NHS
Surrey Downs
Clinical Commissioning Group

Meeting: Governing Body Meeting

Date and time: 24th April 2015, 2.30pm, Leatherhead Leisure Centre

Present
Dr Claire Fuller, Chair
Miles Freeman, Chief Officer
Matthew Knight, Chief Finance Officer
James Blythe, Director of Commissioning and Strategy
Dr Suzanne Moore
Dr Andrew Sharpe
Dr Robin Gupta
Dr Ibrahim Wali
Dr Jill Evans
Dr Louise Keene
Dr Kate Laws
Dr Hazim Taki
Dr Russell Hills
Alison Pointu, External Nurse Member
Dr Mark Hamilton, Secondary Care Clinician
Peter Collis, Lay Member for Governance
Jacky Oliver, Lay Member for Patient and Public Engagement
Nick Wilson
Eileen Clark, Head of Quality

In attendance
Justin Dix (Minutes)

1. Welcome and introductions

GB240415/001

Dr Fuller welcomed everyone to the meeting and in particular Dr Louise Keene for whom this was her first formal meeting. Steve Loveless was thanked for his enormously influential work for the CCG. His work on 111 and out of hours had yet to be allocated to another member. Gavin Cookman had left the Governing Body and would also be greatly missed.

Dr Fuller read out a statement reminding members of their responsibilities under purdah. GB240415/002

2. Apologies for absence

There were no apologies. GB240415/003

3. Register of Members' Interests and potential conflicts of interest

It was noted that "Partner" should be replaced by "shareholder" in Dorking Healthcare register entries. GB240415/004

Action Justin Dix

4. Minutes of the Governing Body Meeting held on 27th February 2015

These were agreed as an accurate record. GB240415/005

5. Matters arising not on the agenda

Co-ordinate my care – this action had been completed. GB240415/006

Questions from the public – this was in the Chief Officer's report. GB240415/007

6. Chief Officer's Report

In addition to his written report Miles Freeman said that it should be noted that the CCG had had its assurance rating reduced to "not assured" due to its deficit position in 2014/15 and projected deficit in 2015/16. NHS England could now exercise its statutory powers of intervention, although so far this had only been to the extent of requiring information and explanation from the CCG on a range of issues. GB240415/008

Miles Freeman also noted that a further petition had been received on Leatherhead Hospital. GB240415/009

The Prime Minister's challenge fund bid had been successful which would enhance access and medical team cover to local residents. GB240415/010

The method for dealing with questions from the public was highlighted and Miles Freeman said that the CCG hoped to be as flexible as possible in answering genuine questions whilst ensuring a fair and efficient process. GB240415/011

Dr Evans asked how the Prime Minister's challenge fund would affect East Elmbridge and Dorking. Miles Freeman said that it was in the nature of the process that not all areas could be successful but the CCG would do everything it could to support these areas. GB240415/012

Dr Evans asked if the Richmond experience of the programme had been reviewed as this showed that little benefit had resulted from the programme. Miles Freeman said he was not aware of this and the CCG would not continue if the benefits could not be realised. Karen Parsons said that there was a national evaluation of wave 1 pilots which the CCG would draw on. GB240415/013

7. Annual Review of the Risk Management Strategy

Miles Freeman introduced this. The key changes were the "four Ts" approach and the three lines of defence model, which in our case put expectations on providers to manage initial risk in the majority of cases. The other two levels were CCG internal controls and through validation and audit independent of management. GB240415/014

Dr Moore said that she thought this was a very good paper and felt the definitions were very good. Dr Fuller agreed and said it showed the increasing maturity of the CCG's approach. GB240415/015

Alison Pointu said this was very important in relation to financial recovery and welcomed the paper. GB240415/016

Peter Collis said the audit committee had helped shaped this and thanked Gavin Cookman and Justin Dix for their work. GB240415/017

The Strategy was AGREED. GB240415/018

8. Organisational Health and Safety Statement

Karen Parsons introduced this and said that that the staff forum was very good at taking ownership of the issues and there was a good complement of fire wardens and first aiders. Health and Safety arrangements in induction and fire drills had been improved. GB240415/019

Disabled Parking was also being reviewed to bring in further spaces, and seating for people with disabilities had been introduced into the reception area. GB240415/020

A change in cleaning contractor meant a healthier environment and an annual Health and Safety survey was being conducted. Air conditioning was also being actively reviewed. GB240415/021

Cliff Bush said that the refurbishment of the undercroft was welcomed but asked that the lift lighting be reviewed. GB240415/022

9. Annual Operating Plan

Karen Parsons noted that this was the second year of the five year plan, and the paper here was a summary of a longer document. The aim was to integrate and enable monitoring of the CCG's planning. NHS England sign off was still awaited in the context of the Financial Recovery Plan. GB240415/023

It was reiterated that the CCG was now in the position of being "not assured" by NHS England. The three domains of non-assurance were: GB240415/024

- Domain 4 - Does the CCG have robust governance arrangements?
- Domain 6 - Does the CCG have strong and robust leadership?
- Domain 3 - Are CCG plans delivering better outcomes for patients?

The Annual Operating Plan was based on the 15th April position but this would develop over time and there would be further iterations of the document. The only way the CCG would manage to achieve a sustainable position in future would be through transformation and addressing the needs set out in the document. GB240415/025

- There had been a lot of work with stakeholders including GP practices to get ownership of this and develop the CCG's commissioning intentions. GB240415/026
- Some key areas were frail elderly, children's services (particularly CAMHS), mental health, continuing health care, planned care, provider development, primary care standards, and digital transformation. GB240415/027
- The priorities were closely linked to the 5 Year Forward View. Surge and capacity planning was key. And had been very successful in the previous winter. GB240415/028
- A number of themes would be set out in the frail elderly strategy (below) which would be closely linked to the Better Care Fund. GB240415/029

Assurance status was obviously an issue and in order to get the plan signed off by NHS England there was ongoing stakeholder engagement. Some external support to this had been engaged. As a result additional programme support had been put in place and this was already proving effective in moving programmes forward more quickly. GB240415/030

Cliff Bush asked about Motor Neurone Disease (MND) and how this fitted into the planning as there was little evidence of positive leadership from NHS England in this area. He was working with a family who had been very badly affected by MND. He felt that we needed to be able to support these families at local level across Surrey with assistive technology. GB240415/031

Miles Freeman said that at the moment these functions were with NHS England and this would need a conversation with them as they could not give the responsibility to the CCG in the current environment. Dr Fuller said that this was also on the Surrey Priority Committees work plan. GB240415/032

Cliff Bush also said that he had secured funding for mental health cafes for people in crisis but was concerned that none of these had been established in the Surrey Downs area. Miles Freeman said that Surrey Downs was the next CCG to roll this out after three other CCGs in Surrey. Cliff Bush welcomed this and asked that extended hours be looked at – Surrey Association of Disabled People would be prepared to support this. GB240415/033

Dr Evans said that the Mental Health collaborative was working actively on this and they were seeking locations for crisis cafes locally. The hours would need to be reviewed and it was acknowledged that the evenings were key times when people needed more support. GB240415/034

10. Frail Elderly Strategy

Karen Parsons introduced the Frail Elderly Strategy which was a central part of the CCG's integration work. The strategy was intended to provide: GB240415/035

- A focus on the needs of our ageing population against the backdrop of austerity GB240415/036
- Strategic direction and priorities for 2015/16 GB240415/037
- Support to the Five Year Forward View and it's view of integration GB240415/038
- A stepped change approach towards full integration of frail elderly care across commissioners and providers services (health and social care) GB240415/039
- Better services for our frail elderly population across Surrey Downs GB240415/040

Underlying this were a number of service ambitions, which would hopefully lead to improved user experience and better patient outcomes: GB240415/041

- A reduction in duplication between agencies and improved efficiency GB240415/042
- Lower costs and better management of costs in future GB240415/043
- Reduced need to enter long term care provision GB240415/044
- Reduction in hospital admission and readmission GB240415/045
- Reduced need to remain in hospital for long spells GB240415/046

Karen Parsons said that there had been extensive engagement over the last six months to get to this point, and a programme director had been appointed. There was widespread support for the strategy and it now needed to move into an implementation phase. GB240415/047

Karen Parsons went through a series of slides that showed how this fitted into Better Care Fund ambitions for joined up services and illustrated this with a series of case studies for patients with complex conditions, limited life expectancy, and a desire to remain healthy and active in older age respectively. GB240415/048

Dr Fuller thanked Karen Parsons for this very substantial piece of work and invited questions. GB240415/049

Dr Keene asked if there had been any recruitment to the mental health team and Karen Parsons said this would start next week, although there were links to the community hospital review that needed to be considered. GB240415/050

Cliff Bush said that the voluntary sector needed to be involved at the earliest stage of implementation and it was acknowledged the presentation did not make this clear. Miles Freeman clarified that there was discussion with the voluntary sector taking place and Karen Parsons said that she had also given a presentation to the voluntary sector on this but there would be further discussion. GB240415/051

Jacky Oliver asked that the jargon in the document be addressed and that this should be made clearer. GB240415/052

Dr Williams asked if an affluent area could realistically expect more funding for an increasing elderly population and Miles Freeman said this was unlikely although there was a view that the area was underfunded. GB240415/053

Dr Moore noted that adult social care funding was under pressure centrally and wondered how this might be addressed? In relation to priorities she felt primary care could do better at managing long term conditions with specialist roles in place. She also asked if a falls service would be commissioned. GB240415/054

Nick Wilson said that funding for adult social care was declining and this was an important strategy in that respect. GB240415/055

Karen Parsons said that a falls service was being considered. GB240415/056

Dr Laws said End of Life Care was very important and planning in advance was essential. The delivery of this strategy could not happen fast enough and she gave an experience from her clinical practice earlier that day that illustrated this. It was acknowledged that there were many cases like this that required rapid response. GB240415/057

Alison Pointu said this was an exciting and welcome piece of work. She asked if care homes and nursing homes would be supported and Karen Parsons said they would, particularly targeting medicines management optimisation. GB240415/058

Dr Fuller asked about timelines and Karen Parsons said there would be phased implementation between July and September. GB240415/059

11. Community Hospitals engagement update

James Blythe updated on this. The CCG was still at an early stage but it was felt important that the Governing body had a picture of the patient, public and staff engagement that had been and was still taking place. GB240415/060

The programme board had met ten days before and had a busy and challenging agenda, and information would be made available on the CCG website as the process progressed. GB240415/061

There had been good attendance at events so far and good contact with stakeholders. It was appreciated there were high levels of public interest and the CCG would maintain an open dialogue and ensure all voices were heard as much as was practicable. GB240415/062

Dr Moore asked about GP involvement and James Blythe said that more discussion with GPs was proposed as they had a unique role as both commissioners and as potential providers via CMTs. GB240415/063

Alison Pointu asked about joint consultation with the local authority and James Blythe said that two Health Scrutiny Committee members were on the programme boards. This was providing them with assurance about the programme and enabled a healthy level of challenge. GB240415/064

Dr Hills asked how this dovetailed with the frail elderly strategy and it was noted that it was closely related and that one of the early pieces of work was to review the frail elderly strategy's implications for community hospitals. GB240415/065

Dr Evans said the first meeting had in her view been very positive in that there had been an even and objective tone to what was an emotive issue. GB240415/066

12. Quality and Performance Report

Eileen Clark presented this. There were some areas of concern. GB240415/067

- Ongoing issues with Health Care Acquired Infections, both CDiff and MRSA. A lot of work was being done at local and regional level to try and recover the position. GB240415/068
- Epsom stroke performance – this had been monitored closely and there had been some improvement. GB240415/069
- The cancer action plan for Epsom St Helier was in place and being monitored as this has been an ongoing concern. GB240415/070
- CSH Surrey speech and language staffing had been a difficulty for some time and there was some minor improvement. GB240415/071
- Incident reporting was historically low in Epsom St Helier but had increased since the new software had been introduced, which was good news. GB240415/072
- Kingston patient experience had been an issue around car parking and this had been positively addressed by the trust. GB240415/073
- Work with NW Surrey CCG was ongoing re SECAmb and the trust were organising a surrey wide quality seminar which the CCG would attend. GB240415/074

- The primary care workforce tutor had been doing some very good work which practice nurses felt was very valuable. The next meeting would focus on validation for nurses. GB240415/075

Cliff Bush raised the car parking issue and said this was very difficult for people with disabilities. He felt we should specify in our contracts what we expected of our providers. There was some discussion about the legal position of people with blue badges and it was agreed that Cliff Bush would provide a written brief that Eileen Clark could use to challenge Kingston if they were acting inappropriately. GB240415/076

Dr Sharpe said that it was difficult to raise quality alerts with Surrey and Borders in contrast to Epsom St Helier where it was very easy. Dr Moore said that developing the quality alert system had been focused on acute trusts and there had not been a dialogue with mental health yet. She agreed to raise this in the next Surrey and Borders Clinical Quality Review Meeting. GB240415/077

Dr Williams asked for clarification on infection control and the prevention and control specialist in the CSU. It was clarified that this post was a nurse specialist role but was currently vacant. GB240415/078

Dr Fuller queried why there was no locality report other than Epsom and it was agreed to ensure all three localities reported in future. GB240415/079

Alison Pointu asked about St George's safeguarding training and Eileen Clark said there had not been an update but she would pursue this. GB240415/080

13. 2014/15 Delivery Plan and Key Programmes Report

Karen Parsons updated the Governing Body on delivery of key programmes. Projects were at different stages and were RAG rated against delivery. Governance arrangements had been strengthened with a programme director and a weekly board with programme leads presenting. The majority of the programmes were led by James Blythe and / or Karen Parsons. GB240415/081

It was intended to simplify the reporting but current red areas were GB240415/082

- AQP (James Blythe) – the focus was on casemix and price but there had been a successful launch of the elective care redesign process. The priority pathways were supported with patient and clinical engagement. It was acknowledged that these needed active management. GB240415/083
- End of Life Care (Karen Parsons) – delivery would be through the frail elderly strategy, GB240415/084
- Estates (Karen Parsons) - work was ongoing with NHS Property Services and was also linked to the community hospital strategy GB240415/085

- Patient Transport Services (PTS) (James Blythe) – there was work on the procurement of the contract and national eligibility criteria, which was a Surrey wide issue. GB240415/086
- Dementia (Karen Parsons) – work was ongoing on data harmonisation. GB240415/087
- Organisational Development Plan (Karen Parsons) – an OD plan was being developed to set out the support needed for delivery. GB240415/088

Dr Fuller thanked Karen Parsons for a much clearer and easier to follow report. GB240415/089

Cliff Bush thanked the CCG for keeping on with the PTS work. Users were still experiencing a very poor service. GB240415/090

14. Finance Report

Matthew Knight spoke to this. The current deficit position at the year-end was consistent with that set out in December. Of the £10.7m deficit, the overspend was driven by GB240415/091

- Acute overspends due to over-activity and shortfall on transformational change (£13m) GB240415/092
- Specialised commissioning (£5m) GB240415/093
- Unbudgeted property charges (£1.5m) GB240415/094

Offsetting these were underspends in mental health, CHC, medicines management, community, and reserves. This left the CCG with the total £10.7m deficit position. GB240415/095

There were still potential liabilities in future years with CHC retrospectives and the EDICS adjudication. GB240415/096

A consequence of the deficit was that auditors would have to draw attention to the deficit position in their commentary on the CCGs Annual Report and Accounts. GB240415/097

Peter Collis said that there had been a useful discussion with the auditors the previous week which made it clear that the accounts were not expected to be qualified as they presented an accurate view of the deficit. There would be a comment on the 'loss' in a single year but this had to be seen in the context of future plans and clarification from NHS England of the CCGs 2015/16 budget. The extent of the auditors comments would depend on the outcome of this dialogue. GB240415/098

Eileen Clark asked about community hospital costs and it was clarified that there was an adverse cost around community hospital estates, not the services provided from them. GB240415/099

15. Financial Recovery Update

Matthew Knight updated the Governing Body on this and the assurance position already mentioned. GB240415/100

The CCG was looking at achieving recurrent balance over three years through a variety of means related to transformation and contracting. A Board to Board with NHs England would take place during May to take the process forward, building on earlier meetings. A key issue was the CCG's relative growth in activity for Surrey Downs compared to other areas of the country. GB240415/101

Peter Collis said that the dialogue with NHS England was building constructively, and commended the work of the team that were putting the plan together in terms of assumptions for the future, programmes and plans. He also commended the way this story was being set out in the Annual Report. There was more to do to get the story across clearly (particularly in respect of the growth in activity) but he commended the effort made by a small and heavily stretched team. GB240415/102

Dr Fuller also said that the most important thing was to maintain the focus on quality and ensure that committee arrangements and membership supported assurance in this area. GB240415/103

16. Assurance framework and risk register

Miles Freeman spoke to the papers presented. The Assurance Framework had been refreshed with the existing priorities carried forward to the new year. Quality risks featured prominently in the risk register and would continue to be monitored rigorously. These mechanisms would be used to keep the focus. GB240415/104

There were some new risks relating to financial recovery but the CSH Surrey staffing risks were also worth highlighting. There was now very good engagement in place with CSH Surrey. GB240415/105

Kate Laws noted that in relation to the risk on CSH staffing, Headley Court was closing and there were staff there who could be attracted to work in the community and she suggested looking at this. Miles Freeman said he had been recently invited to a meeting on this. GB240415/106

17. Audit Committee Report

Peter Collis highlighted the Annual Report and accounts, with a very honest and open story about 2014/15 and a yet still demonstrating a positive ambition going forward. GB240415/107

Dr Williams said that he felt that the annual report did tell a good story and accurately represented the broad base of member practices' views. GB240415/108

Matthew Knight said that the members report did not seem to be mandated this year but the CCG would keep it in the report as it was felt to be useful. GB240415/109

18. Quality Committee Report

Alison Pointu said that unfortunately the last quality seminar had had to be cancelled but the business meeting had been productive. GB240415/110

19. Remuneration and Nominations Committee Report

There had been no meeting since the last Governing Body but one was planned . GB240415/111

20. Primary Care Committee Report

There had been no meeting since the last Governing Body but a schedule of meetings was under consideration. GB240415/112

21. Finance and Performance Committee Report

The revised terms of reference were circulated. Miles Freeman made it clear that this was not a decision making committee but one that took on a detailed scrutiny role on behalf of the GB. This would give the GB more assurance that finance and performance were being reviewed in detail. GB240415/113

Subject to technical amendments for cross referencing the terms of reference were AGREED. GB240415/114

22. Any other business GB240415/115

Dr Laws said the End of Life Strategy Group would like lay member input and Karen Parsons would pick this up outside the meeting. GB240415/116

23. Questions from the public GB240415/117

Dr Fuller read out a question from Roger Maine which related to the format of Governing Body questions in future. This was noted and had been covered in the Chief Officer's report. GB240415/118

Four questions had been received from Bob Mackison. It was noted that these had been covered elsewhere in the meeting as follows: GB240415/119

- Q1 (financial recovery) had been covered in the discussion on the Financial Recovery Plan. GB240415/120
- Q2 (homecare costs) – this was covered in the Frail Elderly strategy GB240415/121
- Q3 – Epsom health and care (an aspiration at this stage) and GP health partners limited. It was clarified these were two separate organisations working with wider stakeholders. GB240415/122
- Q4 – Efficiency savings - this had been covered in the Financial Recovery Plan discussion GB240415/123

It was noted that Bob Mackison had also given his thanks to Gavin Cookman for all his hard work on the Governing Body. GB240415/124

The meeting finished at 4.35pm GB240415/125