

GUILDFORD AND WAVERLEY CCG GOVERNING BODY

MINUTES **DRAFT V3**

Date	Tuesday 24 July 2018	Time	14:00- 16:00
Venue	Board Room, Guildford and Waverley CCG Dominion House, Woodbridge Road, Guildford, GU1 4PU		

Members/ Attendees:

	<i>Name</i>	<i>Title</i>
Chair	Dr Sian Jones (SJ)	Clinical Chair
Members	Dr Darren Watts (DW)	Vice Chair (Clinical)/ GP Member
	Dr Sue Tresman (ST)	Vice Chair (Lay)/ Lay Member for Quality and Clinical Governance
	Phelim Brady (PB)	Lay Member for Patient and Public Engagement
	Jacqui Burke (JB)	Lay Member for Corporate Governance and Audit Chair
	Karen McDowell (KMc)	Chief Finance Officer for the Surrey Heartlands CCGs
	Clare Stone (CS)	Executive Director of Quality for the Surrey Heartlands CCGs (Registered Nurse)
	Geoff Watson (GW)	Secondary Care Doctor
In Attendance	Elaine Newton (EN)	Executive Director of Communications and Corporate Affairs for the Surrey Heartlands CCGs
	Sumona Chatterjee (SC)	Executive Director of Strategic Commissioning for the Surrey Heartlands CCGs
	Vicky Stobbart (VS)	Managing Director, Guildford and Waverley CG
	Natasha Moore (NM)	(Note taker) Governance Manager
Apologies Members	Dr Seun Akande (SA)	GP Member
	Dr Justine Hall (JH)	GP Member
	Matthew Tait (MT)	Joint Accountable Officer for the Surrey Heartlands CCGs
Apologies Attendees	Brian Mayers (BM)	Area Director Guildford and Waverley (Surrey County Council)
	Julie George (JG)	Consultant in Public Health (Surrey County Council)

Item No.	DISCUSSIONS AND NEW ACTIONS	BY WHOM	DEADLINE
1	<p>Welcome, Introductions and Apologies The Chair welcomed members of the public to the meeting; apologies were received as detailed above.</p> <p>She reminded members that the meeting would be recorded for administration purposes only and the recording would be deleted once the minutes had been approved.</p>		
2	<p>Declarations of Interest The Chair noted the register of Governing Body members and attendees interests included in the meeting papers, with no new declarations received since the previous Committee meeting.</p> <p>The Chair invited members and attendees to report (i) any new declarations or amendments of declarations on the register and/or (ii) any declarations pertinent to items on this agenda. None were received.</p>		
3	<p>Quorum * As the required quorum was met, the Chair declared the meeting open.</p>		
4	<p>Public Questions The Chair advised that no questions had been received from the public in advance of the meeting.</p>		
5	<p>Minutes from last meeting on 27 March 2018 The minutes from the previous meeting were agreed as an accurate record of the meeting.</p>		
6	<p>Matters Arising from last meeting: Action Log It was noted that all actions raised at previous meetings had been completed and marked as closed.</p>		
7	<p>Joint Accountable Officer Report Vicky Stobbart (VS), Managing Director for Guildford and Waverley CCG, presented the Joint Accountable Officer Report on behalf of Matthew Tait (MT), Joint Accountable Officer, with the following highlights:</p> <ul style="list-style-type: none"> • <u>NHS70</u> birthday celebrations took place locally and nationally on 5 July with a tea party taking place at Guildford and Waverley CCG with local patient groups; and members of staff attending a ceremony at Westminster Abbey. • Update on the <u>Surrey Heartlands Health and Care Partnership</u> included the launch of the new maternity helpline (linked to Better Births programme) and discussions were progressing with NHS England and other partners in relation to other areas of commissioning we hope to take on in future through devolved commissioning arrangements. • <u>NHS budget nationally</u> increasing by 3.4% per year on average for the next 5 years. The CCG was currently awaiting further details on the settlement. • <u>CCG Improvement and Assessment Framework</u> (IAF) rated the CCG as 'requires improvement', noting the following specific areas concerning CCG's deficit financial position, Child and Adolescent Mental Health Services (CAMHS) and Improving Access to Psychological Therapy (IAPT). An action plan is being drafted to tackle these areas. • The CCG, along with the Royal Surrey County Hospital were 		

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	<p>shortlisted for a <u>national HSJ Award</u> for a new advice and guidance service in the 'use of information technology to drive value in clinical services' category.</p> <ul style="list-style-type: none"> The CCG had appointed the Royal Surrey County Hospital to provide the new <u>Referral Support Service</u> launched on 02/07/18. <p>JB noted that each area of assessment is weighted differently for the IAF dependent on the number of indicators, for example, more indicators in finance may have contributed to the rating received by the CCG. She questioned whether it might be beneficial to include the IAF indicator areas in the Performance Report for monitoring going forward. KMc agreed that this would be helpful and agreed take this forward with the Performance Team.</p> <p>Recommendation: Governing Body is asked to NOTE the report.</p> <p>Governing Body NOTED the report.</p>	KMc	31/08/18
Communications and Corporate Affairs			
8	<p>Corporate Objectives 2018/19 Elaine Newton (EN), Executive Director of Communications and Corporate Affairs for Surrey Heartlands CCGs, presented the Corporate Objectives for 2018/19 for adoption by the three Surrey Heartlands CCGs. She noted that having the same objectives would allow for team and individual objectives to be set as well as providing the framework for Governing Body Assurance Framework Risks.</p> <p>EN noted that the feedback from North West Surrey CCG Governing Body on 23/07/18 was to detail measures by which to assess achievement of these objectives where appropriate, for example metrics and performance indicators.</p> <p>If approved, these would be disseminated to staff and published on the CCG website.</p> <p>Recommendation: Governing Body is asked to APPROVE the Corporate Objectives.</p> <p>Governing Body APPROVED the Corporate Objectives.</p>		
9	<p>Update on Governance arrangements including:</p> <ul style="list-style-type: none"> Committees in Common Terms of Reference template Review of Committee Effectiveness 2017 Guildford and Waverley Local Commissioning Committee Terms of Reference <p>EN presented the report which provided an update on several pieces of governance work.</p> <p>Firstly, an update on the outcome of the <u>vote to amend the CCG Constitutions</u>; with Guildford and Waverley and Surrey Downs CCG practices approving the amendments. With regards to North West Surrey practices, although they did support amendments to ensure consistent voting arrangements by Special Resolution, a sufficient level of support was not achieved for the other Constitutional amendments. Following a second vote, North West Surrey did not achieve the response level needed to pass the vote (75% of practices) although the</p>		

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	<p>majority who participated in the vote were in support of the proposed amendments. Further engagement work was being planned with North West Surrey practices.</p> <p>The three CCGs had received very minor feedback from NHS England on the proposed amendments to the CCG Constitutions which was pleasing given the complexity of the work involved. These amendments were being worked through with a holding position for the North West Surrey Constitution. Formal letters of approval are awaited for Guildford and Waverley and Surrey Downs CCGs.</p> <p>A process to <u>reconfigure lay and independent member roles</u> across the three CCGs was underway, anticipating that these will take effect from 01/09/18. Only one role had received more than one preference and would be subject to interview, following which the appointment to new roles would be confirmed and announced.</p> <p><u>Draft Template Terms of Reference</u> for Principal Committees meeting 'in common' from September 2018 was presented for review and for agreement of delegation to the Committee Chair and Executive Lead, with governance support, to work up the detail of the final Terms of References for each committee. These would be formally approved at the inaugural committees in common meetings with ratification by the Governing Body at the September meeting. EN also sought approval for any existing Terms of Reference to be extended until these 'in common' ones took effect.</p> <p><u>Terms of Reference for Primary Care Commissioning Committees in Common</u> (for North West Surrey and Guildford and Waverley) were presented and in the light of the feedback following the Guildford and Waverley Primary Care Commissioning Committee meeting on 13/07/18 which had not been incorporated due to the short timescale for turnaround; it was agreed to seek the same delegated authority as for the principal Committees. In response to a query from VS regarding whether the Managing Directors for Guildford and Waverley and North West Surrey would be voting members, EN confirmed that this had been agreed by each Committee.</p> <p>JB queried if Terms of Reference for the Quality Committees in Common had been drafted, noting that these committees had started to meet 'in common'. EN confirmed that these committees had been meeting 'in common' with their three existing Terms of References and memberships.</p> <p>EN also presented the <u>Guildford and Waverley CCG Local Commissioning Committee Terms of Reference</u> for approval which had been adapted from the Guildford and Waverley Commissioning, Finance and Performance Committee Terms of Reference. This in the light of the Strategic Finance and Performance Committee coming into being which would have mainly a strategic assurance function.</p> <p>Lastly, EN noted as part of the report a summary of the <u>Committee Effectiveness</u> process undertaken for 2017, that recommendations had been drawn from this process to inform the drafting of new terms of reference.</p>		

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	<p>Members noted that given the proposed alignment of dates for ‘in common’ meetings, attendance may prove difficult for those with clinical commitments. It was acknowledged that a period of adjustment to the new committee cycles would be needed, recognising new roles and commitments would still subject to confirmation. The logistics for the Joint Commissioning Committee with Surrey County Council and the Governing Body meeting in common on the same day were also being worked through with partners. and provisions for suitable deputies had been made in Terms of References, who could fulfil the quorum where required, to maximise flexibility and resilience of the new governance arrangements.</p> <p>Recommendation: The Governing Body is asked to:</p> <ul style="list-style-type: none"> • NOTE progress towards the alignment of governance arrangements across Surrey Heartlands CCGs; • APPROVE the standardised template for Terms of Reference for Governing Body principal committees and DELEGATE authority to the Committee Chair and Executive Lead to work up the detail of Terms of Reference, with governance support, for sign off at the inaugural committee meetings in September; • APPROVE the continued use of existing Terms of References where these are due for review, pending new committees in common arrangements coming into effect; • APPROVE the Primary Care Commissioning Committees in Common and the Guildford and Waverley CCG Local Commissioning Committee Terms of References. <p>Governing Body:</p> <ul style="list-style-type: none"> • NOTED the report; • APPROVED the template ‘in common’ Terms of Reference and DELEGATED authority to the Committee Chair and Executive Lead to work up details. (It APPROVED the use of existing Terms of Reference pending new ‘in common’ arrangements coming into effect); • REVIEWED the Primary Care Commissioning Committees in Common Terms of Reference and DELEGATED authority to the Committee Chair and Executive Lead to work up details; and • APPROVED the Guildford and Waverley Local Commissioning Committee Terms of References. 		
10	<p>Standards of Business Conduct and Conflicts of Interest Policy, including Receipt of Gifts, Hospitality and Inducements/Commercial Sponsorship and Joint Working with Industry (incl. the Pharmaceuticals’ Industry)</p> <p>EN presented the standardised Standards of Business Conduct and Conflicts of Interest Policy for adoption across the three CCGs. She noted that this standardised policy was based on the current Guildford and Waverley version, which North West Surrey had also adopted. It was noted that this would be a significant change for Surrey Downs CCG which currently has four policies in place to cover the above areas of Standards of Business Conduct; Gifts, Hospitality and Sponsorship; Conflicts of Interest; and Working with the Pharmaceutical Industry.</p> <p>EN highlighted that this standardised policy complied with the latest NHS England Guidance on Managing Conflicts of Interest, including the recommendation to cover the above areas in the same policy given the</p>		

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	<p>level of overlap between these areas. She noted that there were also some minor amendments to be made before publication regarding job titles and ensuring these aligned with current structures. She advised that there were different processes in each CCG to manage the collation of interests/ registers, however, the policy expectations should be the same for all CCGs given recent NHSE publication of 'Managing Conflicts of Interest: Revised Statutory Guidance For CCGs June 2017'. She added that approval for an aligned policy across the three CCGs would promote compliance with the governance of STP work, for example to maximise opportunities to work with industry partners.</p> <p>JB noted that the Audit Committees in Common meeting on 20/07/18 had reviewed the draft policy and recommended for Governing Body approval.</p> <p>Recommendation: Governing Body are asked to APPROVE the standardised Standards of Business Conduct and Conflicts of Interest Policy.</p> <p>Governing Body APPROVED the Standards of Business Conduct and Conflicts of Interest Policy subject to the minor amendments as noted above.</p>		
11	<p>Integrated Risk Management Report including:</p> <ul style="list-style-type: none"> • Amendments to the Joint Risk Management Strategy and Policy <p>EN presented the Governing Body Assurance Framework (GBAF) and risk report, noting that this was the first integrated report using the new operational risk management system across the three CCGs. It was noted that some risks had been identified as being pertinent to all three CCGs whereas some were applicable to a specific CCG.</p> <p>EN highlighted that this was an indicative risk profile given the transition work currently underway and additional detail, such as assurances and controls which were not included in this report, but were in place and would be presented in future reports. VS also noted that some risks had replicated, for example, risks regarding QIPP targets in each individual CCG given the different assurances and controls that may be in place.</p> <p>EN stated that the Joint Executive Team had reviewed this risk profile prior to presentation at Governing Body and confirmed that these risks resonated with current business. She also noted that underneath the GBAF sat the operational, 'day-to-day' risks on the Corporate Risk Register.</p> <p>JB reiterated that given the risk transition project currently underway, there was still some work to be done around consistent framing and scoring of risks etc. She also noted that Audit Committee (meeting in Common) had reviewed this report and commented that they would expect to have seen an expected target date set against each risk where the Risk Owner is expecting the risk to have been closed by. EN advised that timescales should be indicated for each action specified.</p> <p>EN also outlined that changes to the Joint Risk Management Strategy and Policy were being presented for approval, a full list of which was detailed in the report.</p>	EN	31/08/18

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	<p>Recommendation: Governing Body are asked to:</p> <ul style="list-style-type: none"> • NOTE the Risk Management Report; and • APPROVE the amendments to the Joint Risk Management Strategy and Policy. <p>Governing Body:</p> <ul style="list-style-type: none"> • NOTED the Risk Management Report; and • APPROVED the amendments to the Joint Risk Management Strategy and Policy. 		
Finance and Performance			
12	<p>Finance Report</p> <p>Karen McDowell (KMc), Chief Finance Officer for the Surrey Heartlands CCGs, presented the Month 3 Finance Report with the following highlights:</p> <ul style="list-style-type: none"> • Information in the report was based on M1 prescribing data and Month 2 acute • Currently, the CCG was on track to deliver against £6.9 million deficit position but aware at month 2 of over performance with the CCG's main acute provider. • KMC highlighted that the CCG faces significant risk in year that will be reviewed, discussed and highlight mitigations where possible. • The report highlighted key financial risks faced by the CCG at Month 3, the most significant being: <ul style="list-style-type: none"> ○ <u>Acute activity over performance</u>- Current over performance mainly on elective activity the report clearly highlights 14% increase comparing year on year, further deep dive review has been undertaken and to be discussed with the main acute provider ○ <u>QIPP delivery</u>- The current financial plan included a £10.5 million QIPP saving of which the CCG is currently predicting an achievement of 70% of this, year to date the delivery was 47%. However, the achievement of the agreed £6.9 million year end deficit position was dependent upon achieving 100% of QIPP and delivering a joint delivery plan with the main acute provider. • The report outlined 'worse', 'best' and 'likely' case scenarios which had been shared with NSH England. JB noted that even the 'best' case scenario was an achievement of £6.9 million deficit position. • Guildford and Waverley Commissioning, Finance and Performance Committee had also reviewed a more detailed version of this report. <p>KMc also outlined that an in-year Financial Recovery Plan had been submitted due to the CCG's planned end of year deficit position. KMc confirmed that the CCG was currently awaiting feedback from NHS England but was happy to share the plan with Governing Body members once complete the draft report has been reviewed at CFP.</p> <p>PB queried non-elective activity as quoted in the report as being 14% higher than at the same point last year. SJ confirmed that this was defined as admittances through A&E rather than attendances at A&E. KMc highlighted that a similar comparison undertaken last year also saw an increase in 2017/18 compared to 2016/17.</p> <p>VS added that an analysis had been undertaken of non-elective</p>	KMc	31/07/18

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	<p>admissions with a joint plan having been drafted on next steps which had been reviewed by the Local A&E Delivery Board. Members also noted that a 'Board to Board' meeting had been scheduled for September between the CCG and the main acute provider.</p> <p>Recommendation: Governing Body is asked to NOTE the report.</p> <p>Governing Body NOTED the report.</p>		
13	<p>Integrated Performance Report</p> <p>VS presented the Integrated Month 1 Performance Report, noting that this was the first integrated report across the CCGs and raised the following by exception:</p> <ul style="list-style-type: none"> • <u>A&E 4hours waits</u> had improved since May 2018 but still some pressures in the system around attendances. Planning was also underway for Surge (winter planning). • <u>RTT- 18 week standard</u> was below national average with a recovery plan having been submitted. This plan predicts standard will be recovered by March 2019. • <u>Diagnostics</u> underperformance primarily due to breaches in Echocardiology, however there has been significant improvements in comparison to previous month and there was the lowest backlog of referrals in the last six months. • <u>Cancer 2 Wait Weeks and Breast</u> waiting times had been effected by a backlog but compliance expected again by June 2018. • <u>Improving Access to Psychological Therapy (IAPT)</u>- CCG undertaking a deep dive regarding the local performance of service providers to find specific areas of underperformance and to develop action plan. • <u>Dementia</u>- Currently an action plan was in place to improve Dementia but VS highlighted the need for the CCG to undertake a deep dive of this area to ensure effectiveness of the action plan. • <u>Children and Young People Eating Disorders</u>- noted that the metric for urgent referrals in quarter 3 had been marked as 'red'. However VS highlighted that due to small numbers concerned of five urgent referrals, the 90% target could not be met if one child is seen later than target. Members queried the definition of an 'urgent referral'. SC agreed to confirm. • <u>Community Services</u>- Concerns raised with regards to workforce and staffing levels. <p>PB commented on the Dementia Diagnostic rates and queried whether perhaps there was a reluctant among clinicians to 'label' individuals as having dementia. DW agreed and commented that historically the term 'cognitive impairment' was often used instead; therefore patients would not appear on systems as having 'dementia'. SJ agreed and highlighted that there may be a negative perception of a 'label' of dementia, however this may 'open doors' to services available only to those with formal diagnosis.</p> <p>Members commented that the report was overall useful as a comparison across the three CCGs, however noted that some of the data was based on quarter 4 or month 1 data. However, it was noted that the Guildford and Waverley Commissioning, Finance and Performance Committee had reviewed month 2 data on 17/07/18.</p> <p>Recommendation: Governing Body is asked to NOTE the report.</p>	<p>VS</p> <p>SC</p>	<p>31/08/18</p> <p>31/08/18</p>

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	<p>Governing Body NOTED the report.</p>		
Quality			
<p>14</p>	<p>Integrated Quality Report Clare Stone (CS), Executive Director of Quality for the Surrey Heartlands CCGs, presented the Integrated Quality Report with the following highlights:</p> <ul style="list-style-type: none"> • <u>CHC</u>- Fast Track referrals having decreased by approximately 10.7% but Non Fast Track referrals increased by 19.2% per month compared to 2016/17. • <u>Safeguarding</u> Annual Report had been reviewed in full by the Quality Committee (meeting in Common). • <u>Serious Incident (SI) Management</u> included in the report with an outline of the next steps and work plan for completing transition of SI management. • <u>Quality concerns by provider</u> summarised with in-depth reviews planned for providers of Children’s services. The CCG was also awaiting feedback from the SECamb CQC inspection. • She also noted that the team had received some feedback on the format of the report and the Quality and Performance Teams were exploring a joint Quality and Performance Report given the level of overlap. <p>JB queried transition arrangements for SI management and asked how these plans would affect current Guildford and Waverley processes. CS confirmed that membership for SI sub-committees and Clinical Quality Review meetings may slightly change to make consistent across the CCGs but that the changes would be minimal.</p> <p>JB queried the contractual leverage over the five outstanding SIs for Virgin Care Services Ltd (VCSL) given that the contract was no longer in place, therefore the CCG could not exercise any contractual leverages. CS agreed to investigate.</p> <p>ST commented that the Quality Committees in Common had reviewed additional information and although a challenging and lengthy meeting, congratulated the team for the work undertaken to integrate processes and teams.</p> <p>Recommendation: Governing Body is asked to NOTE the report.</p> <p>Governing Body NOTED the report.</p>	<p>CS</p>	<p>31/08/18</p>
Strategy and Commissioning			
<p>15</p>	<p>Children and Adolescent Mental Health Services (CAMHS) Interim Plan and Independent Review Sumona Chatterjee (SC), Executive Director of Strategic Commissioning for the Surrey Heartlands CCGs, presented the report. She highlighted that since Surrey and Borders Partnership (SaBP) Trust notified the CCG of a significant backlog of children and young people awaiting routine assessments, an Interim Plan had been developed with five priority workstreams.</p> <p>The main actions taken to date include:</p>		

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	<ul style="list-style-type: none"> • Routine referrals have been suspended from 04/06/18 to free up capacity and an assessment support pack has been developed; • A phone line had been made available for clinicians to seek advice prior to a referral from 04/06/18 which had been well received; • Establishment of 12 Well-being Drop-in Centres in each District and Borough from early-mid June manned by multi-professional team, including those from mental health background; • Additional £833,000 secured from the Surrey Heartlands Transformation Board in May 2018 for CAMHS backlog clearance; and • Review of case management. Role of schools and social care recognised in the management of children and young people, with areas of training identified where SaBP could support. <p>An Independent Review has been jointly commissioning by the six Surrey CCGs, Surrey County Council and SaBP. Initial draft findings suggest that the 2015 CAMHS Strategy whilst sound may have been too ambitious and delivery model still too 'medicalised'; transformation has been slow and the contractual mechanism is fragmented which makes service navigation across the system difficult. The final report due 04/08/18.</p> <p>JB noted that the report was helpful and had been clearly written. She queried the graph on page 7 and asked if any more recent data had been received. SC confirmed that data was received on a weekly basis and the team had received weeks 2, 3 and 4 data in addition to weeks 0 and 1 on the graph. For week 4, the waiting list was 1,423.</p> <p>PB queried the total additional investment of £1.2 million and how this was broken down. SC confirmed that the three CCGs had invested £833,000 with the remainder funded by NEH&F, East Surrey and Surrey Heath CCGs. Surrey County Council have also invested circa £240,000.</p> <p>Members also queried whether exercising contractual levers should be explored. SC confirmed that the team were awaiting the recommendations of the independent review before making any decisions as so far the approach has been that of system working. In addition nationally CAMHS is an area which has experienced underfunding historically and many CCGs are experiencing similar challenges with waiting times.</p> <p>Members noted that nationally additional investment was being planned for CAMHS and queried whether the CCG had received any of the funding. SC confirmed that at present, national investment had not been confirmed.</p> <p>Recommendation: Governing Body is asked to NOTE the report.</p> <p>Governing Body NOTED the report.</p>		
16	<p>Ratification of Chairs' Actions:</p> <ul style="list-style-type: none"> • Surrey Heartlands CCGs' Operating Plan 2018/19 <p>SC presented the Chair's Action for ratification to approve the Surrey Heartlands CCGs' Operating Plan 2018/19.</p> <p>Recommendation: Governing Body is asked to RATIFY the above</p>		

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	<p>Chair's Actions.</p> <p>Governing Body RATIFIED the Chair's Actions.</p>		
AOB			
17	<p>Minutes of previous Governing Body committee meetings Chairs of the relevant Governing Body sub committees presented minutes of previous meetings for noting.</p> <p>JB, as Chair of Audit Committee, also noted that an Extraordinary Audit Committee meeting was held on 24/05/18 where the Annual Report and Accounts had been approved.</p> <p>EN clarified that the Clinical Forum meetings did not have decision-making authority and reviewed and/or recommended to the Commissioning, Finance and Performance Committee for approval. DW suggested that the way the minutes were worded and the Terms of Reference for this meeting should be reviewed by the lead, in light of this. VS, as the Executive Lead, to examine with support of the Governance Team.</p> <p>Recommendation: Governing Body is asked to NOTE the minutes of Governing Body sub-committees.</p> <p>Governing Body NOTED the minutes of the sub committees.</p>	VS/ NM	31/08/18
18	<p>Any other business No other business was raised.</p>		
19	<p>Meeting Close The meeting closed.</p>		
<p>Next Governing Bodies in Common meeting: Wednesday 26 September 2018; HG Wells Centre, Woking</p>			
<p>Signed and agreed by:</p> <p>_____ Date _____</p> <p>Dr Sian Jones, Clinical Chair</p>			
<p>Minutes agreed for publication by:</p> <p>_____ Date _____</p> <p>Karen McDowell, Chief Finance Officer (on behalf of Matthew Tait, Joint Accountable Officer)</p>			

GOVERNING BODY MEETING – Guildford & Waverley CCG (part one) ACTION LOG 26 September 2018 Governing Body meeting

Actions From 23 January 2018 meeting			
Reference	Issue	Lead	Update
GB0118/4.4 GP Forward View Plan (GPFV)	Governing Body/Primary Care Commissioning Committee – to seek clarity on where authority for financial decisions sits.	VS	Resolved as part of the establishment of the in common PCCC. CLOSED
Actions From 24 July 2018 meeting			
GB0718/7 JAO report	Performance Report - include the IAF indicator in the monitoring going forward.	KMc	Actioned and CLOSED.
GB0718/11 Integrated Risk Management Report	Include an expected target date set against each risk.	EN	Reported back to 21/09/2018 Audit Committee. CLOSED
GB0718/12 Finance report	Share the FRP with Governing Body members once complete, the draft report has been reviewed at CFP.	KMc	Actioned and CLOSED.
GB0718/13 Integrated Performance Report	Dementia - the CCG to undertake a deep dive of this area to ensure effectiveness of the action plan.	VS	Deep dive underway and to go to clinical leads meeting for review. Oversight of delivery of revised action plan via GW SMT and JET. CLOSED
GB0718/13 Integrated Performance Report	Children and Young People Eating Disorders – clarify definition of an 'urgent referral'.	SC	Definition of urgent referral in the CAMHs contract are those referrals that are seen within 7 days. Examples include presentation of severe depression /anxiety with thoughts of self harm. Severe challenging behaviour that presents danger to themselves or others. CLOSED
GB0718/14 Integrated Quality Report	Investigate the contractual leverage over the five outstanding SIs for Virgin Care Services Ltd (VCSL).	CS	This was related to the timing of the report. All SIs are closed and no contractual action required. CLOSED.
GB0718/17 Any other business	Clinical Forum meetings – wording of the minutes the Terms of Reference should be reviewed with support from the Governance Team.	VS	Terms of Reference confirm no delegated decision making 'powers'. At the August Clinical Forum it was agreed that, as the Clinical Forum minutes will be reviewed by the new G&W Local Clinical Commissioning Committee (as a sub-committee of GB), these will no longer go to GB. CLOSED

North West Surrey CCG

Draft Minutes of the Governing Body Part One
Held on Monday 23 July 2018 from 2.08pm
At: NWS CCG Offices, 58 Church Street, Weybridge KT13 8DP

Job Title	Name	Attended / Apologies
Clinical Chair	Dr Charlotte Canniff (CC)	✓
Surrey Heartlands Joint Accountable Officer	Matthew Tait (MT)	A
Woking Locality Lead & Clinical Chief of Contracts & Performance	Dr Deborah Shiel (DS)	✓
Woking Locality Lead	Dr Christine Clayton (CCI)	✓
Woking Locality Lead	Dr Alex Henderson (AH)	A
SASSE Locality Lead and Clinical Executive Chair	Dr Jags Rai (JR)	✓
SASSE Locality Lead	Dr Diljit Bhatia (DB)	✓
Thames Medical Locality Lead	Dr Asha Pillai (AP)	✓
Thames Medical Locality Lead	Dr Layth Delaimy (LD)	✓
Lay Member Governance and Deputy Chair	Paul Hopper (PH)	✓
Lay Member for Patient and Public Engagement	Dr William McKee (WM)	✓
Lay Member – Registered Nurse	Julia Dutchman-Bailey (JDB)	✓
Surrey Heartlands CCGs Chief Finance Officer.	Karen McDowell (KM)	✓
Non Voting Members		
NWS CCG Managing Director	Karen Thorburn (KT)	✓
NWS CCG Clinical Lead for Quality and Medicines Management	Dr Richard Barnett (RB)	A
Surrey Heartlands CCGs Executive Director of Quality	Clare Stone (CSt)	✓
Surrey Heartlands CCGs Executive Director of Strategic Commissioning	Sumona Chatterjee (SCh)	✓
Surrey Heartlands CCGs Executive Director of Communications and Corporate Affairs	Elaine Newton (EN)	✓
Co-Opted Member of Patient & Public Engagement Forum	Steve McCarthy (SM)	A
In Attendance		
Governance Manager & Governing Body Secretary	Elizabeth Ure (EU)	✓
Corporate Administrator	Rian Hoskins (RH)	✓
Members of the Public		
Surrey Coalition of Disabled People	Anna Sartori	✓

No.	Item Description	Action/ Decision
1	Welcome, Introduction and Apologies	
	<p>Dr Charlotte Canniff (CC) welcomed Governing Body Members, attendees, and members of the public and declared the part one meeting open at 2.08pm.</p> <p>Apologies were received from :</p> <ul style="list-style-type: none"> • Matthew Tait • Dr Alex Henderson • Dr Richard Barnett • Steve McCarthy. 	
2	Declarations of Interest	
	<p>Governing Body Members confirmed that :</p> <ul style="list-style-type: none"> • Their entry in the 2018-19 Register of Interests was up to date, accurate and complete. • There were no declarations of interest for any item on the agenda. • Their entry in the 2018-19 Hospitality, Gifts and Sponsorship Register was up-to-date, accurate and complete. 	
3	Quorum	
	<p>CC confirmed that the meeting was quorate.</p>	
4	Public Questions	
	<p>CC advised that this was a meeting in public and not a public meeting and any questions should have been sent in 48 working hours prior to the meeting.</p> <p>Secretariat confirmed that no questions had been received.</p> <p>The member of the public in attendance, Anna Sartori, confirmed that she had no questions to raise.</p>	
5	Draft Minutes of Previous Meeting	
	<p>The draft minutes of the 21 May 2018 (part one) meeting were approved subject to:</p> <ul style="list-style-type: none"> • Item 3 (point ii), p.2. Change CC (Dr Charlotte Canniff) to CCI (Dr Chrissie Clayton). <p>Move (point v) to the bottom of (point i), to follow as a new paragraph after the words 'Surrey Heartlands'.</p> <ul style="list-style-type: none"> • Item 3 (point iii), p.2. Revise sentence to read 'GP members are collaborating with the National Association of Primary Care (NAPC) on the 	

No.	Item Description	Action/ Decision
	<p>proper care model for working at scale, with support from NWS CCG and the Federation.</p> <ul style="list-style-type: none"> • Item 2 (point vi), p.3. Delete first sentence. Add 'CSU have a plan in place to provide the DPO role for GP practices, the details of which have been shared with the LMC. EN advised that Julius Parker had indicated his intention to send out a letter to practices to advise them of the DPO contact details. <p>Actions and Matters Arising from the minutes of the 21 May 2018 (part one) meeting:</p> <ul style="list-style-type: none"> • Item 3, Action (1). This was noted as completed and closed. • Item 3, Action (2). This was noted as completed and closed. • Item 4, Action (1). This action to remain open and to be added to the Action Log. • Item 5, Action (1). This action was noted as completed and closed. • Item 7, Action (1). CC requested that the Declarations of Interest for clinicians include consistent wording about their membership of the NICS Federation. This action to be added to the Action Log. 	<p>Secretariat</p> <p>Secretariat</p>
6	Action Log	
	<p>All actions completed as detailed.</p> <p>Action no. 84 to remain open. KT has not yet received the responses from the GPFV Assurance Meeting with NHSE.</p>	
7	Chair's Report	
	<ul style="list-style-type: none"> i. CC advised that the CCG was moving forward with shared posts for lay members and interviews will be held in week commencing 30 July 2018. ii. Work is continuing with integrated care partnership development and, in particular, with the North West Surrey Federation [NICS] on a model of care, and also with Surrey County Council's Public Health team, in order to set priorities on areas of work. <p>An away-day about the model of care held recently was well supported.</p> <ul style="list-style-type: none"> iii. The NWS CCG's AGM was held on Wednesday 18 July 2018 and was well received. One attendee shared her experience of the health and social care journey undertaken to support members of her family and this highlighted the need to move to integrated care. iv. NWS CCG was rated at 'Good' by NHSE South East in their annual assessment. Surrey Downs CCG and Guildford & Waverley CCG were rated as 'needing improvement'. 	

No.	Item Description	Action/ Decision
8	Joint Accountable Officer's Report	
	<p>In MTs absence, KT provided the Joint Accountable Officer's update and this was noted by Governing Body.</p>	
9	Corporate Objectives 2016/19	
	<p>EN noted that the document reflected feedback from the Governing Bodies in Common seminar in May.</p> <p>WM asked what measurement guidelines were in place. EN said that while it is incumbent on the CCG to demonstrate delivery these objectives, some were easier than others to develop a clear delivery strategy. As an example, KT said some areas, e.g. ICP development will have milestones mapped and a delivery plan which will come through the system for sign-off.</p> <p>PH confirmed that high-level KPIs should be in place and reviewed every six months as corporate objectives are important matters for the Governing Body, and Governing Body members agreed with this.</p> <p>Action (1) : EN and the Joint Executive Team (JET) to give consideration to high-level KPIs for each objective, where applicable, and provide a six monthly progress report on Corporate Objectives to Governing Body.</p> <p>Governing Body approved the Corporate Objectives 2018-19.</p>	<p>Joint Executive Team</p>
10	Update on Governance Arrangements	
	<p>EN advised that consistent voting arrangements by Special Resolution had been agreed by the Council of Members [May 2018] however the wider constitutional amendments, including the Joint Commissioning Committee to oversee a Section 75 Agreement with Surrey County Council, did not achieve the level of support required.</p> <p>The agreed changes to the NWS CCG Constitution have been submitted to NHSE and the expectation is that approval will be received shortly.</p> <p><i>Post meeting note : NHSE official approval of the amendment submitted was received on 6 August 2018).</i></p> <p>A second vote was run in July, with the majority of votes received (26/28) in support of the wider constitutional amendments. However, this did not achieve the 75% threshold of support required as a minimum of 30 out of 40members are required to participate in order to carry the vote.</p> <p>JDB inquired about the NWS CCGs membership for the September Governing Body. EN advised that the NWS Governing Body membership would remain as described in the Constitution; however, this could include some of the specified roles to be shared appointments.</p> <p>With reference to the Governing Body principal committees, EN sought approval from the Governing Body to approve the revised, standardised template for ToRs 'in</p>	

No.	Item Description	Action/ Decision
	<p>principle', with delegation to the relevant Committee Chair and Executive lead, with governance support, to work up the detail of the Terms of Reference for sign off by each Committee in September. The Governing Body in September would then be asked to ratify the Terms of Reference following this process.</p> <p>WM inquired about the reference in the cover sheet to Patient Participation Engagement and whether any of the governance changes required public consultation. KT advised that the CCG was only required to consult with the public on changes proposed for service provision.</p> <p>WM asked if there were any equality issues that needed to be considered with the ToRs.</p> <p>EN said that the main equality issue identified as a result of the aligned governance arrangements across Surrey Heartlands was in respect of the Governing Body meeting in common and the plan to rotate the location of meetings across the patch.</p> <p>CC referred to the seven recommendations on p.5 of the document and asked that recommendation no. 7, regarding management of conflicts of interest and principles of information governance, include a six-monthly review.</p> <p>With reference to the committee effectiveness report in relation to its committees, e.g. Clinical Executive. CC inquired why some parts of the table in Appendix (1) were not complete in respect of data about NWS CC. EN noted that NWS had conducted its own process for these committees, so data was not available from the main analysis</p> <p>Governing Body :</p> <ul style="list-style-type: none"> (i) Noted progress towards the alignment of governance arrangements across Surrey Heartlands CCGs. (ii) Approved the continued use of existing Terms of References where these are due for review, pending new committees in common arrangements coming into effect. (iii) Approved the standardised template for Terms of Reference for Governing Body principal committees which include provisions for meeting “in common”, and delegate authority to the Committee Chair, Executive Lead to work up the detail of Terms of Reference, with governance support, for sign off at the inaugural Committees in September. (iv) Approved the draft Primary Care Commissioning Committees in Common Terms of Reference for delegations reserved to the Governing Body. I think there was a caveat to this recommendation that additional feedback had been given so these ToR would be subject to the same process as agreed for the other committees so it could be taken into account. 	

No.	Item Description	Action/ Decision
11	Standards of Business Conduct and Conflicts of Interest Policy	
	<p>(i) Standards of Business Conduct and Conflicts of Interest Policy</p> <p>EN noted that the Standards of Business Conduct and Conflicts of Interest Policy would align and standardise the policy across the three CCGs. It is a policy mandated by NHSE.</p> <p>KT commented that there are some instances in the policy where titles do not align with current structures, e.g. under 'Roles and Responsibilities', NWS CCG does not have a Director of Contracts, and it is not a title used in the Joint Executive Team. Also, on p.27, 'Practice Council Commissioning Leads / Alternates', Item 14.1.5 : The term 'clinical' needs to be added to the heading and the related bullet point.</p> <p>CC suggested that the requirement in 14.1.5 for all GP practices to complete the form might be inappropriate for those practices that are not engaged with the CCG.</p> <p>EN said that this relates to NHSE guidance, where it is stipulated that declarations should be made by the following groups :</p> <ul style="list-style-type: none"> • GP partners, and, • Any individual directly involved in the business or decision making of the CCG. <p>CC advised that the LMC challenged the CCG about conflicts of interest training as it was not specified in their General Medical Services (GMS) contracts so GP partners do not have to comply with this.</p> <p>JRa commented that some General Practice partners have financial interests and are not clinicians.</p> <p>EN advised that NWS CCG had already approved the scope of the policy and a mandatory COI audit would be undertaken to ascertain extent of compliance. She agreed with PH's view that the application of the policy needs to be consistent, and that a piece of work needs to look at a sensible arrangement and benchmark that against the guidance.</p> <p>CC asked EN that para 14.1.5 be revisited from the standardised document.</p> <p>Action (1) : EN to ensure consistency about what Registers will be maintained and how the policy is implemented.</p> <p>Governing Body approved the Standards of Business Conduct and Conflicts of Interest Policy</p> <p>(ii) Integrated Risk Management Report</p> <p>EN updated Governing Body about Integrated Risk Management Report, including amendments to Policy.</p> <p>EN confirmed that there was a new risk management system (Datix) being put into place to manage integrated risk management reporting. The first integrated risk</p>	

No.	Item Description	Action/ Decision
	<p>profile was presented to the Audit Committees in Common meeting on Friday 20 July 2018. The Audit Committees in Common had recommended that this be adopted and noted that it was still an iterative process being developed. CC noted that it was about the Governing Body being assured that risks were being identified, registered, dealt with appropriately and were reviewed.</p> <p>Governing Body noted the integrated Risk Management Report and approved the amendments to the Joint Risk Management Strategy and Policy.</p>	
12	Finance Report	
	<p>KM advised that it is an early point in the year with prescribing only 1 month, and acute 2 months therefore assumptions have been made but the CCG is still reporting a planned YTD and forecast outturn surplus.</p> <p>In the first two months of this financial year ASPH reported £1.7m of over performance across a number of areas. This has been challenged and a contract meeting is planned for next week, with a Director to Director conversation to take place in September 2018.</p> <p>There are still unidentified QIPP savings for the 2018/19 financial year, although QIPP target is challenging a number of mitigations need to be identified to in year to mitigate against any risk.</p> <p>A number of risks and mitigations have been highlighted for month 3 and a financial recovery plan has been submitted to NHSE with regards to delivering a £2.6m surplus. This will be reviewed in months 5/6 and then again in month 9 as part of the deep dive review.</p>	
13	Integrated Performance Report	
	<p>KT advised that one of the biggest challenges for performance is workforce and this is a system wide challenge.</p> <p>DS commented that the format of the report was difficult to manoeuvre and inquired if the executive summary was for all three CCGs combined.</p> <p>KT answered that it was however the introduction was focused on the NWS specific performance highlights. The performance report had been reviewed in detail at Clinical Executive. Going forward the NWS CCG specific report will go to Clinical Executive for detailed review and the Governing Body report will be provided with an overarching summary. KT suggested that there should be a CCG specific front sheet.</p> <p>KT thanked Governing Body for their feedback about having more detail in the Governing Body report.</p>	KT
14	Integrated Quality Report	
	<p>CSt asked Governing Body to note the Report, which was in a different format and was a work in progress.</p>	

No.	Item Description	Action/ Decision
	<p>CST noted that 96% of all cases that were internally assessed were upheld and this confirms that a robust system is in place.</p> <p>KT inquired about the process for this report going forward and CSt said that the whole report has been seen by the Quality Committee, and the Audit & Risk Committee has received a summary report.</p> <p>WM suggested that the Executive Summary focus more on the NWS CCG quality report and that this be presented to the NWS CCGs Clinical Executive.</p> <p>KT said that such a report should be an exceptions report rather than the whole report.</p> <p>Action (1) : CSt to arrange for an exceptions report that focusses on NWS CCG Quality matters is taken to the NWS CCGs Clinical Executive, for assurance.</p> <p>It was agreed that the Integrated Quality Report presented be noted as a Transition Report, where the format and the development of a NWS CCG specific executive summary was a work still in progress.</p>	<p>CSt</p>
<p>15</p>	<p>CAMHS Interim Plan and Independent Review</p>	
	<p>SCh asked Governing Body to note the update paper about the CAMHS Interim Plan.</p> <p>An urgent summit of the six Surrey CCGs and Surrey County Council was convened to consider the progress of the CAMHS Interim Plan CAMHS Interim Plan and the independent review.</p> <p>SCh said that issues that were listed as high risk have been prioritised. This excluded children on medication at ASPH as they are under a separate contract. CC asked SCh to inquire if there were any serious incidents resulting from the current CAMHS Service pause in routine referrals.</p> <p>Action (1) : SCh to inquire if there were any serious incidents resulting from the current CAMHS Service</p>	<p>SCh</p>
<p>16</p>	<p>Weybridge Fire update</p>	
	<p>KT asked Governing Body to note the final NHS PS investigation report into the fire at Weybridge.</p> <p>This report has been shared with NHS England in order that learning can be shared, resulting in actions being undertaken, regarding arrangements for multi-occupancy buildings.</p> <p>The report lists 13 recommendations. The report identified the potential cause of the fire was an air-conditioning unit in the server room, however this was not conclusive.</p> <p>The CCG will review the action plan with NHS PS on a quarterly basis.</p>	

No.	Item Description	Action/ Decision
	<p>KT requested that the name and contact details on the report be redacted in the CCG Governing Body papers and website.</p> <p>Action (1) : EU to action the redaction of the name and contact details listed on the report.</p>	EU
17	Minutes from Governing Body's Committees' (Part One) Meetings	
	<p>Approved minutes from Governing Body's Committees' (Part One) meetings, as listed below, were noted.</p> <p>i. Audit & Risk Committee : (1) 27 February 2018.</p> <p>ii. Clinical Executive : (1) 21 February 2018 (2) 14 March 2018 (3) 18 April 2018.</p> <p>iii. Strategic Finance Committee : (1) 26 March 2018 (2) 23 April 2018.</p>	
18	Minutes from Primary Care Commissioning Committee Part 2 Meeting	
	<p>Minutes from the Primary Care Commissioning Committee will be presented for noting at the September Governing Body in Common meeting.</p>	
19	Any Other Business	
	<p>There was no other business.</p>	
20	Closure	
	<p>CC declared the meeting closed at 24 minutes past 4pm.</p>	

Decision Log:

Agenda no	Action	Outcome
3	Quoracy	Noted
4	Draft Minutes of Previous Meetings	Approved
6	Action Log	Noted
7	Chair's Report	Noted
8	Joint Accountable Officer's Report	Noted
9	Corporate Objectives 2016/19	Noted
10	Update on Governance Arrangements	Approved
11	Standards of Business Conduct and Conflicts of Interest Policy	i. Noted ii. Approved iii. Approved iv. Approved
12	Finance Report	Noted
13	Integrated Performance Report	Noted
14	Integrated Quality Report	Noted
15	CAMHS Interim Plan and Independent Review	Noted
16	Weybridge Fire Update	Noted
17	Minutes from Governing Body's Committees' (Part One) Meetings	Noted

Agenda Item: 5
Paper No: GB1c (1) 02-2018

GOVERNING BODY MEETING NW Surrey CCG (part one) - ACTION LOG 26 September 2018 Governing Body meeting

Actions From January 2018 meeting			
Reference	Issue	Lead	Update
84 - NWS CCG GP Forward View assurance meeting of NWS CCG with NHS England.	Share response when it is received.	KT	Not yet received from NHS E as at 20/09/2018.
Actions From July 2018 meeting			
5 - Declarations of interests	Ensure consistent wording regarding membership of the NICS Federation.	EU	Completed.
9 – Corporate Objectives	Joint Executive Team (JET) to give consideration to high-level KPIs for each objective, where applicable, and produce a six monthly progress report on Corporate Objectives.	EN	On forward planner. CLOSED
11 – Conflicts of Interests Policy	Ensure consistency about what Registers will be maintained and how the policy is implemented.	EN	Ongoing preparatory work for the mandatory COI audit in December 2018. CLOSED
14 - Integrated Quality Report	Arrange for an exceptions report that focusses on NWS CCG Quality matters is taken to the NWS CCGs Clinical Executive, for assurance.	CSt	This is now is the Integrated Quality Report which is on the 26/09/2018 Governing Bodies in Common agenda and will continue in this format in line with the reporting schedule. Completed. CLOSED
15 - CAMHS Interim Plan and Independent Review	Check if there were any serious incidents resulting from the current CAMHS Service.	SC	There are no SIs relating to the CAMHS interim plan. CLOSED

Minutes

Members present:

Dr Russell Hills (Chair) (RHi)	Clinical Chair
Dr Hannah Graham (HG)	GP Member
Dr Louise Keene (LK)	GP Member
Matthew Tait (MT)	Joint Accountable Officer
Karen McDowell (KM)	Chief Finance Officer
Jacky Oliver (JO)	Lay Member for Patient and Public Engagement
Debbie Stubberfield (DS)	Registered Nurse
Dr Tony Kelly (TK)	Secondary Care Doctor
Ruth Hutchinson* (RHu)	Public Health Representative
Clare Stone* (CS)	Executive Director of Quality
Colin Thompson* (CT)	Managing Director for Surrey Downs CCG
Diane McCormack (DM)	Associate Director of Children's and Learning Disability (LD) Commissioning (deputising for Sumona Chatterjee, Executive Director of Strategic Commissioning)
Anthony Shipley (AShi)	Deputy Director of Corporate Affairs (deputising for Elaine Newton, Executive Director of Communications and Corporate Affairs)
Sue Manthorpe* (SM)	Interim Governance Manager

* Denotes non-voting members

Others in attendance:

Suzi Shettle, Head of Communications

Rian Hoskins, Corporate Administrator

Chair: Dr Russell Hills

Minute taker: Sue Manthorpe/ Rian Hoskins

Meeting started: 13:06

Meeting finished: 14:32

Item	Minutes/ Actions	Reference
1.	Meeting matters	
1.1.	Welcome and introductions All attendees were welcomed to the meeting.	GB270718/001
1.2.	Apologies for absence Apologies for absence and deputies were noted as below: Apologies: <ul style="list-style-type: none"> • Dr Andrew Sharpe (ASha), GP Member • Jason Russell (JR), Executive Director for the Highways, Transport and Environment Directorate, Surrey County Council • Jonathan Perkins (JP), Lay Member for Governance • Peter Collis (PC), Lay Member for Governance • Elaine Newton (EN), Executive Director of Communications and Corporate Affairs • Sumona Chatterjee (SC), Executive Director of Strategic Commissioning • Eileen Clark (EC), Deputy Director of Quality and Nursing • Justin Dix (JD), Head of Corporate Governance Deputies: <ul style="list-style-type: none"> • Anthony Shipley (AShi), Deputy Director of Corporate Affairs, deputising for Elaine Newton (EN), Executive Director of Communications and Corporate Affairs • Diane McCormack (DM), Associate Director of Children's and Learning Disability (LD) Commissioning, deputising for Sumona Chatterjee (SC), Executive Director of Strategic Commissioning. 	GB270718/002
1.3.	Quorum The meeting was confirmed to be quorate.	GB270718/003
1.4.	Register of Members' Interests and potential conflicts of interests Members of the Governing Body (GB) 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. DS confirmed that her Declaration of Interest submission would be amended next week. Declarations by members of the GB are to be made online via the MES Declare website at the following link:- surreydownscg.mydeclarations.co.uk Information on the interests of people in decision making groups is available to members of the public via the above link. Additional declaration reports are available on request via the secretary to the Governing Body.	GB270718/004 GB270718/005 GB270718/006 GB270718/007
1.5.	Public questions A question was raised regarding Children and Adolescent Mental Health Services (CAMHS) in relation to their daughter's experience and the treatment within the service.	GB270718/008

Item	Minutes/ Actions	Reference
	ACTION: The Head of Communications, SS will ensure this individual receives a full, written response from the CCG regarding this matter	GB270718/009
	MT acknowledged that the provision of the CAMHS service remains a challenge and that the GB appreciates the question and acknowledges the difficulties that some individuals and families may be experiencing.	GB270718/010
	It was explained that this is a Surrey-wide issue that has resulted from an increased in demand for the service and that the last six months have been particularly challenging.	GB270718/011
	The CCGs have been working closely with Surrey and Borders Partnership NHS Foundation Trust, which provides the service, and it was confirmed that an interim plan has now been implemented to address the current challenges. This plan includes over £1 million of additional invest that is funding additional support to help reduce waiting times over the next 16 weeks.	GB270718/012
	It was explained that the CCGs have been working closely with General Practitioners (GP) and schools to ensure professionals and children and young people, as well as parents, are aware of the support available.	GB270718/013
	An independent review has been commissioned and this will look at the current CAMHS service model in light of the current challenges, particularly in relation to demand for the service. An initial report is expected to be available to commissioners at the end of July 2018.	GB270718/014
	MT confirmed there will be a full written response provided to the individual who had raised the detailed question but gave assurance that action has been taken and that the issue, and service provision, is being monitored closely. He also made reference to the need to re-procure a CAMHS service when the current contract ends and that this will be an opportunity to review how the service is provided and the contracting arrangements that are put in place.	GB270718/015
	Following the recent Ofsted report, which highlighted challenges and areas for improvement, it was recognised that improving children's services is a top priority for the CCGs.	GB270718/016
	Updating on the implementation of the interim CAMHS plan, DM confirmed that the CCGs meet with SABP and the wider Surrey system on a weekly basis to monitor and oversee progress and that there are six workstreams being developed that will focus on specific areas for improvement.	GB270718/017
	Reflecting on progress to date, DM added that we are now halfway through the interim plan and that positive progress has been made, with waiting times falling significantly.	GB270718/018
	Risk assessments are being completed on children that are waiting for an appointment and the crisis service continues to operate and has not been affected.	GB270718/019

Item	Minutes/ Actions	Reference
	Further responding to the question received, DM explained elements of the current service model, particularly in relation to how the service works with the acute hospitals. It was confirmed that there are two specific practitioners in each acute hospital to support the pathway, as well as a crisis nurse, to support individuals.	GB270718/020
	A second question was submitted relating to the Improving Healthcare Together (IHT) programme.	GB270718/021
	CT stated that in June a Committees in Common (CiC) had been established with Merton CCG, Sutton CCG and Surrey Downs CCG. He explained that this programme of work is in response to a number of challenges Epsom and St Helier University Hospitals NHS Trust is facing (including clinical, estates and financial challenges) and ensuring that services at both hospitals are sustainable in the future.	GB270718/022
	In their correspondence the individual had commented that they did not feel sufficient notice had been given prior to the CiC meeting and that the events were not promoted as widely as they could have been.	GB270718/023
	Responding to this comment, CT explained that an engagement process has been launched to ensure local people have an opportunity to understand the challenges, hear the emerging thinking about how services could be provided in future and share their views.	
	The engagement period continues throughout the summer and throughout September, with further events planned, which will be widely advertised	GB270718/024
	There was also a third question submitted regarding concerns about a private company that oversees the management of two GP practices in the Surrey Downs area.	GB270718/025
	Responding to the question Dr RHi explained that the contracts for core GP services are held by NHS England. He explained that Molebridge Practice has recently gone into partnership with the IMH Group, which manages some GP practices across the country, to secure the future of the practice following recent staff changes at the practice.	GB270718/026
1.6.	Minutes of the last meeting, held on 23 March 2018	
	It was noted that DS was not included in the minutes of the previous GB meeting.	GB270718/027
	Action - The minutes from the previous meeting are to be amended so DS is included.	
	Subject to the above, the minutes of the meeting held on 23 March 2018 were agreed as a correct record.	
1.7.	Matters Arising and Action Log	
	Action ref: GB260118/52- Dementia. Concerns were raised regarding nursing home residents who could not get support from SaBP if they moved into the area with a pre-existing diagnosis of dementia. EC to follow up. CS confirmed that this could be closed.	GB270718/028

Item	Minutes/ Actions	Reference
	<p>Action ref: GB260118/55- Patient outcomes. DS commented on patient safety and experience over the course of the winter period, which was being reviewed nationally and asked if there was any update on this work. CS stated that work on patient outcomes is underway and that this area would be monitored by the Surrey Heartlands Transformation Board on a monthly basis.</p> <p>MT added that there is a move to consistent reporting across the three CCGs and across the wider Surrey Heartlands Health and Care Partnership to ensure this is robust and aligned moving forwards. He reported that this work may be available at the Governing Body CIC in September 2018 if the necessary work has been completed.</p> <p>DS asked if there would be a focus on system outcomes or patient specific outcomes.</p> <p>Responding, MT explained that the metrics used will combine both local, patient focused outcomes and more strategic performance outcomes. It was recognised that streamlining, and reducing, the number of outcomes measured would be beneficial as it was felt there are currently too many different metrics used.</p> <p>There was a question about whether this reporting requirement, and the required outcomes, would be included in contracts.</p> <p>Responding, MT explained that moving forwards the Integrated Care Partnerships will be expected to deliver these outcomes, however discussions were still taking place on whether this forms part of a partnership agreement or if a formal contract is needed.</p> <p>MT reported that this remains work in progress and that further updates will be taken to the Transformation Board on a monthly basis, and circulated to the Governing Body virtually.</p> <p>It was agreed to keep the action relating to this item open.</p>	GB270718/029
1.8.	<p>Clinical Chair's Report</p> <p>Dr RHi stated that he recently visited Yale University to present with Ruth Hutchinson and Justin Newman from the Surrey Heartlands Partnership on a project that aims to improve health outcomes for people with learning disabilities and to learn from the U.S healthcare system.</p> <p>Once focus for the Surrey Heartlands Team was on improving healthcare checks for individuals with a learning disability, working with GPs and Surrey County Council.</p> <p>There were ten other areas presenting different projects, including colleagues from South West London.</p> <p>Dr RHi provided an update on the membership vote for Surrey Downs on proposed changes to the CCG Constitution and noted almost a 100% response rate, with the changes passed.</p>	<p>GB270718/030</p> <p>GB270718/031</p> <p>GB270718/032</p> <p>GB270718/033</p>

Item	Minutes/ Actions	Reference
	He also updated on work underway to support the development of the local Integrated Care System and the development of Primary Care Homes to integrate community services, tailored to local needs to improve quality. The National Association for Primary Care (NAPC) are working with the CCG on this piece of work.	GB270718/034
	It was noted that there have been a series of public engagement meetings and that these have generated useful feedback. There are further engagement events being planned for September to further engage local residents and involve them in this programme as it moves forward.	GB270718/035 GB270718/036
1.9.	Joint Accountable Officer's (JAO) Report	
	MT presented the JAO Report, highlighting the following:	GB270718/037
	<ul style="list-style-type: none"> • Celebrations surrounding the anniversary of NHS70 on Thursday 5 July, noting it being a positive occasion, with members of staff attending Westminster Abbey celebrations as well as a CCG Big70 tea party. There was also a Surrey Heartlands Health and Social Care Partnership choir event on the evening of 5 July, which brought together local choirs for the evening and raised over £2,000 for the Fountain Centre. 	
	<ul style="list-style-type: none"> • Surrey Heartlands Health and Care Partnership work continues and the monthly Transformation Board update, which included an update on the Clinical Academy, the Surrey Care Record and devolution, was noted. 	GB270718/038
	<ul style="list-style-type: none"> • Closer integration of health and social care remains a priority through the development of Integrated Care Partnerships. These local partnerships will complement the work happening across the Surrey Heartlands Health and Care Partnership. 	GB270718/039
	<ul style="list-style-type: none"> • The Prime Minister announced that the NHS budget would rise on average by 3.4% over the next five years, equating to an extra £20billion by 2023, in addition to inflation. It is expected that some of this funding will be ring-fenced for investment in priority areas. 	GB270718/040
	<ul style="list-style-type: none"> • Following publication of Surrey County Council's draft vision for 2030, which covers health and social care, the CCGs continue to work closely with Surrey County Council colleagues to ensure plans and priorities are aligned. The Integrated Care Partnerships are recognised as important vehicles for integration. 	GB270718/041
	<ul style="list-style-type: none"> • The outcome of NHS England's Improvement and Assessment Framework (IAF), based on 51 indicators, was reported. It was noted that whilst progress had been made, overall the CCG had received a 'Requires Improvement' rating, linked to the CCG's challenging financial position. 	GB270718/042
	<ul style="list-style-type: none"> • The Improving Healthcare Together 2020-2030 programme has launched, bringing together Surrey Downs and Sutton and Merton CCGs. The programme aims to address local challenges and improve healthcare across the three areas 	GB270718/043
	<ul style="list-style-type: none"> • It was noted that a wheelchair services procurement process is underway, with Surrey Downs CCG leading the process on behalf of the Surrey Clinical Commissioning Groups. 	GB270718/044

Item	Minutes/ Actions	Reference
	DS commented that it would be helpful to receive an update in regards to performance for some IAF indicators (such as Continuing Healthcare (CHC) assessments in hospital) regularly, and possibly monthly, to ensure regular oversight.	GB270718/045
	MT noted that 'seasonal' periods, such as Christmas and Easter, can often be challenging and noted that detailed advance planning was taking place to provide assurance that services will remain safe and of a high quality over these periods.	GB270718/046 GB270718/047
	The Governing Body noted the JAO Report.	GB270718/048
2. Communications and Corporate Affairs		
2.1. Corporate objectives 2018/19	Dr RHi presented the corporate objectives for 2018/19 for adoption by the three Surrey Heartlands CCGs.	GB270718/049
	The Governing Body approved the corporate objectives.	GB270718/050
2.2. Update on governance arrangements	<p>AShi presented the update on governance arrangements including:</p> <ul style="list-style-type: none"> • A Committee Terms of Reference template- for Governing Body approval to ensure consistency across all Terms of Reference for committees going forward with delegation to the Committee Chair and Executive Lead to work up details. • The Primary Care Commissioning Committee (PCCC) Terms of Reference- for Governing Body approval. 	GB270718/051
	The first meeting of the Joint Commissioning Committee in public had been scheduled to take place in early June but this is now being organised for 26 September and then at quarterly intervals over the next 12 months	GB270718/052
	The Governing Body approved the standardised template for the Terms of Reference and agreed to delegate authority to the Committee Chair and Executive Lead to work up the details. (It approved the use of existing Terms of Reference pending new 'in common' arrangements coming into effect).	GB270718/053
	The Governing Body also reviewed the PCCC Terms of Reference and delegated authority to the Committee Chair and Executive Lead to work up the details.	GB270718/054
2.3. Standards of Business Conduct and Conflicts of Interest Policy	AShi presented the standardised Standards of Business Conduct and Conflicts of Interest Policy for adoption across the three CCGs.	GB270718/055
	The Governing Body approved the policy.	GB270718/056
2.4 Integrated Risk Management Report	AShi presented the Governing Body Assurance Framework (GBAF) and risk report, noting that this was the first integrated report using the new operational risk management system across the three CCGs.	GB270718/057

Item	Minutes/ Actions	Reference
	AShi also presented amendments to the Joint Risk Management Strategy and Policy for approval.	GB270718/058
	It was noted that further work involving a risk specialist, was planned to support the system and policy.	GB270718/059
	The Governing Body noted the Risk Management Report and approved the amendments to the Joint Risk Management Strategy and Policy.	GB270718/060
	The GB agreed to the amendment relating to cataract surgery.	GB270718/061
	CT confirmed that the criteria for knee arthroscopy had been amended.	GB270718/062
	The GB agreed the amendment relating to knee arthroscopy.	GB270718/063
3.	Finance and Performance	
3.1.	Finance Report	
	KMc presented the Month 3 Finance Report, noting that information was based on month 1 prescribing data and month 2 acute activity data.	GB270718/064
	The financial position as reported to NHS England is a year to date deficit of £1.5m. The forecast deficit for the year is a deficit of £7.7m.	GB270718/065
	It was noted that there had been an increase in activity on elective and outpatient appointments at Epsom General Hospital. Non-elective activity at Epsom is under a block contract for 2018/19 and is therefore reported to plan, however underlying activity data shows that non-elective and emergency activity at Epsom is underperforming against the baseline activity plan.	GB270718/066
	There is limited data in M3 but the risk and mitigation schedule was flagged as a key focal point with regulators on page 7 of the report.	GB270718/067
	The report highlighted the 'best case', 'worst case' and 'expected case' scenarios.	GB270718/068
	It was reported that an internal Financial Recovery Plan was in place to deliver against target.	GB270718/069
	The Governing Body noted the report.	GB270718/070
3.2	Integrated Performance Report	
	CT presented the Integrated Performance Report, highlighting the following:	GB270718/071
	<ul style="list-style-type: none"> • <u>RSS</u>- The CCG is supporting GPs to use its Referral Support Service to triage and reduce inappropriate referrals. Nationally, there is a move to the e-referrals system, with a planned paper 'switch off' from 1 October 2018. • <u>A&E</u>- key actions underway including Quality in Care Homes project to reduce preventable admissions. • <u>RTT</u>- Performance has been stable since February 2018. YTD is 90.6% and this is due to increases being seen in Outpatient referral demand compounded further by the reduction in elective capacity over the winter period and staff vacancies. Recovery planning is currently underway across SH CCGs to enable compliance against the agreed NHSI trajectories 	GB270718/072
		GB270718/073
		GB270718/074

Item	Minutes/ Actions	Reference
	Some changes in referral patterns were noted. Referrals have increased to consultants at the Royal Surrey County Hospital (RSCH) and Epsom and St Helier Trust so further investigation is needed to understand the reasons for this change in activity.	GB270718/075
	The report is working off Monthly Activity Return (MAR) data from the hospital.	GB270718/076
	It was noted that there is a large spend in the Musculoskeletal (MSK) pathway and that in future providers will be going through the MSK triage service. The Dorking locality will move to this service from September 2018 and the Epsom locality and East Elmbridge localities are already using this triage service.	GB270718/077
	Accident and Emergency (A&E) performance is very good and it was noted that there is a block contract arrangement in place.	GB270718/078
	The best A&E performance across Surrey Heartlands is 93% in the four hour waiting period target. It was noted that recent A&E performance had been better in EGH than at St Helier Hospital.	GB270718/079
	Kingston Hospital has issued terms of mitigation. It was noted that this is one of the top seven risks highlighted.	GB270718/080 GB270718/081 GB270718/082
	The Urgent Treatment Centre (UTC) at Epsom Hospital is now operational and is proving effective in terms of the control of finances from the Epsom side.	
	The Referral to Treatment (RTT) position with EGH was on block, with a significant deterioration, and they are now in a backlog transition with cardiology in particular.	GB270718/083
	£900,000 is being invested and performance in this area is now improving. There is inconsistency around cancer performance and a new clinical lead and doctor from Epsom will be taking this work forward to address the issues and improve performance.	GB270718/084 GB270718/085
	LK asked about the increase in referrals from the RSCH and whether this has led to a reduction in referrals to other hospitals or whether this is additional activity.	GB270718/086
	Responding, CT said that out of the three localities, Dorking has seen an increase in referrals to the RSCH and that we have seen a corresponding decrease in referrals to Epsom.	GB270718/087
	It was reported that activity data will be shared with member practices and that this will provide further insight around the changes in referrals and activity.	GB270718/088
	LK asked if it had resulted in a reduction in activity to East Surrey Hospital (ESH).	GB270718/089
	CT said the Surrey and Sussex Healthcare (SASH) activity is not yet available and that this will be looked at when this data is available.	GB270718/090
	TK asked about the data presented and about waiting for trends to emerge and queried whether there could be a review after 12 months to identify genuine trends.	GB270718/091
	CT said the team looks at this and identifies trends through the usual contract performance and finance reporting mechanisms.	GB270718/092

Item	Minutes/ Actions	Reference
	It was noted that the data is 18 months rolling.	GB270718/093
	TK said more data would be helpful so trends and comparisons over time can be made.	GB270718/094
	It was commented that having the previous year on the graph would be useful, as opposed to just reporting on the current and average performance.	GB270718/095
	DS said this would help from an improvement point of view.	GB270718/096
	Action: CT and KM to investigate in more detail as to how Integrated Performance can be reported to include the previous year's figures.	GB270718/097
	CS stated that highlights from these reports will then be reported back to the clinical meetings.	GB270718/098
	The Governing Body noted the report.	GB270718/099
4.	Quality	
4.1.	Integrated Quality Report	
	CS presented the Integrated Quality Report, highlighting the following:	GB270718/100
	<ul style="list-style-type: none"> • <u>Continuing Health Care (CHC)</u>- although the total number of referrals had reduced, the number of non-fast track assessments had increased. 96% of appeal decisions had been upheld. 	GB270718/101
	<ul style="list-style-type: none"> • <u>Safeguarding</u>- report summarised the Annual Safeguarding Report, including a six-monthly update regarding children's services and a response to the Ofsted Report. Action: DM to attend the next Quality Committees in Common meeting in August to provide an update on these areas. 	GB270718/102
	<ul style="list-style-type: none"> • <u>Serious Incident (SI) Management</u>- Report summarised management of SIs within the CCGs and individual processes, alongside actions taken to standardise these. 	GB270718/103
	<ul style="list-style-type: none"> • <u>Healthcare acquired infection (HCAI) reporting</u>- update provided on next steps and workplan for completing transition of HCAI management. 	GB270718/104
	<ul style="list-style-type: none"> • <u>Quality Assurance Dashboard by provider</u>- provider dashboard highlights quality risks by exception. 	GB270718/105
	<ul style="list-style-type: none"> • Noted that the three Quality Committees had been meeting 'in common' from April 2018. DS noted that these arrangements had been working well. 	GB270718/106
	<ul style="list-style-type: none"> • This report was the first integrated Quality Report and was continually being reviewed by the team and will 'evolve'. 	GB270718/107
	TK asked about SIs in the context of moving to a more consistent approach regarding mortality and new tools in mental health and what this change in approach would mean.	GB270718/108
	CS said the key problem about SIs is how the backlog is not being cleared due to a lack of capacity. It was reported that there was a review regarding learning disability underway and that this will be brought to the next committee.	GB270718/109
	The Governing Body noted the report.	GB270718/110

Item	Minutes/ Actions	Reference
5.	Strategy and Commissioning	
5.1.	Child and Adolescent Mental Health Services (CAMHS) Interim Plan and Independent Review	
	DM presented the CAMHS Interim Plan Update highlighting the following:	GB270718/111
	<ul style="list-style-type: none"> • <u>Priority 1- To review CAMHS Access criteria and develop support pack for schools, GPs and other partners.</u> This has resulted in a reduction in referrals with a mental health support pack having been distributed to professionals working in primary care and universal services. 	GB270718/112
	<ul style="list-style-type: none"> • <u>Priority 2 – To optimise access to Clinical Advice and Guidance.</u> Guidance support pathway finalised and went live in 04/06/18. 	GB270718/113
	<ul style="list-style-type: none"> • <u>Priority 3 - Improving access to early help.</u> 12 wellbeing drop in 'hubs' in each District/ Borough in Surrey operating during school hours, staffed by multi-professional team, including those with mental health background. 	GB270718/114
	<ul style="list-style-type: none"> • <u>Priority 4 -To provide alternative routes and capacity for children waiting to access service for a time limited period.</u> Discussions with the provider are underway regarding the Behavioural, Emotional and Neurodevelopmental (BEN) pathway and children and young people with ASD or ADHD. As of the end of June, the backlog of those awaiting assessment had reduced with further reductions expected. 	GB270718/115
	<ul style="list-style-type: none"> • <u>Priority five - Review of case management criteria.</u> A review is underway of caseload and discharging criteria. The provider has acknowledged the actions required to deliver this are unlikely to reduce in the short-term as actions progressing are mid to long-term. 	GB270718/116
	HG commented that the extensive waiting list may result in parents seeking private treatments. GPs also queried support during the school holidays. DM confirmed there were contingency plans in place to support during these periods.	GB270718/117
	MT added that these steps taken through the interim plan are interim measures to improve the current situation and that a longer term solution is required.	GB270718/118
	It was commented that perhaps there was a 'gap' in clinical bases for Epsom and Ewell.	GB270718/119
	Action – DM to feedback on whether the clinic bases is a locality based population health need.	GB270718/120
	The Governing Body noted the report.	GB270718/121
5.2.	Ratification of Chair's Actions	
	The following Chair's Actions were presented for ratification:	GB270718/122
	<ul style="list-style-type: none"> • Surrey Heartlands CCGs' Operating Plan • Acute Sustainability (Chic Membership) 	
	The Governing Body ratified the Chair's Actions.	GB270718/123
6.	Improving Healthcare Together 2020-2030	

Item	Minutes/ Actions	Reference
	The Improving Healthcare Together 2020-2030 Committees in Common met on 21 June 2018 and brought together Surrey Downs, Sutton and Merton CCGs, with JP as Convenor.	GB270718/124
	<p>The report update highlighted the three items that were approved at this Improving Healthcare Together 2020-2030 Committees in Common meeting as follows, (subject to minor amendments as discussed at the meeting):</p> <ul style="list-style-type: none"> • Issues paper; • Issues paper technical annex- Case for change clinical model and development of potential solutions; and • Communications and Engagement plan. 	GB270718/125
	Members present at this meeting mentioned that this meeting was well attended by the public, with many asking questions. It was noted that the public meeting had been filmed and a link to this was available on the CCG website.	GB270718/126
	Members congratulated JP on convening the meeting and managing this well, given the number of attendees and a desire by some to express their views during the meeting.	GB270718/127
	MT stated that the successful delivery of Out of Hours (OOH) services, as well as the community model working alongside the acute services, would be important moving forwards and that the programme was about ensuring services are sustainable longer-term.	GB270718/128
	Dr RHi said it was very useful to focus on what is across the system, as well as the acute sector.	GB270718/129
	The Governing Body noted the outcome of the Improving Healthcare Together 2020-2030 Committees in Common meeting.	GB270718/130
6.	Any Other Business (AOB)	
6.1.	Minutes of previous GB committee meetings.	
	<u>Clinical Cabinet</u>	GB270718/131
	Dr RHi stated that the ReSPECT implementation process had been discussed by the Clinical Cabinet and had been recommended to the Governing Body. The new process, which is ongoing, is to improve inclusion with other aspects of end of life care so it can address other aspects regarding community care such as 111 and out of hours GP services.	
	It was noted that Andrew Demetriades, Improving Healthcare Together Joint Programme Director, spoke about the clinical standards as part of the Clinical Cabinet meeting.	GB270718/132
6.2.	Any other urgent business	
	No other items were raised.	GB270718/133
6.3.	Other matters	
	It was asked by a member of the public if the questions from the previous meeting could be included in the minutes.	GB270718/134

Item	Minutes/ Actions	Reference
	Action – Governance Team to ensure the questions from the public are included or attached to the minutes.	GB270718/135
6.4.	Future meeting dates The first GBIC is scheduled for Wednesday 26/09/2018 at the HG Wells Centre, Woking.	GB270718/136
6.5	Closure The meeting was closed at 14:36.	GB270718/137

Agenda Item: 4iii

Paper No: GBiC 2

GOVERNING BODY MEETING – Surrey Downs CCG (part One) ACTION LOG 26 September 2018 Governing Body meeting

Actions From 26 January 2018 meeting			
Reference	Issue	Lead	Update
GB0118/155 Patient outcomes	Patient safety and experience over the course of the winter period.	CS	Updates on patient safety and patient experience will be given through the Integrated Quality Report in line with the reporting schedule. CLOSED
Actions From 27 July 2018 meeting			
GB0718/008 CAMHS	Patient experience – ensure a full response is sent on behalf of the CCG. Reference minute no. GB2708 18/008	SC	The Head of Comms has spoken to the individual and talked through the response given verbally at the meeting. This will be followed with a written response, along with a copy of the draft minutes. CLOSED
GB0718/097 Integrated Performance Report	Include previous year information to help with comparison of data trends.	CT/ KMc	Investigate and report back. Performance Team is working to develop referral analysis further (initially using provider data) with a view to using RSS data as the core data source across the three CCGs from the beginning of October, which will then be included in future Performance Reports. CLOSED
GB0718/120 CAMHS	Feedback on whether the clinic basis is a locality based population health need.	DM	A number of factors were taken into consideration in deciding the clinical locations, which included the sites available, the referrals from localities, needs of the population, access and public transport network. In addition, there are smaller satellite clinics that are only open at certain times in these areas. CLOSED
GB0718/135 Questions from the public	Ensure questions are included in the minutes of the meeting.	JD	Actioned. Close