

NHS Surrey Heartlands CCG

Annual General Meeting (AGM) 2019/20

MINUTES DRAFT- to be agreed at 2020/21 AGM on 29/09/2021

Date	Wednesday 17 September 2020	Time	15:00- 16:00
Venue	Virtual meeting		

Item No.	Discussion
1	<p>Welcome from the CCG Clinical Chair <i>Panel member introductions and meeting overview</i></p> <p>Dr Charlotte Canniff (CC) welcomed all attendees to the first AGM of the new NHS Surrey Heartlands Clinical Commissioning Group (CCG). She introduced herself and the panel members, including the legacy chairs of the four former Surrey Heartlands CCGs, which had merged on 1 April 2021. The new CCG served a population of around 1.1 million. CC explained the role of the CCG, i.e. to plan, purchase and monitor local healthcare services.</p> <p>CC outlined the supporting materials for this meeting, available on the CCG's website. The minutes from the AGMs of the four legacy CCGs had been published, as well as several video presentations.</p> <p>CC then gave an overview of how the meeting would run and explained that she would seek to maximise the time for asking questions.</p> <p>CC acknowledged that it had been a challenging year, with the impact of the Covid-19 pandemic. She reminded attendees that notwithstanding these challenges, patients should continue to seek appropriate medical care where needed.</p>
2	<p>Annual Accounts 2019/20</p> <p>Karen McDowell (KMc), Chief Operating Officer, presented this item, as she had held the role of Chief Finance Officer during 2019/20. Refer to slides for details. KMc presented the annual accounts for the four former CCGs: East Surrey, Guildford and Waverley, North West Surrey and Surrey Downs Clinical Commissioning Groups.</p> <p>KMc explained that the accounts had been prepared in line with accounting standards and NHS England guidance. They set out the statements of expenditure and income for the year; balance sheet (assets and liabilities) and cash flow with supporting notes. They had also been reviewed by the external auditors.</p>

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	<p>KMc also explained that her slides presented a high level summary of the accounts. The full accounts and a recorded presentation to explain them were available on the CCG's website.</p> <p>KMc presented the headlines from each of the former CCGs in turn. No significant matters had arisen from the external audit review for any of the four CCGs. All four had received an unqualified audit opinion on their financial statements.</p> <p>East Surrey CCG, Guildford & Waverley CCG and Surrey Downs CCG had each received a qualified Value for Money assessment because of their reported deficits at year-end. North West Surrey CCG had received an unqualified Value for Money assessment.</p> <p>Finally, KMc summarised the new CCG's 2020/21 financial position to date. As noted above, the four CCGs had merged on 1 April 2020. A draft 2020/21 financial plan had been submitted to NHS England for the new CCG on 5 March 2020, reflecting the post-merger position.</p> <p>Since then, the planning round had been suspended, and a new finance regime introduced for 2020/21, due to Covid-19. The CCG had currently been notified of its allocations for Months 1-6.</p>
3	<p>Our immediate priorities and our plans for the future</p> <p>Dr Claire Fuller (CF) presented this item as the CCG's Interim Accountable Officer. Refer to slides for details. CF's first slide covered the current context, and her personal reflections. CF noted that the NHS continued to operate within a Level 3 national incident, which meant a lack of local autonomy in terms of incident management and recovery.</p> <p>CF then outlined the CCG's three top priorities for the coming months:</p> <ol style="list-style-type: none"> 1. The ongoing management of Covid-19 and winter pressures 2. The restoration and recovery of services. CF explained that Covid had disproportionately affected some groups of vulnerable people – this impact would be addressed during the recovery phase. The affected groups included: people from Black and Minority Ethnic backgrounds; carers; the homeless; young people out of work; Gypsies and Travellers; people with learning disabilities and/or autism; people with underlying mental health conditions. 3. Delivering the NHS People Plan. CF explained that Surrey Heartlands now had a local version of the national People Plan in place. She acknowledged that staff were very tired due to the operational pressures of the last year, and thanked colleagues for their consistent hard work.

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	<p>CF's final slide set out the intentions for developing the Surrey Heartlands health and care system. The national directive was that all parts of the country should be looked after by Integrated Care Systems (ICSs). Surrey Heartlands was already a Wave 1 ICS, and intended to continue evolving.</p> <p>CF expressed her personal thanks to all the Surrey Heartlands ICS partners, acknowledging that many system colleagues were attending the AGM.</p>
4	<p>Questions from members of the public CC read out two questions that had been submitted in advance of the meeting:</p> <p>An anonymous citizen had asked: <i>Why has money for a community contract been used to convert community hospital beds into a sub-acute, consultant-led unit at Milford hospital - an extension of existing acute services at the Royal Surrey County Hospital? Unfortunately many of us who have worked very hard to protect community services over the years knew this would happen if the contract was given to an acute provider.</i></p> <p>Vicky Stobbart (VS), Guildford and Waverley ICP Director, replied that this had in fact been funded separately, not via the existing block contract. The Guildford and Waverley Integrated Care Partnership (ICP) had ambitious plans to enhance the model at the Milford site. More information was available on the Royal Surrey County Hospital website.</p> <p>Norman Wren, Creative Response Arts had asked: <i>The financial statement shows mental health receiving less than 10% of the funds. Given that 1 in 4 suffer mental health problems can you outline what has happened to the additional money promised by the government for mental health and what if any the increased spend on mental health has been over 2019 and the plan for 2020.</i></p> <p>Professor Helen Rostill (HR) responded as the ICS Director of Mental Health Services. HR stated that this was a very important question. The CCG was required to meet a mental health investment standard. In 2019/20 this had been 6.17% of the CCG's income. The CCG had exceeded this by investing 9.96%.</p> <p>This year the standard was 5.6%. The CCG was committed to deliver this, in order to fulfil its plans for this area.</p> <p>HR outlined some of the initiatives that had already delivered improvements. These included:</p> <ul style="list-style-type: none"> • A 24/7 mental health liaison service in all acute hospitals. • A specialist perinatal mental health service • Crisis access services • Work to integrate services with Primary Care services - including training for GPs

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	<p>HR stated that a surge in mental health needs was expected because of the direct and indirect impact of the Covid-19 pandemic on people's mental health. The ICS partners were working together to plan for this. One positive outcome of the pandemic had been to accelerate joint working between partner organisations.</p> <p>HR added that there were lots of emotional wellbeing and mental health resources available for anyone who needed support, via the Healthy Surrey website: www.healthysurrey.org.uk. Further information on mental health expenditure was also available on the CCG's website: www.surreyheartlandsccg.nhs.uk</p> <p>Rosemary Moore, Carer Rep for SABP Focus asked: <i>How are budgets shown for NHS Mental Hospital inpatients and private hospitals which are funded from NHS. Also, how many private hospitals are currently in use?</i></p> <p>It was agreed that Karen McDowell would respond outside the meeting.</p> <p>CC then invited members of the public and other attendees to ask questions to the panel. The following questions were asked by attendees:</p> <p>Tony Hall asked: <i>Does the new formation of CCG's provide open book accounting in line with good practice within the individual projects?</i></p> <p>KMc replied that the four legacy CCGs had always practised open book accounting, and the new CCG continued to do so.</p> <p>Julian Orton, Spring Street Surgery asked: <i>Is the CCG able to secure additional supplies of under 65 quadrivalent flu vaccine for at risk and over 50s - we are anticipating we won't have enough!</i></p> <p>CF explained that this vaccination was not being offered nationally to those aged over 50 until November, as a planned measure to manage supplies. The national steer was that vulnerable groups should be offered this vaccination before the general population over 50. CF was assured that Surrey Heartlands would receive its fair share of the national supplies.</p> <p>An anonymous attendee added that the local volunteer centres would be able to support with the flu vaccination clinics if needed.</p> <p>Howard Lewis, General Medical Council (GMC) asked: <i>I'm particularly keen to hear about the progress of the BAME staff review led by Duncan Lewis. The pandemic's impact on BAME communities and healthcare staff is an important issue.</i></p> <p>CF clarified that the review was an overarching review of the CCG's culture. Understanding the experiences of BAME staff within the CCG was one element within this.</p>

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	<p>Ralph McCormack (RMc), ICS and CCG Development Consultant, advised that Professor Duncan Lewis was due to present his report by the end of October 2020. Professor Lewis had been very encouraged by the CCG staff's readiness to contact him and share their experiences and perspectives. Around 120 staff had contacted Professor Lewis from a CCG workforce of around 600. The final report would be shared with the CCG's Governing Body and published on the CCG's website.</p> <p>Cliff Bush asked why the former East Surrey CCG had been in such severe debt. Was it a consequence of recent improvement works at East Surrey Hospital?</p> <p>KM explained that the significant deficit CB referred to, had been historical and had already been an issue when East Surrey CCG was created in 2013. It was due to various pressures within the East Surrey system.</p> <p>CF added that the Surrey Heartlands and West Sussex ICSs were working together to analyse the issues, as the drivers of deficit for the Surrey and Sussex Healthcare NHS Trust (SaSH) came from both systems. Richard Douglas had been appointed as the independent chair, and it was hoped that this joint approach would enable effective understanding and mitigation of the issues.</p> <p>Cliff Bush then stated that in his view, many people needing mental health intervention were deemed ineligible. What were the criteria for intervention?</p> <p>HR clarified that CB was speaking about specialist services provided by the Surrey and Borders Partnership NHS Trust for people with severe mental health needs. While not everyone was eligible for these services, there was a breadth of other services for earlier intervention in place, and to support those with moderate needs. These included a virtual wellbeing hub developed during the Covid-19 pandemic, which anyone could refer themselves to. HR also highlighted the virtual group coffee mornings and the GPiMHS (General Practice integrated Mental Health Service).</p> <p>Larisa Orlova asked: <i>What are you going to do for people with mental health conditions who are regular attendees to Emergency Departments in Community Hospitals who are physically fit to be discharged, but they are an extreme challenge to their families and Emergency Department staff? How their needs can be met in a timely and efficient manner?</i></p> <p>HR advised that there was a wealth of services in place to support families and carers, including diverse voluntary and community sector provision. For example, the Recovery Colleges helped people to improve their health and wellbeing through courses on a range of mental and physical health conditions. The courses were aimed at families and carers, as well as those who used health services.</p> <p>Glenis Nay asked: <i>Does the CCG have any plans for GP surgeries to move to video consultations similar to the LIVI GP service?</i></p>

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	<p>CC advised that the Surrey Heartlands GPs already provided video consultations as an option, however there were no plans to fully replace face to face services with online services.</p> <p>Howard Lewis asked: <i>The BAME community were one of the groups highlighted as particularly vulnerable. Are we looking at collecting and using more nuanced statistics and terminology in regards to the demographics of our Communities?</i></p> <p><i>This might help us identify particular need and avoid lumping communities together.</i></p> <p>Yvette Robbins (YR) (Governing Body Lay Member for Patient and Public Involvement) replied that a new project team was meeting every two weeks to review and address issues for BAME populations adversely affected by Covid 19.</p> <p>Dr Russell Hills (RH) (Governing Body GP for Surrey Downs, and GB Equality, Diversity and Inclusion Lead), added that the Public Health team had undertaken rapid needs assessments for the BAME communities in Surrey Heartlands. He added that while the CCG used the term “BAME” as an umbrella, it did look at communities from a specific ethnicity background and not just under that umbrella term. There was a Population Health Group in place to support BAME communities, as part of a wider suite of work to support Surrey Heartlands residents</p> <p>YR, HL and RH agreed to speak outside this meeting, also involving Rita Ofori-Danso as the CCG’s Workforce BAME chair.</p> <p>Tony Hall asked: <i>What lessons have we learnt from the last 3 years? How do you propose to ensure that the lessons learnt for accept in to service meets the individual needs of the person are met going forward under the new way of working with partnership using partnership relationship methodology?</i></p> <p>Tony Hall then asked: <i>How do we manage and decide who is the prime contractor and secondary contractor between partners under the Surrey and Borders Alliance agreement with Frimley Health Trust in Farnham, Guildford & Waverley, East Hampshire and Berkshire?</i></p> <p>It was agreed that CF would respond outside the meeting.</p> <p>Fiona Navesey asked: <i>Because of Covid-19 issues, routine medical procedures are now well behind. Given our understanding of the virus is better and we also now appreciate that this is a long-term issue how does the CCG plan to monitor the backlog and its recovery?</i></p>

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	<p>CC replied that the CCG had robust plans in place to address this. The CCG was not just monitoring the backlog – it was monitoring and prioritising across all areas.</p> <p>Natasha Moore (NM), Governance Manager advised that attendees were welcome to email any further questions to: syheartlandsccg.contactus@nhs.net</p> <p>After the meeting closed, a comment was received that an hour had not been long enough. ACTION: This feedback to be considered in planning the 2021 AGM.</p> <p>CC thanked all attendees for their support and closed the meeting.</p>
5	<p>Meeting close The meeting closed at 16:00.</p>
<p>Signed and agreed by:</p> <p>Date: DD MMM YYYY Dr Charlotte Canniff, CCG Clinical Chair (Chair)</p>	
<p>Minutes agreed for publication by:</p> <p>Date: DD MMM YYYY Dr Claire Fuller, Interim CCG Accountable Officer (Exec Lead)</p>	