NHS
Surrey Downs
Clinical Commissioning Group

Meeting: Governing Body

Date and time: 19th December 2015

Present
Dr Claire Fuller, Chair
Miles Freeman, Chief Officer
Matthew Knight, Chief Finance Officer
Karen Parsons, Chief Operating Officer
James Blythe, Director of Commissioning and Strategy (non-voting)
Dr Suzanne Moore
Dr Andrew Sharp
Dr Robin Gupta
Dr Simon Williams
Dr Jill Evans
Dr Steve Loveless
Dr Hazim Taki
Dr Kate Laws
Alison Pointu, External Nurse Member
Dr Mark Hamilton, Secondary Care Clinician
Peter Collis, Lay Member for Governance
Eileen Clark, Head of Quality (non-voting)
Nick Wilson, Surrey County Council (non-voting)

In attendance
Justin Dix (Minutes)
Jacky Oliver (New lay member awaiting confirmation of appointment)

1. Welcome and introductions

Dr Fuller welcomed everyone to the meeting and introduced two new members of the Governing Body. GB191214/001

Jacky Oliver was the new lay member for patient and public engagement and would be a voting member of the Governing Body. As her appointment had only been undertaken earlier this week she was in attendance for the purposes of this meeting. GB191214/002

James Blythe was welcomed as the new Director of Commissioning and Strategy and a non-voting member of the Government Body, subject to changes to the CCG's constitution being confirmed with NHS England. GB191214/003

2. Apologies for absence

Apologies had been received from Gavin Cookman. It was also noted that the independent observer, Cliff Bush, was on holiday this month and sent his apologies. GB191214/004

3. Register of Members Interests and potential conflicts of interest

The updated register of interests was noted with amendments from Dr Hamilton, Dr Wali, and Gavin Cookman GB191214/005

4. Minutes of the Governing Body Meeting held on 10th October 2014

There were a small number of typographical errors that would be corrected in the final version. Other than these, the minutes were agreed as an accurate record. GB191214/006

5. Matters arising not on the agenda

Medication on discharge from hospital (GBP1101014/008) – Eileen Clark. This issue had been resolved. GB191214/007

People with special needs in acute hospital care (GBP1101014/021) – Eileen Clark. Eileen Clark was still waiting to meet with Cliff Bush. GB191214/008

Complaints regarding Patient Transport Services (GBP1101014/078) Miles Freeman said this issue was being fed into the ongoing work with Nick Wilson Surrey CCG. GB191214/009

Long waits for Patient Transport (GBP1101014/107) – Eileen Clark. GB191214/010

6. Chief Officer's Report

The Chief Officer's Report was NOTED. Miles Freeman particularly highlighted the following aspects of his report: GB191214/011

- The move of beds from Leatherhead hospital had been done in a way that met quality concerns due to staff shortages. Beds had been reprovided at Dorking and there would be a review of community bed provision. GB191214/012
- The CCG had come runner-up in the Governing Body / Board of the year awards for Kent, Surrey and Sussex and had been particularly commended for the level of support and challenge the Governing body offered. GB191214/013
- Eileen Clark updated on the nursing conference which had been highly successful with over 300 nurses attending from a wide range of backgrounds. The Chief Nursing Officer had given an inspiring keynote speech and there had been presentations from a range of local providers. GB191214/014
- Miles Freeman highlighted the Prime Minister's challenge fund and said the CCG would be supporting practices who wished to make bids on a locality basis. GB191214/015

- There had been a very successful integration conference on services for the frail elderly. There had been a high degree of consensus across the range of participants and a lot of support for CCG initiatives such as community medical teams. GB191214/016

7. Co-commissioning of Primary Care – Surrey Downs CCG preferred model and application to NHS England

Karen Parsons, Chief Operating Officer, spoke to this item. Primary Care was currently commissioned by NHS England but CCGs had been asked to express an interest in taking this on in July although new guidance had only been issued in November. GB191214/017

Karen Parsons outlined the different levels involved, from closer working through joint to delegated commissioning. GB191214/018

There had been discussions with the LMC and member practices resulting in a recent survey which showed a majority in favour of co-commissioning although not to the 75% level required by the constitution. This would be followed up with further information for member practices that gave a better understanding of the risks and benefits, and a second chance to vote in the new year ahead of the 30th January deadline. GB191214/019

Peter Collis noted that NHS England could end up with a very wide range of different CCG ways of working which would be messy. There would also be a wide range of financial risks. He asked if this represented a risk to the CCG. Karen Parsons said that national and regional events had discussed this and there was a view that CCGs were the natural leads for primary care although the financial risks in particular were acknowledged. It was probably inevitable that CCGs should take on these functions and the issue was not if but when. New guidance was still emerging as recently as yesterday on in-year changes and conflicts of interest. GB191214/020

It was also noted that specialist commissioning was coming under the CCG's ambit and that NHS England also saw this as an expectation rather than an option. GB191214/021

Alison Pointu said that this could be an opportunity to improve the quality of primary care. Dr Sharp said he thought it was but that primary care standards needed to be funded like anything else. Dr Laws agreed and said that currently GPs were at the limits of their capacity without additional resources. Dr Loveless said that investment in premises could make a big difference to quality. GB191214/022

Dr Williams said there were huge pressures on the service. Dr Taki asked if there were conflicts of interest and Peter Collis said that this was the case and the Governing Body had established a separate committee that had met today to set out how conflicts would be managed and decisions made without conflicts impacting on the decisions. This was expected to be a very transparent process. GB191214/023

Dr Hamilton asked how this would affect relationships at Governing Body level, and it was confirmed that this was part of the rationale behind the establishment of the Primary Care committee, which would provide an impartial view and avoided GPs having a conflict of interest. Miles Freeman said this also protected GPs from concerns by their practice colleagues. However full delegation would need to be done with full awareness of the risks. GB191214/024

8. 2015/16 Commissioning Intentions

James Blythe, Director of Commissioning and Strategy, spoke to this item. It was noted that there had been substantial consultation on this issue and considerable discussion of the issues, including the significant underlying financial problems, at the Governing Body Seminar in November. GB191214/025

On this basis the commissioning intentions were AGREED by the Governing Body. GB191214/026

9. Young Carers Strategy

The Governing Body received a presentation from Helen Cook, programme lead for integration and partnerships and the CCG's lead for young carers, who was working with Debbie Hustings at Guildford and Waverley CCG on this. GB191214/027

Key points were: GB191214/028

- This was a multi-agency approach
- Young carers had been closely involved in the development of the strategy
- There were nearly three and a half thousand young carers in Surrey – a substantial number of young people with significant responsibilities.
- The impact on the young people affected (as shown in a video presentation) was significant and covered a wide range of care groups
- The main concern of young carers is their lack of visibility but new rights are embodied in law from April 2015 giving them and the cared for person a right to an assessment.
- Surrey was generally better than many areas and was working with young carers to empower them in expressing their needs.
- There were many issues with school attendance
- Young carers had identified a number outcomes regarding assessment, support and safety
- There were a number of actions locally relating to respite breaks, registration of young carers, prescriptions, information packs, school nurse pathways and initiatives in relation to mental health.

Dr Gupta asked about carers breaks and whether funding was limited. It was acknowledged that this was an issue but the allocation had been increased in response to the Care Act. GB191214/029

Dr Moore asked about integration between schools and other agencies. This was also a big talking point for young people and was difficult because often the young carer did not want to be stigmatised through identification, but they did also want support. GB191214/030

Dr Laws expressed concerns about young carer's mental health. Helen Cooke said that the potential for mental health problems to escalate was well known and Dr Moore said that a proposal on this would be coming to the Executive in the near future. GB191214/031

Miles Freeman said that there was a need to raise the visibility of both the young carer and the cared for person and it was important to avoid both becoming high users of health services. GB191214/032

Dr Evans said access to primary care mental health services and preventive services was essential. Young Carers needed early intervention and alternatives to adult services. GB191214/033

Alison Pointu said that we needed to have services to offer young carers, as well as an assessment of their needs. GB191214/034

10. Emotional and Mental Health and Wellbeing Strategy

Dr Jill Evans spoke to this item. She summarised the strategy as follows. GB191214/035

- The strategy was a collaborative one GB191214/036
- It had been consulted on in the summer with extensive involvement of service users
- There had been strong feedback about lack of joined up care
- Partnerships with families and the role of the care Act was felt to be important
- Effective crisis care was a high priority
- Avoiding inappropriate care e.g. policy custody was important
- Making recovery real covered a wide range of areas such as work and housing.
- A number of issues were added as a result of consultation

Dr Wali said that the strategy reflected what was well known which was that access needed to be improved. He asked if there were any additional resources. Dr Evans said that not all of the initiatives needed additional funding and that some savings could be made to fund required investments. It was noted that there was an investment fund available. GB191214/037

Dr Loveless noted that workforce issues were significant and it was not always possible to get the skilled staff required. GB191214/038

The Governing Body AGREED the Emotional and Mental Health and Wellbeing Strategy. GB191214/039

11. Quality and Performance Report

Eileen Clark spoke to this item. She specifically highlighted the following: GB191214/040

- Cancer performance was an issue at Epsom St Helier and remedial actions were being taken as set out in the report. GB191214/041
- There were concerns about vacancy levels across Surrey particularly SABP which could impact on patient safety and safeguarding.
- There had been a Care Quality Commission (CQC) inspection which had identified a lack of follow up on non-attendance of vulnerable children at appointments.

Alison Pointu noted that workforce issues were a problem nationally. She also noted that there had been a number of concerns about Epsom Hospital that had been discussed at the Quality Committee, particularly infection control. Some assurance had been given but this needed to be closely monitored. Finally she noted the concerns about nursing home quality.

Dr Williams asked if there was anything that could be done to mitigate workforce risks. Dr Moore said that this had been highlighted with CSH Surrey who had looked at the packages being offered to attract new staff. Nick Wilson said that there were real problems with the children's workforce at the moment as benefits in London were much greater. The strategy for workforce needed better co-ordination, whether it was for CCGs or the local authority. GB191214/042

Eileen Clark said that work was being done on service rationalisation and workforce planning to support this. GB191214/043

Alison Pointu asked what the nature of the workforce issues at Surrey and Borders were? It was noted these were varied and were also centred on future workforce gaps that were expected to emerge. GB191214/044

Regarding Epsom, James Blythe said that the CCG was in very regular contact with Epsom St Helier trust about the pressures on their services and said it was struggling with high numbers of very sick people, many of them conveyed by ambulance. GB191214/045

Alison Pointu said that there would need to be a stocktake of issues in January to see what could be done about this. GB191214/046

12. 2014/15 Delivery Plan and Key Programmes Report

Karen Parsons spoke to this item. GB191214/047

- 42% of programmes were green
- The mental health strategy was a significant achievement
- FFT was being supported as it rolled out into GP practices
- CAMHS pre-procurement would come back to the next Governing Body
- GP development events had been very successful

- There had been a successful cancer early intervention workshop
- The BCF had seen a number of initiatives developing
- Patients were being supported on early discharge and there had been a workshop on this
- There was new branding, and a new website about to go live

Karen Parsons highlighted the work on urgent care and said that projects were being re-aligned to the recovery plan. GB191214/048

Dr Fuller specifically thanked Dr Monaco and Sarah Raheem for the successful cancer workshop. GB191214/049

13. Finance and Recovery Report (including approval of delegated limits)

The Chief Finance Officer spoke to this item. He set out how the CCG had arrived at the current forecast position. A small surplus of £72,000 had been achieved in the previous year including the beneficial effect of some non-recurring cost savings. A planned surplus of £3.3 million for 2014/15 was adjusted in September to a £200,000 surplus. This was a result of not being able to achieve cost savings that were considered high risk in the original plan. More recently the CCG has had to absorb a £4.7m specialised commissioning transfer to NHS England and an increase of £1.4m in NHS property services recharges which were not budgeted in the original plan. The specialised commissioning transfer is in addition to a similar transfer last year. In the autumn there was an increase in acute activity which it was only possible to mitigate in part financially. Taken together this resulted in an £11.4m forecast deficit for the current year. GB191214/050

The CCG was now working hard on a recovery plan that addressed these issues and the contribution to the Better Care Fund for the years ahead. GB191214/051

Miles Freeman said that this was a serious position to be in. The CCG posting an £11.4m forecast deficit after previously forecasting breakeven two months ago at the October meeting. Part of the issue was the conditions resulting in an underlying deficit had always been prevalent but were masked by a first year of operation which did not reflect all the real pressures such as specialist commissioning across the South of England. Because of the size of the patch the Surrey Downs contribution had not been immediately clear. GB191214/052

The key issue now was to identify how to address the deficit. There was unlikely to be any help from future funding allocations. Short term cuts to services were not the answer either as the NHS was now largely demand driven and pressures would inevitably emerge across health and social care. GB191214/053

Miles Freeman said that the only option was to transform local services, in line with the CCG's original mission statement. To do this there would need to be a long term recovery plan which was based on a joined up effort across agencies. Broad agreement was needed on a sustainable health system with an agreed number of bed days and better discharge procedures. GB191214/054

As previously mentioned, workforce was going to be a real problem unless teams were integrated and duplication (particularly of assessment) eliminated. This needed to be matched by rationalisation of the points of delivery. This was potentially positive for patients as it would improve their quality of experience, and avoid them spending time in different locations. GB191214/055

There was a need now for a long-term, credible plan that had the support of NHS England and this was the work that the CCG was fully engaged in. GB191214/056

James Blythe said that the CCG's plans for recovery were consistent with the Commissioning Intentions that had been developed to address efficiency and patient experience. Addressing the variations in hospital, community and primary care was essential. Work such as community medical teams and discharge to assess were initiatives that would take the CCG in the right direction. GB191214/057

Work was ongoing in a number of areas such as medicines management, diagnostics, continuing health care, and contractual processes. This constituted a complex and challenging agenda and would need the full engagement of the membership and the public. GB191214/058

Peter Collis said that he welcomed the honest and realistic approach that was being taken and it was important to use this crisis to join up with others who were also experiencing problems or could find themselves in the same position in the future. The underlying problems applied to all public bodies and had been the reason the CCG had focused on transformation from the outset. The financial issues were simply pushing the issues harder and faster. GB191214/059

Nick Wilson said that part of the difficulty was that the NHS now accounted for money in different ways that were not joined up, as was illustrated by NHS Property Services. He asked how many CCGs nationally were forecasting a deficit position and where change needed to be concentrated? GB191214/060

It was clarified that 1 in 10 CCGs were forecasting a deficit this year although it was possible that more would report themselves in this position in the coming weeks. Miles Freeman felt this could be approaching 20% by the end of the financial year. The impetus for change would need to be spearheaded by CCGs at local level. GB191214/061

Alison Pointu said she was reassured that recovery and commissioning intentions were aligned but she emphasised that short term cuts could compromise patient safety and sought assurance that the CCG would maintain quality. Miles Freeman said that quality failure was not acceptable any more than financial failure and he would ensure the Quality Committee was empowered to challenge any proposed changes on quality and safety grounds. GB191214/062

RG said that a big motivation for providers was maximising income but NHS England could push commissioners and providers to work in a joined up way. Miles Freeman agreed and said that risk needed to be shared along with the transformation agenda. Contracting needed to be efficient and supported by appropriate management of referrals. GB191214/063

Dr Laws said that the acute sector had to be a priority and there had to be a reduction in inappropriate A&E referrals. Miles Freeman agreed and said that growth areas for acute trusts were often loss making areas as well. This was illustrated with the current high levels of activity on A&E departments. GB191214/064

Dr Sharp reiterated that the CCG was focused on transforming not cutting services. Miles Freeman agreed but said that the rationale for every activity needed to be clear. GB191214/065

Eileen Clark said that service integration was key and needed to be based on networks for protecting quality. GB191214/066

Alison Pointu said that we needed to involve the local community in our decision making not just communicate and consult. Miles Freeman agreed and said that we needed a coalition of public services that talked meaningfully to local people. Simply opposing change was not viable. GB191214/067

Dr Taki said that there had been a lot of learning from the Better Services Better Value programme about inappropriate care pathways; however it was also noted that the pattern of activity had changed since then and there was greater pressure now from the over 75s. GB191214/068

Dr Wali said that transformation would require investment and would also require primary and secondary care to work together using the same information. Miles Freeman agreed and said this was the key message the CCG was trying to give NHS England. GB191214/069

On the issue of delegated limits, these were attached to the Finance Report and would be subject to future review. GB191214/070

The Governing Body AGREED the delegated limits. GB191214/071

14. Timetable for the Annual Report and Accounts

The Chief Finance Officer spoke to this item. The timetable was clear from the paper and was supported by GPs who would help produce the members report. The annual report and accounts would need to be signed off by the 29th May. GB191214/072

15. Hosted Services Policies for approval

Karen Parsons spoke to this item. GB191214/073

The first policy was a CHC disputes policy which complemented the CHC operational policy. It allowed disagreement to be managed and was signed off at the CHC programme board and would be actively reviewed. GB191214/074

The second policy involved clinical delegation of tasks in relation to personal health budgets and focused on patient safety in that context. GB191214/075

The last policy related to treatments not routinely funded and thresholds for treatment and had been led by the Surrey Priorities Committee. Dr Fuller gave more detail on these and said that there would be a clear communication process with GPs with simple guides produced by the comms team supported by education events. It was noted that the only real change was varicose veins. Any thresholds that were a concern would be referred back to the committee. GB191214/076

Dr Laws asked that the relevant forms be improved and it was noted this was under review. It was felt this could be supported with discrete graphics. GB191214/077

It was agreed to check the position with the equality analysis. GB191214/078

The Governing Body AGREED the following policies: GB191214/079

- Continuing Health Care Disputes Policy
- Policy for the delegation of clinical tasks
- Treatments not routinely funded and their associated thresholds

16. Assurance framework and risk register

The Chief Officer spoke to this item. GB191214/080

It was noted that the major risks had been discussed during the course of the meeting including the deteriorating financial risk. GB191214/081

Peter Collis highlighted the deterioration in workforce capacity noted in the assurance framework. Miles Freeman said that he felt this highlighted the need for additional support to deliver transformation. GB191214/082

17. Audit Committee Minutes September and October 2014

Peter Collis spoke to these minutes. GB191214/083

- A statement of risk appetite was felt to be useful.
- Audit action tracking was highlighted as a major part of the committee's work.
- Counter fraud was an important area of work and there had been a training session this week.
- The Bristol CCG's challenge on patient engagement was noted as an important warning.
- Gifts and hospitality was a major feature of the October meeting.
- The work on Disclosure and Barring had highlighted dissatisfaction with the South CSU and this had now been addressed. Alison Pointu and MK had co-signed a letter expressing concern and a response was awaited.

Dr Williams said he felt this had been a very interesting meeting and the Epsom locality had had a presentation on gifts and hospitality which he felt was an important area of work. Peter Collis said that more could be done on this and conflicts of interest in future to help GPs in future. GB191214/084

18. Quality Committee Minutes October 2014

Alison Pointu spoke to these minutes. The issues had been covered in the main meeting and the quality and performance report. GB191214/085

19. Role of the Surrey Priorities Committee

Dr Fuller spoke to this item. The aim of the committee was to make recommendations to individual CCGs and create shared policies where appropriate. David Clayton-Smith was the lay chair. GB191214/086

The Governing Body NOTED the paper setting out the role of the Surrey Priorities Committee. GB191214/087

20. Any other business

There was no other business. GB191214/088

21. Questions from the public

Two questions had been received from Pam Wilson who unfortunately was not able to attend the meeting. These were as follows. GB191214/089

"Re the temporary closure of Leach Ward at the Leatherhead Hospital can you please tell me your future plans for Leatherhead Hospital. Earlier this year the SDCCG wrote that care for the elderly was one of their priorities and that Leatherhead Hospital would be used for the rehabilitation and care of the elderly coming from hospital and before returning to their homes. This seemed to provide a good future also for the Leatherhead Hospital. What now?" GB191214/090

James Blythe spoke to this item and said that this had been noted earlier in the meeting. There was now an intention to review community hospital provision that would include these beds and diagnostics and ambulatory care. This would be completed during 2015 and a plan for the review would be available early next year and would include local people and the league of friends. GB191214/091

"Transport – this subject comes up at all these meetings, but nothing is done about it. It is now a priority that proper, regular, independent transport is provided for residents in the Surrey Downs area to attend appointments, after care monitoring and to enable friends and relatives to visit their loved ones in St. Helier and St. George's hospitals. It appears that the excellent eye unit at Sutton Hospital will soon be moved to St. Helier, creating more transport problems. Ambulances are already in short supply, local private car owners cannot do more." GB191214/092

James Blythe said that the contract for PTS would expire in October 2015 and a joint review was taking place with other CCGs regarding future arrangements. GB191214/093

A member of the public asked for clarification about the relationship with Epsom St Helier. Miles Freeman said the aim was to work with the trust to ensure that there was a joined up approach to solving the problems, and not taking individual actions. The member of the public said that it was important go back to basics and look at all the building blocks of the local system if we were to encourage people not to use A&E inappropriately. Dr Fuller said that this was the approach the CCG was trying to take. GB191214/094

A member of the public said that she had confidence in the CCG to address these issues but there was too much competition and too many perverse incentives in the system. She highlighted work in the West country where there had been some success in this area. She also said that health professionals such as GPs should have an active role in health promotion issues such as stop smoking as part of their work. Miles Freeman agreed with this and said that it was hoped that the Referral Support System could be used to manage inappropriate tertiary referrals. GB191214/095

A member of the public said that in her experience nutrition, the expert patient programme, and patient participation groups were all key to good health. Despite extensive health problems she was still able to function as a carer as she had been supported in the above areas. Miles Freeman agreed and said that his previous experience of the expert patient programme had been very positive. He noted that the CCG had appointed a lead on patient engagement , Usman Nawaz to help take forward these issues. GB191214/096

22. Dates of future meeting

GB191214/097

It was noted that the next meeting would be on the 27th of February with a start time of 1pm on a one off basis. Clinical members of the committee were asked to ensure their commitments could be managed to release them to attend from twelve o'clock onwards.