC070618/023

It was recommended that the STP be approached for support with training costs. It was agreed this should be flagged up across the three CCGs at the appropriate time. CC070618/024

It was noted that it was possible to copy the completed document subject to this being clearly identified. Much of the form could be completed by nurses but needed SRO medical signoff. The need to do this in line with professional registration requirements was emphasised. CC070618/025

The role of hospice volunteers could form part of the ongoing training and development work. It was also noted that the form could be used for resuscitation only, subject to care being taken about version control and copying of forms. CC070618/026

It was agreed that the Clinical Cabinet would recommend the document to the Governing Body. CC070618/027

ACTION Dr Hills

2.3 Acute sustainability programme Presentation

Andrew Demetriades was welcomed for this item. It was noted that this was now being rebranded as Improving Healthcare Together. The focus was on the future delivery of care currently being provided at Epsom St Helier's two sites. There was a CiC on the 20th June to launch the next steps in engagement. CC070618/028

There had already been significant engagement to support the development of proposals for acute services. These were outlined in a presentation that covered the following key areas:

- Deprivation
- Equality impact
- Travel Time Analysis
- Estates
- Funding
- Clinical models
- Formal consultation requirements

A similar programme of work (Better Services Better Value) had taken place in 2013 and travel times and access had been key issues when rejecting the proposals at that time. CC070618/029

London clinical standards were a key driver as were the estates and financial sustainability. The public's views on these issues were very important and should not be underestimated CC070618/030

In order for consultation to take place in 2019 these and other issues would have to be addressed and fed into option appraisals. Availability of capital would be a key consideration. CC070618/031

The London Clinical Senate would lead a collaborative piece of work on clinical standards. CC070618/032

The timelines through to August 2019 were set out on a slide and the key elements of the draft case for change were described. CC070618/033

Workforce modelling would need sensitive handling. CC070618/034

It was agreed that Andrew Demetriades would share the work on clinical standards in South West London via Dr Hills. CC070618/035

Action Dr Hills

It was noted that the clinical standards were used as part of the CQC inspection regime and focused mainly on consultant numbers. There were particular issues for recruitment and retention of Junior Doctors at Epsom St Helier. CC070618/036

Key features of the clinical model were: CC070618/037

- Major acute services
- District Hospitals Services
- Acute medical and emergency services
- Reliance on critical care

Preferences for models of care were emerging and would eventually need to be faked. CC070618/038

There was a particular emphasis on developing Urgent Treatment Centres and ensuring that these did not duplicate extended access arrangements. CC070618/039

One risk was that any new arrangement could mean movements in patient flows and it would be important for existing providers to support proposals for change. CC070618/040

The next step would be to go through the CIC process whilst engaging with GP practices about proposals. CC070618/041

It was noted that there had been a presentation to Epsom Locality but these had yet to take place at East Elmbridge and Dorking Localities. This should be undertaken as soon as possible. CC070618/042

Action Dr Evans / Dr Gupta

3. Programme Delivery Updates

3.1 Urgent and Emergency Care

The written report was noted and Dr Williams was thanked. CC070618/043

3.1.1 IAPT & Diabetes Service Specification

Diabetes was the first service to begin integrating referrals to IAPT and this was an exciting new development. Staff had been trained by providers to commence the referral process for chronic conditions, and publicity materials had been prepared. An MOU had been signed by providers to underpin the process. CC070618/044

Structured education was in place for diabetes and pre-diabetes patients that included psychological aspects of the condition, and it would be important not to duplicate the two processes, targeting referrals to IAPT appropriately. IAPT referral would be an offer for some patients as part of the overall diabetes care pathway. To this end the two processes should be complementary. CC070618/045

There were also links to the Patient Activated Measures (PAM) and social prescribing agendas. CC070618/046

A request was made for clear communications materials on these options, given that the overall generic CBT approach was being adapted to deal with the relevant long term condition. CC070618/047

Subject to the above, the Clinical Cabinet recommended approval of the approach for IAPT referral for diabetes patients. It was noted that other pathways would follow in due course. CC070618/048

It was noted that the information on waiting times had been discussed but as it was not real time data it was not appropriate to share this information publicly. It was agreed that issues with waiting times should be shared with Stephen Murphy as there were particular problems in East Elmbridge since the CCG had been without a mental health clinical lead. It was agreed that he would also do an update in start the week around mental health issues. CC070618/049

Action Stephen Murphy

3.2 Primary Care

The report was noted and Shelley Eugene was thanked. CC070618/050

It was clarified that the initial face to face training for workflow optimisation had been completed and issues with Docman 10 had been resolved. CC070618/051

Some concerns were expressed about doing the Two Week Rule referrals via RSS and the workload this was generating for practices (given that the RSS was already doing this). This had also been raised by the LMC. It was clarified that the RSS also had capacity issues and the LMC had recommended last month that GPs would need to pick this up, with practice level training. The role of acute trusts in TWR bookings was clarified – it was not currently part of their brief – and the role of the two week office in trusts had changed, which was perceived as impacting on primary care.

CC070618/052

There was a discussion about the level of consultation with localities and practice managers and it was noted that the Epsom locality had yet to be consulted on this. The decision making process was therefore queried. It was agreed that Dr Hills and Colin Thompson would review these complex issues outside the meeting with locality leads as there were shared concerns that needed a resolution. This should include RSS functions.

CC070618/053

Action Colin Thompson / Dr Hills

Concern was expressed that ESH were implementing aspects of this ahead of the hard go-live in October.

CC070618/054

3.3 Planned Care

Three points were emphasised:

- Potential new care pathways for lung cancer that would speed up the process for patients.
- There had been a meeting with ESH regarding the chest pain pathway again to speed up the patient experience.
- Colorectal cancer – this was proposed to move to a telephone based system of follow-up. The need to ensure a rigorous approach with at least three attempts at contact was emphasised.

3.3.1 Bowel Cancer follow up service spec and case for change

Covered in 3.3 above.

CC070618/055

3.3.2 Update on MH Transformation Programme

The executive summary was noted. It covered the range of projects the STP was working on. A gap analysis had identified a number of areas for progress against the FYFV, with funding proposals going back to relevant boards. Some concern was expressed about pickup arrangements when initial funding expired.

CC070618/056

	Concern was expressed about maintaining the profile of mental health when difficult financial decisions were being made, particularly in relation to children and young people.	CC070618/057
3.4	Paediatrics and Maternity	
	New CAMHS referral arrangements had been sent out this week, along with a young person's support pack.	CC070618/058
	The opportunity for GPs to discuss individual cases with mental health clinical leads was felt to be positive, particularly for averting a crisis.	CC070618/059
	Risks had been identified about children without school placements and access outside of term times (given the role of education in referring to services).	CC070618/060
	CAMHS Services sustainability was being reviewed.	CC070618/061
4.	Medicines Management	
4.1	MOG and PCN	
	The OTC document (listing specific areas where treatment would not be prescribed) was highlighted, along with supporting publicity materials. It was proposed to circulate this in Start The Week. This was agreed but disappointment was expressed about this being left to local determination.	CC070618/062
	There were indications of underspend on the prescribing budget.	CC070618/063
5.	Strategy and Commissioning	
5.1	2018-19 Planning	
	No update in the absence of the Accountable Officer.	CC070618/064
5.2	Surrey Heartlands Transformation Board	CC070618/065
	The report was noted. The progress on S75 (pooling of monies) was highlighted. Money was still ring fenced within this arrangement and did not lead to risk sharing. It was also dependent on the support of NW Surrey GPs for constitutional revisions.	CC070618/066
6.0	SYSTEM PERFORMANCE	
6.1	Performance Report	
	It was noted that Non Elective Admissions had gone down in Month 12 and this was positive news of a trend which it was hoped could be maintained.	CC070618/067

There was a small diagnostic wait issue for six patients with a breach of the 1% target; this was not felt to be part of a wider trend of concern and probably related to MRI capacity. CC070618/068

62 Day cancer waits – targets had been met in March but the year-end position was in the balance and subject to data validation. CC070618/069

Some concern was expressed about data presentation around outpatient follow up given the small numbers involved. The key issue was progress against plan. CC070618/070

Increases in referrals to St Georges and SASH were felt to be attributable to variable use of the RSS. This needed to be discussed at locality level. CC070618/071

Quality of discharge summaries remained an issue and had been a long running concern. It was agreed that Eileen Clark would follow this up. CC070618/072

Action Eileen Clark

6.2 Finance Report

There was no written report this month. CC070618/073

7.0 Feedback Section

7.1 Surrey Priorities Committee

Liz Saunders highlighted a recommendation regarding TNRF which would be subject to an EQIA. Quality team input was requested and agreed. CC070618/074

8.0 Other Matters

8.1 Any other business

Dr Hills recommended that Clinical Cabinet gave some thought to how information flowed through the ICP from the Clinical Cabinet. To be timetabled for the August agenda. CC070618/075

8.2 Dates of Future meetings

5th July. Apologies from Dr Hills and Dr Pitsiaeli CC070618/076

Attention was drawn to NHS 70 celebrations. After the next Clinical Cabinet members were asked to stay behind for lunch with staff. CC070618/077



Surrey Downs Clinical Commissioning Group

Clinical Cabinet

8th March 2018

Cedar Room, Cedar Court

Minutes

Committee members present:

Dr Jill Evans	Locality Chair for East Elmbridge
Dr Niki Kirby	Locality Chair for Epsom
Dr Suzanne Moore	GP Clinical Director for Paediatrics and Maternity
Dr Simon Williams	GP Clinical Director for Urgent Care and Integration
Eileen Clark	Chief Nurse
Karen McDowell	Chief Finance Officer
Matthew Tait	Accountable Officer
Dr Robin Gupta	Locality Chair, Dorking
Liz Saunders	Surrey Public Health

Others in attendance:

Lorna Hart - Head of Urgent Care and Integration
Shelley Eugene - Head of Primary Care
Justin Dix - Governing Body Secretary
Julian Wilmshurst Smith – Head of
Project Management Office
Colin Thompson - Interim Local Managing Director
Stephen Murphy – Head of Mental Health and Learning Disability

Chair: Dr Russell Hills

Minute taker: Justin Dix

Meeting started: 09.30

Meeting finished: 12.30

- 1. MEETING MATTERS**
- 1.1. Welcome and Introductions** CC080318/001.
- Liz Saunders was welcomed to the meeting representing Ruth Hutchinson.
- 1.2. Apologies for Absence** CC080318/002.
- Apologies had been received from Ruth Hutchinson, Dr Natalie Moore and Sumona Chatterjee.
- 1.3. Quorum** CC080318/003.
- The meeting was noted as being quorate.
- 1.4. Attendees Interests Relevant to the Meeting** CC080318/004.
- Clinical Cabinet members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings that might conflict with the business of Surrey Downs Clinical Commissioning Group (CCG). Declarations by members of the Clinical Cabinet are to be made online via the Membership Engagement Services (MES) Declare website at the following link:
- surreydownsccg.mydeclarations.co.uk
- Information on the interests 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. CC080318/005.
- 1.5. Minutes of the last meeting** CC080318/006.
- These were agreed as an accurate record subject to the following amendments:
- Dr Pitsiaeli was present.
 - Paragraph 76 contained a typographical error.
 - Paragraph 104 should read “variable approach across the three localities as long as it was outcome based”.
 - 079 should include pain clinic review.
- 1.6. Matters Arising and Action Log** CC080318/007.
- 079 – This is to be included in further Musculoskeletal (MSK) related pathway work. Dr Pitsiaeli queried support to practices regarding items not routinely prescribed as set out in NHS England guidance; this would include medication changes in pain clinics and managing transition between / withdrawal from drugs. Agreed this should be clarified with Kevin Solomons and aligned Surrey Heartlands wide. Action can be closed and will be covered under the Musculoskeletal (MSK) programme.

073 SNOMED - Shelley Eugene provided an update. Heathcote will probably be the first local practice to transition following pilots. This can be closed.	CC080318/008.
068 Mental Health – This is on the agenda so can be closed.	CC080318/009.
060 Paediatrics Educational Event – This is still under discussion but can be closed.	CC080318/010.
050 - Ambulance Performance – Dr Gupta said this was still an issue. Supply Chain (SC) was leading on the South East Coast Ambulance Service (SECamb) and additional capacity was being pursued. There was a wider capacity review but there had been significant pressures in the last five days and communications locally to GP practices on this. This was due to trusts being under pressure following the recent bad weather. Dr Evans felt there could be greater efficiency in the handover process and Supply Chain (SC) confirmed this was part of the review. Admission rates would also be looked at, although existing audits on conversion rates suggested a good quality of assessment.	CC080318/011.
041 Substance Misuse Programme Board Input – Stephen Murphy said he was now on the programme board. The action can be closed.	CC080318/012.
060 Prostate Cancer Update – Shelley Eugene gave an update. The service was now up and running while data sharing agreements were being completed to enable access. The Kingston position was clarified – there would be an investment in primary care to support development of a primary care specification. It would be necessary to look at the total numbers and the long term impact on practices. Agreed to keep open.	CC080318/013.
061 Clinical Workforce – This was still being pursued so keep open.	CC080318/014.
077 This is on the agenda so can be closed.	CC080318/015.
050 Sexual Health Services – Dr Suzanne Moore had been in touch with Ruth Hutchinson to clarify access. There had been a reduction in hours and a change in location. The service was contraception only but there was an issue with Intrauterine Device fitting, which was not done locally through the service. Some emergency cases had had to go to London for provision. Shelley Eugene said it might be worth looking at a hub based service. Dr Gupta said there were major concerns in Dorking about access and one unplanned teenage pregnancy as a result. Liz Saunders noted the need for an evaluation of the changes and the impact on primary care. The service had been running for a year. Matthew Tait noted that the cost reduction may have just shifted work to another part of the system. It was agreed that this was to close for action and be on the agenda for June 2018.	CC080318/016.

042 – Do Not Resuscitate – Dr Williams gave an update. The Egton Medical Information Systems (EMIS) forms had been issued via the Commissioning Support Unit (CSU) but there was understood to be a plan for a Surrey Heartlands wide form conversion facility. This also linked to the Red Bag scheme. Agreed to close action but the legal basis of the form and the requirement for a standard red bordered form was queried. This could lead to patients being resuscitated against their wishes.

CC080318/017.

Agreed new action to investigate the basis of the Do Not Resuscitate (DNR) guidance and how it was working in practice.

CC080318/018.

Action Lorna Hart/Dr Williams

2. Review of Clinical Cabinet Arrangements

2.1. Future Model Agenda

Dr Hills introduced this and said that there was a challenge to the effectiveness of the meeting and how it could be used going forward. Localities could use the cabinet as a place for evaluating ideas coming up from place based commissioning as well as overseeing programmes and programme delivery.

CC080318/019.

Dr Gupta said he felt the meeting was broadly effective but did not feel that place based commissioning should be part of the agenda. Dr Evans agreed and said that it was important to maintain a focus on pathway design.

CC080318/020.

Dr Pitsiaeli said that better executive summaries and more timely provision of papers would be useful. Dr Kirby felt the cabinet was an important place for sharing information and feeding back to localities. Dr Moore agreed and said that there was a need to review and recommend business cases for example to the executive.

CC080318/021.

Matthew Tait said there might be a need for a wider clinical forum for place based commissioning. He also queried whether the committee should have more delegated authority in future. Dr Hills acknowledged the above while he felt it was important to find somewhere to get a degree of crossover between pathway and place based changes.

CC080318/022.

Dr Gupta stressed the importance of the forum for improving clinical decision making and not being about provider issues. It was noted that the provider and commissioning roles were in flux.

CC080318/023.

Dr Pitsiaeli noted the need to be strongly linked in to the four GPs on the future Governing Body in common, one of whom was the clinical chair. There were also strong links through localities.

CC080318/024.

Agreed that Colin Thompson would work with Dr Hills and Justin Dix to review the function as well as the terms of reference, all of which is to be brought back to a future meeting.

CC080318/025.

Action Colin Thompson

Dr Evans stressed the need for information ahead of the meeting to ensure the best quality of debate. CC080318/026.

Liz Saunders queried whether there were more modern ways to run meetings. It was acknowledged there might be scope for webinars and conference calls for example. CC080318/027.

Colin Thompson said that there did need to be a more structured approach to the agenda and ensuring a focus on the correct items. CC080318/028.

2.2. Meeting Schedule

It was noted that Dr Hills had issues with meeting clashes and he would like to change the day of the month on which it was held. CC080318/029.

It was agreed that a survey of preferred dates would be undertaken. CC080318/030.

Action Justin Dix

3. Focus Items

3.1. Handiapp Presentation CC080318/031.

Fatin Izigari attended in her role as Darzi fellow for Children's Urgent Care Transformation. She asked for views on the app, which came back as follows: CC080318/032.

- Stephen Murphy said that he was very positive about this development, which was already being used in North West Surrey. CC080318/033.
- Dr Gupta said that the app seemed very user friendly but the issue was whether it would be used in practice.

Dr Izigari then gave a presentation on the working of the app. Key discussion points were as follows: CC080318/034.

- Dr Hills noted that Surrey Downs had three localities feeding into three different acute hospitals. Dr Izigari said this would be a Surrey Heartlands wide app and was not dependent on local service configuration. CC080318/035.

- Dr Gupta noted that parents can choose which hospital they view as their local hospital. This would need to be looked at. CC080318/036.

- The app would direct parents in line with urgency such as Red 999, Amber 111 / GP in hours, etc. CC080318/037.

- The app could be useful for GP trainees to standardise their approach. CC080318/038.

- The home care plan list gave help with treatment. There was a new section on emotional and mental health, which was currently being populated. This would signpost sources of help. CC080318/039.

- The experience of North West Surrey has been to get up to around 4,000 users by February 2018. There were issues about dissemination. Dr Kirby suggested using MJOG to publicise the app. CC080318/040.
- Shelley Eugene suggested Facebook neighbourhood pages. Parents' evenings were also felt to be a useful way of advertising. Dr Hills said that the Personal Protective Equipment (PPE) work stream for the Surrey Heartlands Partnership would be important as a way of promoting the app. CC080318/041.
- Various other sources such as school nurses, Chat Health, etc. could be incorporated. CC080318/042.
- It was noted that large numbers of Accident and Emergency (A&E) attendees did not need any intervention and the scope of Handiapp to divert these was significant. CC080318/043.
- The user feedback was positive to date. Funding was in place for the first year. It was noted that some areas e.g. Dorking had lower mobile phone usage because of poor coverage. CC080318/044.
- The use of Handiapp was agreed. Stephen Murphy will link with the Communications Team on delivery and promotion. CC080318/045.

3.2. **Support for Serious Mental Illness & Physical Health Checks – Mental Health Commissioning**

Dr Gupta highlighted the potential use of the Quality and Outcomes Framework (QOF) data, which was very positive at over 90 % and it was felt that this needed to be reviewed. This was already under review. CC080318/046.

Stephen Murphy said there were three main areas: annual checks, general checks and role of GPs in arranging tests. CC080318/047.

It was noted that the data was Surrey Heartlands wide and did not include East Elmbridge. The primary issue was access and pathways. Stephen Murphy said access was poor but staff were trained in Surrey And Borders Partnership (SABP) to use the systems for tests and test results. CC080318/048.

Dr Hills said there was an issue of costs and where these sat. Stephen Murphy said that this should sit within Surrey And Borders Partnership clinically. CC080318/049.

It was noted this was not clear in the Surrey And Borders Partnership (SABP) contract for children. Matthew Tait felt strongly that this was for the provider to resolve as an operational issue. Dr Hills agreed and said this needed to be Surrey And Borders Partnership wide. CC080318/050.

Dr Evans said that there were issues for teenagers with Learning Disabilities, which had been highlighted. CC080318/051.

3.3. Surrey And Borders Partnership (SABP) - Bloods, Electrocardiograms (ECG), Dual Energy X-ray Absorptiometry (DEXA) Scans

It was noted that GPs were getting good discharge letters. There were issues of capacity and safeguarding that needed to be reviewed. Liz Saunders said that there needed to be assurance around who was interpreting results. This needed to be part of the discussion. It was agreed that Stephen Murphy would take this forward with clinical leads.

CC080318/052.

Action Stephen Murphy

3.5. Patient Activation Measure & Health Coaching and Social Prescribing

Stephanie Isherwood attended for this item and gave a presentation. There were links to risk stratification. It was noted that social prescribing models varied across Surrey Downs Clinical Commissioning Group but the approach was appreciated.

CC080318/053.

Sumona Chatterjee asked if we could we include shared decision making. Lorna Hart said this would be looked into.

CC080318/054.

Matthew Tait noted that have we not identified the preferred model, although Colin Thompson confirmed that this was close to completion. Matthew Tait queried what scale of delivery was needed to get the required impact. Stephen Murphy noted that this approach could be used in other areas e.g. in hypertension to get us up to right care levels of engagement. However, we also need to signpost patients with chronic pain and poor mental health to the right services.

CC080318/055.

Other points:

CC080318/056.

- Some clinicians preferred to use the term wellbeing prescribing as this has less negative connotations. CC080318/057.
- Linking this to risk stratification would enable us to identify patients we should work with. This needs to be system wide. CC080318/058.
- This can also be linked to Improving Access to Psychological Therapies (IAPT) to enhance people's capacity to cope. CC080318/059.
- It was noted that the wider the remit, the more capacity needed in the mode of an outline pathway. CC080318/060.
- The potential integration with social care was through the training route and social care are interested in sharing budgets. CC080318/061.
- It was hoped to have some projects in for the second half of 2018-2019. CC080318/062.
- It was queried whether we could create a portal approach and it was noted there is £600,000 in the digital work stream for this. CC080318/063.
- It would be helpful to look at places where this has already been done, including potentially Armada Health in the United States of America. CC080318/064.

It was agreed to bring this back to the July 2018 agenda.

CC080318/065.

4. Verbal Programme Delivery Updates

4.1. Urgent and Emergency Care

The written highlight report was noted.

CC080318/066.

- The mobilisation of the Integrated Dorking, Epsom and East Elmbridge Alliance (IDEEA) was now taking place.
- The Hub evaluation would be entering a second phase.

4.2. Primary Care

Shelley Eugene highlighted the following:

CC080318/067.

- The Hot Topics Event had been successful.
- The team were working with practices and federations regarding winter capacity and capacity for the Easter weekend.
- Primary Care Quality Service (PCQS) – Medway Diabetes Prevention Programme has come out and 19 practices have signed up.
- Specifications were going out for the new annual Primary Care Quality Service (PCQS). It is the same specifications but there is a reduction in codes and switch codes to SNOMED.
- Ambulatory Blood Pressure (BP) monitoring was being rolled out.
- New codes were in place for medicines monitored in secondary care. Volunteers to test the new coding were needed.
- Diabetes – There will be uplift for 2018/19.
- Extended Access – A paper went to the Joint Emergency Team (JET) confirming the outcome of extension. A letter will be coming out to this effect shortly. The draft specification will come out for consultation.

Matthew Tait noted that an additional £500,000 for primary care at scale was available and this would be for population health as well as extended access.

CC080318/068.

4.3. Planned Care

- Referral To Treatment (RTT) – As of December 2017, East Surrey Hospital were at 87.6% against their 92% target. NHS England have been working with them and they seem to be short of 48 clinics for non-admitted patients. Kingston Hospital as well as Surrey and Sussex Health were also below target so the Surrey Downs Clinical Commissioning Group wide position is currently net below target.
- Focusing on specific specialties such as Cardiology and Dermatology for example.

CC080318/069.

- Musculoskeletal (MSK) Template – The majority of 65 patients who have used it, which is all but four, seem to be successful. Dr Evans stated that it was very good and very easy to use.

Colin Thompson noted that referrals are nudging up overall, particularly Paediatrics. General referrals were up 35% in the last five months. The Clinical Commissioning Group (CCG) will need to look at this at locality level and see what we can do to avoid the use of the acute sector. Outliers such as Paediatrics will be reviewed to see what the underlying reasons are.

CC080318/070.

4.4. Mental Health

As above – no further discussion required.

CC080318/071.

4.5. Children and Young People

Dr Suzanne Moore gave an update.

CC080318/072.

Children and Adolescent Mental Health Services – Dr Suzanne Moore has met with the clinical director at Surrey And Borders Partnership. The workforce is overstretched and under recruited. Morale is showing in turnover and attrition rates. Have to work closely to make sure young people are safe whilst waiting for an appointment. Assurance is being sought from host commissioner Guildford and Waverley Clinical Commissioning Group (CCG) and from Surrey County Council (SCC). There is good communication and a haven for young people in Epsom. There will be a formal launch in April 2018.

CC080318/073.

Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) standards – fourth wave participant. Looking at outcomes and training in what therapies work best.

CC080318/074.

Developmental Paediatrics – There is the Royal College Review to benchmark local services against and the reality of service delivery.

CC080318/075.

Stephen Murphy will be representing Surrey Downs Clinical Commissioning Group on the East Surrey Hospital Sustainability Paediatrics Group.

CC080318/076.

Enteral Feeding – This is a good piece of work based on practical guidance.

CC080318/077.

A maternity advice line will go live in April 2018.

CC080318/078.

Concerns about mental health leadership in schools – there is a need to de-medicalise the approach but this was difficult to resource.

CC080318/079.

Dr Kirby noted that some schools are putting on training on mental health but there is sometimes a disconnect between leadership and staff such as Special Educational Needs Co-Ordinators (SENCOs) for example.

CC080318/080.

5. Medicines Management

5.1. Myelin Oligodendrocyte Glycoprotein and Prescribing Clinical Network

The papers were noted.

CC080318/081.

5.2. Freestyle Libre update

Dr Pitsiaeli gave an update. There were no further proposed changes and there had been a lot of consultation to arrive at the final version. This would be across Surrey Downs. It was noted that prescribing and diabetic leads were aware of the proposals. It was agreed to send out in Start The Week. It would be focused on tier three and would provide direction to GPs, but there would be a need to review feedback on this after a few months.

CC080318/082.

5.3. Surrey Downs Clinical Commissioning Group Over The Counter (OTC) Consultation Response

Dr Pitsiaeli noted the feedback and agreed response with the essence of which was to support signposting to pharmacists but there were ethical issues. There was some concern that there may not be significant savings. Locally, there was a low use of the listed drugs anyway. GPs would continue to look at individual patients when making decisions and there may not be much change as a result. Some concern was expressed that these decisions were still being pushed back for local determination.

CC080318/083.

6. Strategy and Commissioning

6.1. 2018-19 Planning

Julian Wilmshurst-Smith said the Clinical Commissioning Group was about to submit plans today including a draft narrative operational plan. Contract signatures would be needed by Friday 23rd March 2018.

CC080318/084.

6.2. Surrey Heartlands Transformation Board update [ATT]

The focus for discussion had been on the difficult week for acute hospitals following the bad weather the previous week.

CC080318/085.

End of Life (EOL) Care – Royal Surrey County Hospital (RSCH) have a new model for commissioning with practices.

GPs in Accident and Emergency – These are being evaluated as there are queries over effectiveness. There is a challenge locally to funnel 40% of Accident and Emergency activity locally into Urgent Treatment Centres.

Easter – There will be enhanced access across all four days as well as the Tuesday, which is subject to agreement. Proposals have gone out today.

6.3. Out of Hospital Strategy

Lorna Hart asked for endorsement of the strategy and a review of progress after 12 months. This would be going to the Governing Body next week as part of the wider planning agenda item. The Clinical Cabinet endorsed the proposals.

CC080318/086.

7. System Performance

7.1. Performance Report

The report was noted – comments are as above.

CC080318/087.

7.2. Finance Report

Karen McDowell highlighted two key statistics:

CC080318/088.

- There is 16.5 million deficit agreed position by NHS England. There is one small pressure in the system, which is the St George's Hospital issue. Everything else is on track.
- 2018-2019 financial position – a financial plan has been submitted with a gap of £21 million without Quality, Innovation, Productivity and Prevention (QIPP) – £13.8 million of Quality, Innovation, Productivity and Prevention (QIPP) has been identified, which leaves an unidentified Quality, Innovation, Productivity and Prevention (QIPP) gap of £7.2 million.

CC080318/089.

CC080318/090.

8. Feedback Section

8.1. Surrey Priorities Committee

The last meeting had been at the end of January. The main issue was cataract surgery and the recommendation to change to bring this in line with NICE guidance.

CC080318/091.

- Arthroscopy – also bought in line with NICE guidance.
- Double Balloon Enteroscopy – no change required.
- Assisted Conception and In Vitro Fertilisation (IVF) – Further review is required. The policy is to be extended whilst this is done.

Dr Gupta noted that a lot of systems are moving away from the National Institute for Health and Care Excellence (NICE) guidance so we need to think about this for the future. Cataract surgery was a good example.

9. OTHER MATTERS

9.1. Matters to be Raised with localities and the Governing Body

It was agreed to highlight Handiapp and social prescribing.

9.2. Dates of Future Meetings

The next meeting would be on the 12th April 2018.