

GOVERNING BODIES IN COMMON meeting in public MINUTES

NHS East Surrey CCG	✓
Guildford and Waverley CCG	✓
North West Surrey CCG	✓
Surrey Downs CCG	✓

Date	Wednesday, 18 December 2019	Time	14:05- 16:45
Venue	Martineau Room, Dorking Halls		

Members/ Attendees

Name (initials)	Title	Attendance (✓) or Apologies (A)			
		ES	G&W	NWS	SD
Convener					
Dr Sian Jones (SJ)	Clinical Chair, Guildford and Waverley CCG				
Voting Members					
Elango Vijaykumar (EV)	Clinical Chair, East Surrey CCG	A			
Dr Sian Jones (SJ)	Clinical Chair, Guildford and Waverley CCG		✓		
Dr Charlotte Canniff (CC)	Clinical Chair, North West Surrey CCG			✓	
Dr Russell Hills (RH)	Clinical Chair, Surrey Downs CCG				✓
David Congdon (DC)	Lay Member & Deputy Chair, East Surrey CCG	✓			
Adrian Brown (AB)	Lay Member for Audit, East Surrey CCG	A			
Carol Pearson (CP)	Lay Member for Finance, East Surrey CCG	A			
Yvette Robbins (YR)	Lay Member for Patient & Public Involvement, East Surrey CCG	✓			
Debbie Stubberfield (DSt)	Independent Nurse, East Surrey CCG	A			

Working together across Surrey Heartlands

East Surrey CCG | Guildford and Waverley CCG | North West Surrey CCG | Surrey Downs CCG

Name (initials)	Title	Attendance (✓) or Apologies (A)			
		ES	G&W	NWS	SD
Vacant	Secondary Care Doctor, East Surrey CCG	-			
Dr David Hill (DH)	GP Member & Assistant Clinical Chair, East Surrey CCG	A			
Dr Howard Cohen (HC)	GP Member, East Surrey CCG	A			
Vacant	Practice Manager Representative, East Surrey CCG	-			
Matthew Tait (MT)	ICS Chief Officer/ Accountable Officer, East Surrey CCG		✓		
Karen McDowell (KMc)	ICS Director of Finance/ Chief Finance Officer, East Surrey CCG		✓		
Jacqui Burke (JB)	Lay Member Audit, for G&W, NWS and SD CCGs			✓	
Jonathan Perkins (JP)	Lay Member General, for G&W, NWS and SD CCGs			✓	
Phelim Brady (PB)	Vice Chair/ Lay Member PPE, Guildford and Waverley CCG		✓		
Will McKee (WM)	Vice Chair/ Lay Member PPE, North West Surrey CCG			✓	
Jacky Oliver (JO)	Vice Chair/ Lay Member PPE, Surrey Downs CCG				✓
Julia Dutchman Bailey (JDB)	Independent Nurse, for G&W, NWS and SD CCGs			✓	
Vacant	Secondary Care Doctor, for G&W, NWS and SD CCGs			-	
Dr Darren Watts (DW)	GP Member, Guildford and Waverley CCG		✓		
Dr Justine Hall (JH)	GP Member, Guildford and Waverley CCG		A		
Vacant	GP Member, Guildford and Waverley CCG		-		
Dr Deborah Shiel (DSH) <i>From item 6b</i>	Woking Locality Lead, North West Surrey CCG			✓	
Dr Alex Henderson (AH)	Woking Locality Lead, North West Surrey CCG			✓	
Dr Jags Rai (JR)	SASSE Locality Lead, North West Surrey CCG			A	
Dr Diljit Bhatia (DB)	SASSE Locality Lead, North West Surrey CCG			A	
Dr Asha Pillai (AP)	Thames Medical Locality Lead, North West Surrey CCG			A	
Dr Layth Delaimy (LD)	Thames Medical Locality Lead, North West Surrey CCG			A	
Dr Andrew Sharpe (AS)	GP Member, Surrey Downs CCG				A
Dr Louise Keene (LK)	GP Member, Surrey Downs CCG				✓
Vacant	GP Member, Surrey Downs CCG				-

Name (initials)	Title	Attendance (✓) or Apologies (A)			
		ES	G&W	NWS	SD
In attendance					
Clare Stone (CS)	ICS Director of Quality and CCGs' Chief Nurse		✓		
Elaine Newton (EN)	ICS Director of Corporate Affairs and Governance		✓		
Helen Rostill (HR)	ICS Director of Mental Health Services		A		
Trudy Mills (TM)	ICS Director of Children's and Learning Disabilities Services		A		
Sumona Chatterjee (SC)	East Surrey ICP Director	✓			
Vicky Stobbart (VS)	Guildford and Waverley ICP Director		A		
Giles Mahoney (GM)			✓		
Jack Wagstaff (JW)	North West Surrey ICP Director			✓	
Colin Thompson (CT)	Surrey Downs ICP Director				✓
Ruth Hutchinson (RHu)	Acting Director of Public Health, Surrey County Council		✓		
Natasha Moore (NM)	(Minute-taker) Governance Manager		✓		

Item No.	Discussions and new actions	Who	When
1	<p>Welcome, Introductions and Apologies</p> <p>The Committees confirmed SJ as Convener for this meeting.</p> <p>The Convener welcomed members and attendees; apologies were received as detailed above.</p> <p>She reminded all that confidential papers should be handed in to NM after the meeting for secure disposal; that the meeting would be recorded for administration purposes only; and the recording would be deleted once the minutes had been approved.</p> <p><i>AH joined the meeting.</i></p>		
2	<p>Declarations of Interest</p> <p>The Convener noted the register of members' and attendees' interests included in the meeting papers, with additional or amended interests received since the last meeting marked in yellow.</p> <p>The Convener invited members and attendees to report any new declarations or amendments to the register. The following were noted:</p> <ul style="list-style-type: none"> • CC asked that the categorisation of GP members' interests regarding practices, federations and PCNs were consistent and marked as 'financial'. 		

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	<p>NM to amend as above.</p> <p>The Convener also invited members and attendees to declare any interests pertinent to items on this agenda. None were received.</p>	NM	31/01/20
3	<p>Quorums</p> <p>As the required quorums were met for each CCG, the Convener declared the meeting open.</p>		
4	<p>Questions from members of the public</p> <p>No questions from members of the public had been received.</p>		
5	<p>Minutes of previous meetings:</p> <p>a) ES CCG: 26/09/19 The minutes of the last meeting were received.</p> <p>The East Surrey Governing Body:</p> <ul style="list-style-type: none"> • APPROVED the minutes of the last meeting. <p>b) G&W, NWS and SD CCGs: 25/09/19 The minutes of the last meeting were received.</p> <p>The Guildford and Waverley, North West Surrey and Surrey Downs CCGs Governing Bodies:</p> <ul style="list-style-type: none"> • APPROVED the minutes of the last meeting. 		
6	<p>Matters Arising:</p> <p>a) ES CCG: Action log; It was noted that all open actions had been reviewed in the context of transfer of accountability for ES CCG to the G&W/ NWS/ SD Accountable Officer. With this in mind, it had been agreed that all actions were either applicable to other Sussex North Place CCGs or had been superseded by new systems/ processes following transfer of accountability.</p> <p><i>DSh joined the meeting.</i></p> <p>b) G&W, NWS and SD CCGs' Action log; <u>2. Declarations of Interest; Register of Interests to be updated with amendments/ additional declarations as per the minutes.</u> Noted that where documentation of interests outstanding, these would be followed up outside of the meeting. Mark as closed.</p> <p>c) SD Chair's Action: Adult Community Health Services Closure of Gateway process. RH presented the above Chair's Action.</p>		

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	<p>Recommendations: The Surrey Downs Governing Body are asked:</p> <ul style="list-style-type: none"> • TO RATIFY the Chair's Action. <p>The Surrey Downs Governing Body:</p> <ul style="list-style-type: none"> • RATIFIED the Chair's Action. 		
7	<p>Updates from CCG Chairs:</p> <p>a) East Surrey CCG In the absence of the Clinical Chair, no update available.</p> <p>b) Guildford and Waverley CCG: SJ noted:</p> <ul style="list-style-type: none"> • Chiddingfold Surgery had re-opened in November following a fire in January 2019. Open afternoons for patients had taken place. • New Inn Surgery had closed in November 2019 with the CCG working closely with the practice to disperse patient list. • Work across the ICP was underway with the governance arrangements being reviewed. <p>c) North West Surrey CCG: CC noted:</p> <ul style="list-style-type: none"> • The ICP had been successful in recruiting an Independent Chair, due to start in February 2020. Integrated work with partners across the ICP was progressing, with operational changes being seen. • PCNs: all but one social prescribers and clinical pharmacists had been recruited. Mental Health transformation pilot underway with half of all PCNs 'going live' by April 2020 across the ICS. PCNs have also commissioned a piece of work on population health management, due to start in February. • Recent CQC practice inspections rated all practices as 'good'. <p>d) Surrey Downs CCG: RH noted:</p> <ul style="list-style-type: none"> • Improving Healthcare Together Programme pre-consultation business case launched today on the website. Public Committees in Common meeting scheduled for 06/01/20 to decide whether to launch a formal public consultation on the proposals. 		
8	<p>ICS Chief Officer's Report:</p> <p>MT presented the above, noting:</p> <ul style="list-style-type: none"> • <u>ICP development</u>: Work underway on the ES ICP which covers Crawley, ES and Horsham CCGs (known as CRESH ICP). SC, as ICP Director for ES, was leading on ES ICP development with notable complexities across the Surrey Heartlands and Sussex systems. 		

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	<ul style="list-style-type: none"> • <u>Annual Operating Plan</u>: national guidance likely to be released in the new year but expected two 'ring-fenced' areas: car park income and nurse training. • <u>Development of a Transformation Support Unit</u>: establishment of this unit will drive transformational change, hosted by Surrey County Council. Four programme areas: new models of care; best start in life; learning disabilities and emotional welling. • Surrey Heartlands had been successful in an application to develop a <u>Provider Collaborative for Tier 4 CAMHS</u> to give specialist commissioning responsibility for children across Surrey. • <u>ICS Executive Team changes</u>: noted the following new posts within the team: TM had taken on the role of ICS Director of Children's and Learning Disabilities Services; and HR had taken on the role of ICS Director of Mental Health Services, reporting primarily to the ICS Chief Officer. Recruitment underway for the new ICS Director of Workforce and for the Estates Director and Chief Digital Officer roles (to replace interim roles), joint across health and the County Council. • <u>Merger of the four CCGs</u>: number of workstreams have been set up to undertake a wide range of work to prepare for the new organisation, with lay/ independent oversight. Recruitment for the Clinical Chair Designate underway with the membership vote concluding just before Christmas. Once this has been completed, recruitment will commence for GP and lay/ independent Governing Body members. • <u>ES transition</u>: Noted this was the first four CCGs 'in common' Governing Bodies' meeting. Due diligence work had taken place with weekly communications with Sussex teams ongoing. • <u>Winter update</u>: performance and quality teams had led on planning for the winter period. System plans had been rated by regulators as 'green/ amber'. • <u>NWS Fort House Surgery</u>: the CCG was working closely with Elmbridge Borough Council regarding a solution for the surgery. • <u>SD Improving Healthcare Together Programme</u>: in September, the programme was allocated £500m to invest in improving both Epsom and St Helier Hospitals. <p>JDB noted that system transformation was complex and asked whether any work was being undertaken regarding organisational cultures. MT noted that this was part of the HR workstream. A communications plan was also planned regarding how to 'promote' the new CCG to staff and also understanding its role as an enabling organisation within the system. EN added that there was an Organisational Development (OD) Working Group across the four CCGs comprised of a wide range of staff with an interest in OD. MT noted that further updates would be given on this work at the Governing Bodies in Common Seminar in February 2020.</p>		

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	<p>Recommendations: The Governing Bodies are asked:</p> <ul style="list-style-type: none"> • TO NOTE the report. <p>The Governing Bodies</p> <ul style="list-style-type: none"> • NOTED the report. 		
Governance			
9	<p>Integrated Risk Management Report, including Governing Body Assurance Framework</p> <p>EN noted work was underway to integrate risk systems and reporting across the four CCGs. Formats of both reports were being reviewed to build on good practice and strengths. 'Reasonable' assurance outcome was reported for G&W, NWS and SD CCGs as a result of the Risk Management Internal Audit.</p> <p>CC asked for additional detail on the mitigations for significant risks, including CHC risks 288 and 449. EN noted that the detail was included in the appendix but agreed to feed back to the Risk Team to include controls and assurances in main report going forward. EN also agreed to work on the format of the registers to ensure easier to read.</p> <p>Recommendations: The Governing Bodies are asked:</p> <ul style="list-style-type: none"> • TO NOTE the work to date on managing the GBAF risk profile for 2019/20. • TO REVIEW current risk ratings that are deemed to be in "significant" range. <p>The Governing Bodies:</p> <ul style="list-style-type: none"> • NOTED the work to date on managing the GBAF risk profile for 2019/20. • REVIEWED current risk ratings that are deemed to be in "significant" range. • AGREED the next steps: Integration of ES risks and develop a risk profile for the new single CCG from April 2020. 	Risk Team (via EN)	31/01/20
10	<p>Surrey Heartlands CCG: Constitution and Governance Handbook</p> <p>EN presented the above, noting:</p> <ul style="list-style-type: none"> • Both these documents had been subject to membership votes for the four CCGs and that these had been further updated. • Acknowledged some inconsistencies between the two documents but noted that these would be resolved before the final version in March 2020. • The handbook also contained the proposed Strategic/ Overarching Scheme of Reservation and Delegation (SoRD) for the single CCG for areas not reserved to the membership, as well as processes for setting up the new CCG. 		

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	<ul style="list-style-type: none"> • Some feedback had been received from the NHSE legal advisor for constitutions which needed to be addressed, e.g. consistency of terminology. This included a concern regarding how ‘workable’ the Governing Body quorum is, as specified with a GP majority (as per members’ request at engagement events). This was currently under review, noting that membership votes would be required to amend, for example to a clinical majority. Additionally, the size of the Governing Body had been raised with a transitional period proposed as an option to address. • A request for any further queries or comments to be emailed to her. She confirmed that a detailed change log was being kept for robust version control and to give assurance on the determination as to whether changes could be agreed by Governing Body or were material, requiring referral to the memberships. <p>CC reiterated NWS’ members’ concerns with financial delegations to the membership and sought some assurances on this area. MT responded by confirming that any changes to the financial allocation policies would require a membership vote via a special resolution. Regarding the primary care allocations within this, this funding was ‘protected’ under primary care delegation models and any change to this at ‘place’ model would be covered under the financial allocation policy.</p> <p>JW raised some queries regarding some of the detail of commissioning delegations as per the SoRD and whether they reflected the new landscape of ICPs.</p> <p>JW also asked for clarification regarding the Terms of References for committees. EN noted that these would be revised in light of new Governing Body appointments for the new CCG from 01/04/20, ahead of approval for the final version of the Constitution and Governance Handbook in April.</p> <p>CC raised concerns with approving the new SoRD without roles and responsibilities having been confirmed, particularly regarding ICPs. MT noted that further work was underway on this but that the new CCG will sign this off formally at their first Governing Body meeting in April 2020. MT/ EN agreed to review at Exec regarding areas delegated to the ICPs.</p> <p>JP highlighted that any changes to the SoRD with implications for the Assurance Boards, would require consultation with wider system members of these boards. However, it was acknowledged that these boards had two ‘strands’ relating to: CCG statutory functions (within the Governing Bodies’ remits to amend); and assurance functions.</p>	<p>MT/ EN</p>	<p>31/01/20</p>

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	<p>Recommendations: The Governing Bodies are asked:</p> <ul style="list-style-type: none"> • TO NOTE the CCG Constitution. • TO APPROVE the CCG Governance Handbook <p>The Governing Bodies:</p> <ul style="list-style-type: none"> • NOTED the CCG Constitution. • APPROVED the CCG Governance Handbook, noting that further work was required on the SoRD for the new CCG. • NOTED further work to be done for a further version ahead of April 2020. 		
11	<p>Strategic Schemes of Reservation and Delegation (SoRDs) (up to 31/03/20):</p> <p>EN noted that a piece of work had been undertaken to reconcile the SoRDs for the four CCGs to identify differences and put forward for approval any discrepancies which might cause difficulties up until 31/03/20, especially for urgent decisions.</p> <p>JB confirmed that she, as Chair of G&W, NWS and SD Audit Committees and AB as Chair of ES Audit Committee, had been consulted prior to this meeting with feedback incorporated. She and AB were supportive of the changes proposed.</p> <p>Recommendations: The Governing Bodies are asked:</p> <ul style="list-style-type: none"> • TO APPROVE the proposed Schemes of Reservation and Delegation as being fit for purpose and reflecting the 'in-common' and separate statutory responsibilities of the four CCGs between now and the end of March 2020. (NB for East Surrey the SoRD will require ratification by the membership due to the requirements of the existing scheme of delegation). <p>The Governing Bodies:</p> <ul style="list-style-type: none"> • APPROVED the proposed Schemes of Reservation and Delegation. (NB for East Surrey the SoRD will require ratification by the membership due to the requirements of the existing scheme of delegation). • AGREED the next steps: SoRD to be publicised to staff and published on websites. 	Gov Team (via EN)	31/01/20
12	<p>Emergency Preparedness, Response and Resilience Annual Assurance:</p> <p>EN presented the above, noting that the Governing Bodies had received a detailed report at the last meeting in September. This report provided confirmation of the assurance ratings given to the CCGs and the providers; these were broadly 'substantial' assurance. The report also covered activity of the EPRR Team over the last year.</p> <p>EN highlighted that an EPPR assurance review of Care UK had been undertaken by NHSE as a model of what assurance of a</p>		

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	<p>national-level provider could look like and noted an outcome of 'non-compliant'. She noted that the EPRR Team would be working closely with Care UK to review the action plan and any impact on Surrey Heartlands services.</p> <p>EN also noted that the ES Governing Body were being asked to adopt the current G&W/ NWS/ SD EPRR and Business Continuity Policies. JDB asked if there would be any material differences for ES adopting these policies. EN noted that familiarisation with the ES system and providers was ongoing for staff and that running two parallel systems and EPRR processes across the four CCGs would be complex and unmanageable. Training was planned for on-call staff on the ES system.</p> <p>Recommendations: The Governing Bodies are asked:</p> <ul style="list-style-type: none"> • TO NOTE the performance of the CCGs and commissioned providers through the 2019/20 EPRR Assurance process. • TO NOTE activity in relation to emergency preparedness, resilience and response over the past year. • For East Surrey CCG only: TO APPROVE the adoption of the current G&W/ NWS/ SD EPRR and Business Continuity Policies and supporting plans until the documents are updated in light of the planned merger. <p>The Governing Bodies:</p> <ul style="list-style-type: none"> • NOTED the performance of the CCGs and commissioned providers through the 2019/20 EPRR Assurance process. • NOTED activity in relation to emergency preparedness, resilience and response over the past year. • East Surrey CCG only: APPROVED the adoption of the current G&W/ NWS/ SD EPRR and Business Continuity Policies and supporting plans until the documents are updated in light of the planned merger. 		
Finance			
13	<p>Finance Report for Month 7</p> <p>KMc presented the above:</p> <ul style="list-style-type: none"> • Noted that month 8 report had been completed and the forecast outturn position had deteriorated since month 7 report. • The joint financial position across the four CCGs as reported to NHSE is a year to date deficit of £31.4m which is an adverse variance to plan of £17.2m. • Discussions were underway with regulators regarding financial movement with monthly reporting in place. • <u>ES</u> pressures were within main acute provider and QIPP. A 'Drivers of Deficit' review was underway with a Recovery Board in place. • <u>G&W</u> had released all contingency to help mitigate acute pressures. 		

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	<ul style="list-style-type: none"> • <u>NWS</u>: forecast outturn was a breakeven position in line with the CCG's financial plan, although noted some pressure on main acute provider. • <u>SD</u>: acknowledged some challenges with unidentified QIPP and main acute provider. CCG had released all contingency and reserves. <p>JB asked whether the pressures facing the Surrey Heartlands system was being seen in other neighbouring CCGs. KMc confirmed that many systems within the South East region were experiencing similar pressures.</p> <p>DC noted that preventing overspend within the acute sector was crucial to delivering financial plans. He queried what had changed compared to last year to result in such an overspend within the acute sector. SJ noted that primary care access has improved over the last year so this should, in theory, result in a decrease in A&E activity. She suggested that one factor for this increase in acute services could be an increase in frailty demand. MT noted some successes in managing the system financial position but acknowledged complexities with understanding pressures and demand.</p> <p>Recommendations: The Governing Bodies are asked:</p> <ul style="list-style-type: none"> • TO NOTE the report. <p>The Governing Bodies:</p> <ul style="list-style-type: none"> • NOTED the report. 		
14	<p>QIPP Delivery Report for Month 7</p> <p><u>East Surrey</u>: SC summarised as follows:</p> <ul style="list-style-type: none"> • £0.92m of savings had been delivered which is 20% of year to date target of £4.5m. • CCG was forecast to deliver 20% of total QIPP requirement of £9.65m. • Areas with highest delivery include enhanced care in care homes and medicines management schemes. • Noted system recovery work underway. <p><u>Guildford and Waverley</u>: GM summarised as follows:</p> <ul style="list-style-type: none"> • CCG forecast to deliver 52% of total QIPP requirement of £14.79m. The CCG had achieved 48% of the total year to date QIPP target at month 7 and 89% of the identified proportion. • A '60-day' review of all programmes was planned which had seen some benefits, including within Procedures of Limited Clinical Effectiveness (POLCE). <p><u>North West Surrey</u>: JW summarised as follows:</p> <ul style="list-style-type: none"> • CCG had delivered 93% of year to date target and 118% of identified QIPP. 		

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	<ul style="list-style-type: none"> • Forecast to deliver 92% of the total QIPP requirement for 2019/20. • Noted that many of the QIPP schemes were within block contracts so financially secured. • The CCG was in the process of agreeing the year end position with the main acute provider. <p><u>Surrey Downs</u>: CT summarised as follows:</p> <ul style="list-style-type: none"> • CCG had delivered 36% of the year to date target which equated to 62% of the identified QIPP. • Savings had been achieved through MSK, POLCE and CHC schemes (amongst others). • Noted a system-wide issue regarding an increase in attendances at A&E and that urgent care models needed to be reviewed. <p>Members agreed that public communication was key in 'signposting' alternative facilities to A&E, dependent on urgent care needs. CT noted that following a survey of a sample of A&E attendances within the SD area, it was deemed that 73% could have been seen within primary care. He confirmed that some of this communication had started, particularly across SD and ES CCGs.</p> <p>JDB highlighted that NWS have repeatedly achieved a high level of QIPP delivery in previous years and asked whether there was any learning to be taken from this CCG. JW noted that historically NWS had agreed to some block contracts which could have contributed to successful NWS QIPP delivery.</p> <p>Recommendations: The Governing Bodies are asked:</p> <ul style="list-style-type: none"> • TO NOTE the report and the delivered savings for each CCG. <p>The Governing Bodies:</p> <ul style="list-style-type: none"> • NOTED the report. 		
Quality and Performance			
15	<p>Quality and Performance Report</p> <p>CS presented the above, noting:</p> <ul style="list-style-type: none"> • Report had also been presented to SOAG, ICP Boards and Quality and Performance Assurance Board (QPAB). • Robust discussions had taken place at the QPAB meeting last month and the report provided updates by exception. • This was a 'transition month' for the reporting format, with a new streamlined version anticipated going forward. With this would be some presentational changes, e.g. a move away from 'RAG' ratings to identification of trends and variations. 		

East Surrey: SC summarised as follows:

- A&E 4hour performance was compliant at 94% but noted this had not been sustained given pressures within main acute provider.
- 18-week standard was non-compliant at 87.2%, although work was being done to reduce waiting lists.

Guildford and Waverley: GM summarised as follows:

- A&E 4hour performance had remained within 80-90% throughout the summer with some good winter planning work underway. A recent 'Safer Week' focus had seen a 40% improvement in the rate of discharge.
- Cancer 62-day performance had dramatically improved and was the highest rate in over three years.
- Learning disability annual health checks performance remains poor but noted that detailed discussions had been had at the Local Clinical Commissioning Committee regarding how to improve this.
- Childhood immunisations: work was underway with Public Health to improve local figures.

North West Surrey: JW noted the following:

- A&E 4hour performance remained challenged within 80-90% but winter planning underway.
- RTT 18-week performance had remained compliant.
- Cancer pathway performance variable dependent on pathway and with interdependencies on other factors, e.g. acute performance.

Surrey Downs: CT noted the following:

- Cancer position had stabilised.
- RTT 18-week and wait list size positions had both deteriorated and were non-compliant.
- SSNAP performance remained good for Epsom and St Helier.

RH queried whether raising issues in multiple forums was helping to establish potential solutions or whether this is creating duplicate discussions, citing the example of childhood immunisations. RHu acknowledged the challenge, and gave assurance that this piece of work was being pulled together under the joint Health and Wellbeing Strategy through a 'Call to Action' event to identify themes. She noted that performance for school-based immunisations was good but that performance for pre-school vaccinations was not as good, with the main reason thought to be access, e.g. lack of provision of out of hours.

Regarding CAMHS access for children and young people, the following areas were raised:

- DSh reiterated access as a concern given performance was below target.

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	<ul style="list-style-type: none"> CC raised the waiting list size which, although had reduced, was still higher than trajectory and asked for some assurance on a timeline for when this would be at 0. <p>MT agreed to obtain an update on these areas. JDB also noted that a deep dive was due on CAMHS performance at the next Quality and Performance Assurance Board meeting, as a persistent risk on the Assurance Framework.</p> <p>YR raised concerns regarding a reduction in SSNAP rating for ES and whether this could be escalated. GM noted that discussions with the provider regarding a trajectory were underway. He noted some capital had been released to prioritise this area with meetings planned in the new year. YR added that primary care involvement was key in prevention of stroke so asked if this had been considered. GM confirmed that the implementation of a clinical lead had been considered.</p> <p>CC asked for some clarification on the 26-week wait programme. GM confirmed that this was a pilot scheme following national direction whereby patients who have been waiting for more than 26 weeks, are given a choice to 'move' to another provider. CC asked for clarity on the funding for these patients, i.e. would their funding allocation 'switch' to the chosen provider. GM responded that this was yet to be confirmed. MT noted that ultimately if services are designed efficiently, there should not be a need to do this.</p> <p>CC asked whether there were any useful outputs from the Community Nurses Summit in November. CS raised the main issue as being provider workforce and that this had been escalated to NHSE. JW reiterated this comment and noted significant recruitment and retention issues across a number of providers, with some carrying an approximate 30% vacancy rate in some areas.</p> <p>CC also asked for some clarity on the ICS Assurance Dashboard, particularly who had access to this. MT acknowledged that this was in the process of being rolled out with JDB confirming that she was receiving summaries of the dashboard (and wouldn't expect to review the detail). CS agreed to ascertain from the Performance Team who had access, given the reference in the Report.</p> <p>CC raised three 'never' events regarding 'wrong site' surgery for NWS' main acute provider and asked for clarity that these related to 'day surgery', not outpatients. CS agreed to provide some additional detail.</p> <p>RH noted that moving into a single CCG with a single set of Governing Body Committees from April should mean that much of the detail will have been reviewed by the required committee before presentation at Governing Body, therefore resulting in more streamline reporting processes. These committees would be able</p>	<p>MT</p> <p>CS</p> <p>CS</p>	<p>31/01/20</p> <p>31/01/20</p> <p>31/01/20</p>


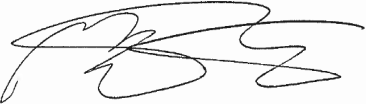
Item No.	Discussions and new actions	Who	When
	<p>to review the detail and provide oversight and assurance to the Governing Body.</p> <p>Recommendations: The Governing Bodies are asked:</p> <ul style="list-style-type: none"> • TO NOTE the contents of the report with particular focus on the exceptions outlined in the Executive Summary. <p>The Governing Bodies:</p> <ul style="list-style-type: none"> • NOTED the report. 		
Strategic Commissioning			
16	<p>Surrey Heartlands' Response the NHS Long Term Plan (2019 – 2024)</p> <p>MT presented the above noting that this report was the Surrey Heartlands' Partnership response to the NHS Long Term Plan. He noted:</p> <ul style="list-style-type: none"> • CCG Strategy Team was coordinating this report across the system. • This second draft submission included financial activity and summary positions of partner organisations. • Narrative balances messages of statutory responsibilities whilst emphasising system working, e.g. with providers and Surrey County Council, to address Long Term Plan 'asks'. • With regards to performance metrics, the report anticipates compliance with the ambition to meet all requirements in the Long Term Plan, however with the caveat the system may face challenges in achieving two of the areas: cancer early diagnosis (this was a joint submission across the Cancer Alliance for Surrey and Sussex. The Surrey position was noted as being compliant but the Sussex position, not compliant); and emergency ambulance conveyances. • Service Improvement perspective- noted positive intents to improve within the report. <p><i>CS left the meeting.</i></p> <ul style="list-style-type: none"> • Noted triangulation challenges between money and activity across the system. • Also acknowledged challenge of alignment with providers' financial and financial recovery plans. • Expectation that further discussions will take place at SOAG with re-submission on 10/01/20. <p><i>CS re-joined the meeting.</i></p> <p>SJ queried the note on p101 regarding an additional maternity app for gestational diabetes and asked for some additional detail on this, e.g. was this EMIS compatible. AH confirmed that this app was for midwives to use to monitor patients' blood sugar levels.</p>		

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	<p><i>JB left the meeting.</i></p> <p>YR noted that some national priorities' metrics as per Long Term Plan requirements were not routinely covered in the CCGs' 'usual' performance reports and asked for assurance that performance in these areas were successful in prevention. MT agreed to feed back to the Performance Team that performance reports and dashboards needed to be aligned to the Long Term Plan priorities. He also highlighted that the Long Term Plan does not include some CCG Constitutional standards as per CCG reporting requirements.</p> <p>WMc queried the table on page 11 and asked whether the savings quoted were recurrent. MT and KMc confirmed that these were cumulative.</p> <p><i>JB re-joined the meeting.</i></p> <p>Recommendations: The Governing Bodies are asked:</p> <ul style="list-style-type: none"> • TO NOTE the report. <p>The Governing Bodies:</p> <ul style="list-style-type: none"> • NOTED the report and the next steps: final version to be created and approved across all partner organisations; and final submission due April 2020. <p><i>AH left the meeting.</i></p>	<p>Perf Team (via MT)</p>	<p>31/01/19</p>
Guildford and Waverley, North West Surrey and Surrey Downs CCG			
<p>17</p>	<p>Committees in Common Minutes:</p> <p>a) Audit: 19/07/19; 20/09/19;</p> <p>JB presented the above, noting that the committees had a further meeting in November in which they reviewed financial due diligence around East Surrey transfer of accountability, and raised concerns including lack of financial papers passed over and origin of balance sheets. However, she advised that members had since received assurances that these areas had been addressed. JB also noted that external auditors were due to start their interim work in January 2020.</p> <p>A Merger Task and Finish Group had been established, as a sub-committee of the Audit Committees, to scrutinise the plans and delivery of the work to dissolve the four CCGs and to establish the new Surrey Heartlands CCG. JB noted that at the last meeting of this group, some of the workstreams had not provided timely updates to the merger programme team, therefore the group were not assured on some areas.</p> <p><i>AH re-joined the meeting.</i></p>		

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	<p>JB gave a specific example of the lack of assurance evidence of a transfer of quality work from the ES Quality Committee to the Quality and Performance Assurance Board. JDB responded and confirmed that much work was underway on the transition but that the Group were not sighted on this.</p> <p>EN acknowledged the feedback and the importance of reporting to provide assurances. That said, she was confident the work was underway by teams in preparation for the merger but explained that the due diligence work associated with early transfer of accountability had absorbed some considerable capacity on top of 'business as usual' for teams, which had impacted on merger reporting timelines. This had now been addressed with a view to providing a more comprehensive assurance piece on the merger, in time for the next January meeting.</p> <p>b) Primary Care Commissioning: 13/09/19; JP noted that the November meeting had discussed what makes an 'atypical' practice and analysis was being undertaken to review if any practices met these criteria. The committee also discussed implications on primary care of the LTP and funding development opportunities for PCNs.</p> <p>c) Quality; 29/08/19; JDB noted that the August meeting focused on learning disabilities with reports providing additional detail and assurance in this area. The committee also discussed workforce pressures, noting that recruitment to the ICS Director of Workforce post could help to improve this area.</p> <p>d) Quality and Performance Assurance Board: 31/10/19; JDB noted that the above meeting was not quorate but that this was the first under Assurance Board arrangements with two Co-Chairs.</p> <p>CC raised that the wording relating to the IFR Policy had now been superseded by other arrangements; it was noted that the meeting this policy required approval by Clinical Chairs and ICP Boards to ensure 'local clinical feedback; however, since this meeting, it had been agreed that the policy needed further review. EN agreed to feedback to the team to amend.</p> <p>e) Strategic Finance and Performance: 23/08/19; 23/09/19; 25/10/19. JP presented the above and noted that the November meeting was the first under new Assurance Board arrangements with two Co-Chairs. He echoed JDB's concerns regarding provider workforce, noting that provider finance colleagues had also raised this as a concern.</p>	<p>Gov Team (via EN)</p>	<p>31/01/20</p>

Item No.	Discussions and new actions	Who	When
	<p>The Guildford and Waverley, North West Surrey and Surrey Downs CCG Governing Bodies are asked:</p> <ul style="list-style-type: none"> • TO NOTE the above minutes. <p>The Guildford and Waverley, North West Surrey and Surrey Downs CCG Governing Bodies:</p> <ul style="list-style-type: none"> • NOTED the minutes. 		
East Surrey, Guildford and Waverley, North West Surrey and Surrey Downs CCG			
18	<p>Surrey-wide Commissioning Committees in Common Minutes: 25/09/19. RH presented the above.</p> <p>Recommendations: The Governing Bodies are asked:</p> <ul style="list-style-type: none"> • TO NOTE the minutes. <p>The Governing Bodies:</p> <ul style="list-style-type: none"> • NOTED the minutes. 		
East Surrey CCG			
19	<p>Primary Care Commissioning Committee (PCCC) Minutes: 17/09/19; DC presented the above, noting that this was the last ES-only PCCC meeting.</p> <p>Recommendations: The East Surrey CCG Governing Body are asked:</p> <ul style="list-style-type: none"> • TO NOTE the minutes. <p>The East Surrey Governing Body:</p> <ul style="list-style-type: none"> • NOTED the minutes. 		
Guildford and Waverley CCG			
20	<p>Local Clinical Commissioning Committee Minutes: 20/08/19; 17/09/19; 15/10/19 DW presented the above, noting that this Committee was now meeting as part of GW ICP arrangements, alongside the ICP Assurance Group, though retaining its delegation from the G&W Governing Body.</p> <p>Recommendations: The Guildford and Waverley CCG Governing Body are asked:</p> <ul style="list-style-type: none"> • TO NOTE the minutes. <p>The Guildford and Waverley Governing Body:</p> <ul style="list-style-type: none"> • NOTED the minutes. 		

Item No.	Discussions and new actions	Who	When
North West Surrey CCG			
21	<p>Clinical Executive Minutes: 14/08/19; 11/09/19; 09/10/19 CC presented the above, noting that this committee was now meeting as part of NWS ICP arrangements, though retaining its delegation from the NWS Governing Body.</p> <p>Recommendations: The North West Surrey CCG Governing Body are asked:</p> <ul style="list-style-type: none"> • TO NOTE the minutes. <p>The North West Surrey Governing Body:</p> <ul style="list-style-type: none"> • NOTED the minutes. 		
Surrey Downs CCG			
22	<p>Improving Healthcare Together 2020-2030 Terms of Reference including membership and quorum RH presented the above, noting that this outlined proposed changes to the IHT Committee membership in light of changes to the SD Governing Body membership.</p> <p>JP also highlighted that although not a formal member of the committee, he had been designated as Independent Convener across the three CCGs involved to facilitate meetings. The next Committees in Common meeting in public was scheduled for 06/01/20.</p> <p>Recommendations: The Surrey Downs CCG Governing Body are asked:</p> <ul style="list-style-type: none"> • TO NOTE the minutes. <p>The Surrey Downs Governing Body:</p> <ul style="list-style-type: none"> • NOTED the minutes. 		
23	<p>Clinical Cabinet Minutes: 04/07/19; 01/08/19; 05/09/19; RH presented the above, noting that this committee was now meeting as part of SD ICP arrangements, though retaining its delegation from the SD Governing Body.</p> <p>Recommendations: The Surrey Downs CCG Governing Body are asked:</p> <ul style="list-style-type: none"> • TO NOTE the minutes. <p>The Surrey Downs Governing Body:</p> <ul style="list-style-type: none"> • NOTED the minutes. 		
AOB			
24	<p>AOB No other business was raised.</p>		

Item No.	Discussions and new actions	Who	When
25	Meeting close Meeting closed at 16:45.		
Date of next meeting in public: Wednesday 25 March 2020; Mandolay Hotel, Guildford			
Signed and agreed by:  Date: 25/03/2020 Dr Sian Jones, Clinical Chair, Guildford and Waverley CCG (Convener)			
Minutes agreed for publication by:  Date: 25/03/2020 Matthew Tait, ICS Chief Officer (Exec Lead)			