

Minutes of the meeting held in Public of the NHS North East Hampshire and Farnham Clinical Commissioning Group Governing Body held on Wednesday 14 May 2014 from 1.30pm – 4.00pm The Church on the Heath, The Key, Elvetham Heath, Fleet, Hampshire, GU51 1HA

Present:	<p>Dr Andy Whitfield, Clinical Lead and Chair Mrs Maggie MacIsaac, Chief Officer Mr Peter Cruttenden, Chair of Audit and Lay Member with Governance Portfolio Dr Peter Bibawy, GP, Southlea Practice, GP Lead for Unscheduled Care Dr Ruth Milton, Director of Public Health, Hampshire County Council Dr Steven Clarke, GP, Branksomewood Healthcare Centre, GP Lead for Planned Care Dr Jane Dempster, GP, Farnham Dene Medical Centre, GP Lead for Long Term Conditions Dr Mary Armitage, Secondary Care Clinician Dr Olive Fairbairn, GP, Alexander House Practice, GP Lead for Mental Health Mr Roshan Patel, Chief Finance Officer Mrs Alison Huggett, Nurse and Quality Director Mrs Sue Pidduck, Area Director North and East Hampshire, Hampshire County Council</p> <p>Mr David Giles, Practice Manager and Secretary to the Practice Council Dr David Brown, GP and Chair of the Practice Council</p>
Apologies	
In attendance:	Mrs Claire Fleming, Business Manager (Interim), for minute taking

1	<p>Standing Business Items</p> <p>Dr Andy Whitfield welcomed members and advised those present that this is a Governing Body meeting held in public and not a public meeting.</p> <p>Apologies were noted from David Giles and David Brown from practice council.</p>
2	<p>Declarations of Interest</p> <p>The register of interests was reviewed. Mr Peter Cruttenden advised that he had resigned as a director of Fairview Court Residents Association, so this can be removed from the register, and Mrs Alison Huggett advised that her role is shared with Surrey Heath Clinical Commissioning Group.</p> <p>NOTED</p> <p>The Governing Body reviewed and noted the updates to the Register of Member Interests.</p>

3	<p>Unapproved Minutes of the Governing Body meeting held in Public on Wednesday 12 March 2014</p> <p>Dr Andy Whitfield asked Governing body members to confirm the minutes of the Governing Body meeting held on 12 March 2014 as a correct record of proceedings.</p> <p>AGREED</p> <p>The NHS North East Hampshire and Farnham Clinical Commissioning Group Governing body approved the minutes of the meeting held on 12 March 2014 as a correct record and commended them for signature by the Chairman.</p>
4	<p>Action Tracker from the Governing Body meeting held in Public on Wednesday 12 March 2014</p> <p>The Governing body reviewed the Action Tracker, noting those which had been completed. The following update was provided:</p> <p><u>Action 7: Review of Serious Incidents Requiring Investigation reported by Surrey and Borders Partnership NHS Foundation Trust.</u> Mrs Maggie Maclsaac advised that arrangements were being made to convene a joint meeting with the Governing Bodies of both NHS North East Hampshire and Farnham Clinical Commissioning Group and Surrey and Borders Partnership NHS Foundation Trust. This was proving difficult due to the challenges and commitments of diaries and thanked members for being flexible and every opportunity was being explored in order to facilitate this meeting.</p> <p>Action: Item to remain Amber. Mrs Maggie Maclsaac to provide a further update to the next Governing body meeting.</p> <p><u>Action 4: Terms of Reference of the newly established Serious Incidents Requiring Investigation Review Panel together with an update of the progress being made in respect of the 19 recommendations.</u> Mrs Alison Huggett advised that the Terms of Reference were in development with items still requiring addition and advised that these should be signed off in advance of the next Governing Body meeting. Progress against the 19 recommendations was discussed and it was noted that significant progress had been made. 9 actions had been completed, 5 were in progress, 2 had limited progress and this was to do with national guidance on suicide prevention and reporting to STEIS, 2 further items required further clarification of what was required.</p> <p>Mrs Alison Huggett advised that good progress was being made and that deadlines were being met but delays existed because of policy approvals.</p> <p>Action : Mrs Alison Huggett to provide Terms of Reference of the Serious Incident Review Panel along with an update of the progress made against recommendations to the next Governing body meeting.</p> <p><u>Action 9 – Virgin Healthcare contract update.</u> Mr Roshan Patel advised that the contract was due to be signed shortly and that the original contractual dispute had</p>

	<p>led to delays. He advised that a contract variation had now been agreed and was with North West Surrey and Virgin for completion as lead commissioner. He advised the contract variations allows sign off of the contract by all CCGs as associates. It is anticipated that the contract will be signed off at the end of the month.</p> <p><u>Action 11 – Local grants associated with the voluntary sector.</u> Mrs Sue Pidduck had sent through a list of grants awarded from countrywide services, it was noted that these cannot identify exactly which local people and organisations receive them in detail. Grants included those from the Heart Association for the Flowerpot club, Rushmoor Volunteer Service’s ‘Blooming marvellous’ day centre. Mrs Sue Pidduck stated that grant varied in both amount and reach.</p> <p>Dr Ruth Milton advised that grants from children’s services are also there to improve public health and sought information as to what was being done with it. It was reported that Julie Fisher should be able to provide further information on the Surrey list.</p>
5	<p>Patient Engagement and Quality of Commissioned Services</p> <p>Quality Report</p> <p><u>Southern Health NHS Foundation Trust</u></p> <p>Mrs Alison Huggett provided a highlight report and advised that there had been some quality issues from member practices around an increase in the numbers of reported incidents particularly of pressure ulcers. Actions had been put in place to monitor this alongside clinical review meetings and quality improvement programmes.</p> <p>Mrs Alison Huggett reported that progress had been made with regard to the actions and that Southern Health have been open and responsive, working closely with the CCG and practices. Concerns remain around the recruitment at the matron level staff. Southern Health have reorganised the leadership structure to enhance support as the recruitment programme continues. It was noted that Dr Jane Dempster was working closely with Southern Health to clarify understanding of appropriate referrals.</p> <p>Mrs Alison Huggett advised that Monitor had issued a breach of licence to Southern Health and the Trust was now subject to regular review by Monitor.</p> <p><u>Surrey and Borders Partnership NHS Foundation Trust</u> The Trust will be subject to an inspection in July of which the CCG were required to submit a statement. This was submitted on behalf of the Surrey CCG Collaborative.</p> <p>Mrs Alison Huggett reported that Frimley Park Hospital has reported another two cases of MRSA Bacteraemia in April against a zero tolerance for MRSA Bacteraemia nationally. Mrs Alison Huggett advised that we are awaiting confirmation as to the assignment of these cases to the Trust or CCG. Mrs Alison Huggett highlighted Frimley Park had 4 cases of MRSA Bacteraemia assigned to them during 2013/14. .</p>

	<p>Mrs Alison Huggett advised that the CCG were within the threshold of the 29 C Difficile cases assigned during 2013/14. 27 cases were reported. The threshold for 2014/15 has been increased to 33 cases. Work continues to raise the profile of learning from cases that are reported to minimise occurrence. .</p> <p>The Quality and Clinical Governance Committee has reviewed the Safeguarding Policies for Children and Adults. Mrs Alison Huggett advised that in Surrey the NHS Surrey Downs CCG host the safeguarding adults team, and the Safeguarding children’s team is hosted by NHS Guildford and Waverley CCG, and that for Hampshire, NHS West Hampshire CCG host both adults and children’s safeguarding teams.</p> <p>Mrs Alison Huggett presented two policies that had been developed in collaboration with the other CCGs for Safeguarding Adults, and Safeguarding Children. She advised that there is a variation as to how the policies look, but that the content is up to date.</p> <p>Mr Peter Cruttenden observed that safeguarding was critically important and complex for development across the geography of the CCG and that the document was well suited for the professional audience. However, there was a concern on accessibility for staff and public members. Mrs Alison Huggett agreed that it needed to be more succinct for this audience with links to our policies for further detail.</p> <p>Dr Steven Clarke advised that it would be helpful to have names of contacts of who to go to and how to contact them with clear guidance. Mrs Alison Huggett advised that this information would be included in a public document and was also contained in the operational policy.</p> <p>Mrs Sue Pidduck advised that Hampshire County Council has launched a multiagency safeguarding hub and that they will be able to manage some of these issues centrally and will signpost inquirers. She advised this was a public facing document and would be happy to provide it. Mrs Maggie Maclsaac asked Mrs Alison Huggett to ensure that the CCG policies had a specific link to the appropriate contact, and that this is clear on the CCGs website.</p> <p>Discussions followed as to the accountability of the CCG to ensure safeguarding issues are monitored. It was advised that safeguarding was a regular agenda item at the Quality and Clinical Governance meeting at which Dr Olive Fairbairn was a lead for our CCG</p> <p>ACTION- Mrs Alison Huggett to produce a public facing briefing paper with all multiagency contacts to enable easier accessibility and that the safeguarding policies will be published on the website alongside a user friendly document.</p> <p>Policy ratified by committee for further publication.</p>
6	<p>Strategy and Commissioning Development</p> <p>Primary Care Development Programme for 2014/15</p> <p>The Chair asked Governing Body members to vote on the suspension of Standing Order 3.6 (quoracy) due to the potential clinical conflict of interest in the</p>

following item. The Governing Body members agreed to suspend Standing Order 3.6 thereby not requiring a clinical majority.

The Chair was then passed to Mr Peter Cruttenden for this item.

Mr Peter Cruttenden explained that this item involved distribution of funds to practices. He advised that it was not a requirement for the GPs to withdraw from the meeting as it was appropriate to have a GP perspective but the GPs could not vote.

Ms Emma Holden talked through the paper and advised that historically Primary care Trusts and now Clinical Commissioning groups developed specific Local Enhanced Services which focussed on clinical commissioning which enabled GP Practices to engage with CCGs in reaching specific goals relating to improving outcomes for our patients.

Ms Emma Holden proposed to introduce a new Innovation Fund to replace the QIPP section of the 2013/14 QIPP delivery contract to enable practices to achieve the CCGs strategic objectives. Mr Peter Cruttenden clarified there will be a separate meeting with medicines management team.

Ms Emma Holden advised that the CCG had consulted with all member practices and had received 6 responses; 1 response from the two area teams, and a further 1 response from the two local medical committees.

It was noted that the proposal would remove the funding allocation for dementia diagnosis within the Primary Care Development Programme and it would be allocated to the Innovation fund but that dementia was recognised as a key priority, and feedback from practices had echoed the importance of dementia diagnosis.

Feedback of the innovation fund received from practise was that 75p per patient was insufficient for major improvement but increasing allocation will improve methods of care.

Dr Mary Armitage advised that Choose and Book investment was the same as last year with improved usage and it was anticipated after this year there will be further investment. Ms Emma Holden advised that some areas are using Choose and Book but others didn't and it was felt that the service was at a tipping point and should become 'business as usual'. Dr Andy Whitfield expressed difficulties with Frimley adding appointments he was advised that there was a Choose and Book action plan and that a project manager was being appointed. Dr Steven Clarke noted that some neighbouring CCGs are putting pressure on Frimley and recognised that they may lose activity.

Dr Mary Armitage advised that dementia is a priority for the CCG and that it was not meeting its target and that there was a requirement for management and supporting how to maximise the use of money

There was further discussion about challenges of improving care and early diagnosis of dementia patient pathway and the challenges of how to pull it all together from diagnosis to treatment

Mr Roshan Patel advises that the view from the LMC was that there was not

	<p>enough money in the innovation pot and there was concern around funding not being put to best use.</p> <p>Dr Andy Whitfield advised that there was some urgency as practices needed to commence work in these areas.</p> <p>Ms Emma Holden advised that there were project packs being sent to practices showing how to link to clinical priorities and CCG objectives. These would also identify where other innovations can come from.</p> <p>The committee agreed to look at the dementia topic again within the clinical executive meetings with involvement of members of the governing body. Mrs Maggie Maclsaac expressed her concern that the practices were experiencing delays and that rapid communication was required.</p> <p>The Governing Body supported the recommendations within the paper and the implementing of the proposed Primary Care Development Programme 2014/15</p> <p><u>The Chair was passed back to Dr Andy Whitfield and Standing Orders were then reinstated.</u></p>
7	<p>Potential acquisition of Heatherwood and Wexham Park Hospitals NHS Foundation Trust by Frimley Park Hospital NHS Foundation Trust</p> <p>Mr Roshan Patel advised that Frimley park had developed a business case which went to their board yesterday regarding whether the acquisition was to proceed. The NHS North East Hampshire & Farnham CCG have worked to feed into the acquisition to gain a better understanding of the implications to the CCG, and had undertaken board to board meetings.</p> <p>There was a final business case that involved 6 CCGs and the 3 Area Teams; these organisations have providing information on their individual financial plans and detailed how this fits the ambition as well as to get the perspectives of what the financial gaps may be.</p> <p>Mr Roshan Patel advised that various organisations have been contacted regarding funding eg the Department of Health and NHS England.</p> <p>Mrs Maggie Maclsaac advised that she, Dr Andy Whitfield and Mr Peter Cruttenden had met with the full board and they had talked about concerns of Frimley's services and were assured that they were sighted on issues and how they were proposing to run. They recognised that there was still a risk but were assured however, the financial situation remains the big issue.</p> <p>Mrs Alison Huggett majored on quality and recounted history of other acquisitions where quality had reduced post-merger. Assurance was given as to how that would be managed by 10 clinical Directors. The Frimley Park Hospital Board did not want to see the CCG commit increased finance to receive what we were already getting for our patients.</p> <p>The outcome of the board to board meeting was that all governing body will write formally raising concerns. Mr Roshan Patel advised that a letter is already in development which he would share but that he was waiting on some further financial information.</p>

	<p>ACTION- Mrs Maggie Maclsaac, Mr Roshan Patel and Dr Andy Whitfield to work on a draft letter to Frimley.</p>
<p>8</p>	<p>Developing a sustainable health and care system in North East Hampshire and Farnham <i>Our strategic plan for the five years (Draft)</i></p> <p>Mrs Ros Hartley advised that this plan had been in development since summer 2013 and that it was out for consultation until 4th June 2014.</p> <p>She drew the Governing Body's attention to the vision statement on page which clarifies the emphasis being how we improve people's health and wellbeing. Mrs Ros Hartley also advised that the plan recognises that there are pockets of deprivation and areas of need eg diabetes, dementia</p> <p>Mrs Ros Hartley advised that the ambitions of the CCG as listed on pages 19/20 of the Plan recognised that the CCG was a high performing CCG that was already doing well on some important areas but that it would continue to push itself and not become complacent.</p> <p>Mrs Ros Hartley advised that in order to aide delivery of the CCG target a range of strategies would be adopted including stakeholder events, visits to partners, feedback from patients, and utilisation of national evidence</p> <p>It was further noted that the six improvement programmes that had been developed from the NHS England toolkit, detailed on page 22, would form the basis of the strategic plan and detailed how we would empower and educate local public and use third sector organisations.</p> <p>Mrs Ros Hartley advised that these improvements will develop models of care on national and local levels. She further advised that the ambition is to bring care closer to home, which will shift the scheme of financial envelope, meaning there would be more for out of hospital care</p> <p>Mrs Maggie Maclsaac advised that lots of detailed feedback had been received from stakeholder partners, and that this should be compiled and shared with the Governing Body.</p> <p>ACTION – Mrs Ros Hartley to share feedback from Stakeholders.</p> <p>A question was raised about inequalities and the 10 year gap between best/worse life expectancy, and whether this was being given enough priority in this document? Mrs Ros Hartley recognised the need to be specific and stronger within the final document.</p> <p>Dr Ruth Milton recognised it was a good robust document and noted it omits to mention the workforce who will deliver. She noted it should be recognised that workplace health needs to start with children given the healthy birth rate and chronic disease rates that consideration needs to be given to cradle to grave planning.</p> <p>Dr Andy Whitfield stated that the future funding was a concern and asked how the problem will be solved. Dr Ruth Milton advised that it was a case of working with</p>

	<p>partner organisations and within other strategies such as QIPP, but recognised it was a challenge. Mrs Maggie Maclsaac noted that this creates the burning platform as to how we change health and social care and that we need to get interactions with our partner organisations right. It was know that there was duplication which creates, wastage and overlap and that we needed to get pace and scale right.</p> <p>Discussions followed as to changes that GP practices need consider and that it was a significant change for the community but that actions need to be taken now as we won't be able to sustain the current pattern of provision.</p> <p>Dr Ruth Milton assured the Governing Body Public Health were working closely with partners to help improve provision and were looking at what was being delivered.</p> <p>Mrs Sue Pidduck suggested that the financial diagram on page be projected over 5 year given that it is a 5 year strategy.</p> <p>Mrs Alison Huggett advised that there were challenges for integration, cultural and behavioural change within the workforce and that there were further challenges with running costs within CCG.</p> <p>Mrs Maggie Maclsaac recognised the case for change and that in undertaking the changes planned not everyone will like everything all of the time. She stated that if the CCG are doing its business we will expect some negative questions and noted that some negativity will happen at delivery because of change. She noted it is therefore to continue to listen to all those with whom we engage carefully.</p> <p>Developing a Sustainable Health and Care System in North East Hampshire and Farnham – the strategic plan for the next five years (draft) was NOTED BY COMMITTEE</p>
9	<p>Clinical Commissioning Group Strategic Objectives</p> <p>Mrs Maggie Maclsaac advised that this report detailed how the CCGs ambitions link back to the outcomes framework. The document details 12 objectives to CCG..</p> <p>Mrs Maggie Maclsaac noted that the benefit of these twelve very detailed objectives enables them to be embedded in to people's work, meaning that everyone's personal objectives will link back to the corporate objectives.</p> <p>Mrs Maggie Maclsaac recognised there was a lot to do this year and further noted that when the 5 year plan is finalised a further review will be required to ensure that this year's plan is ambitious for this year.</p> <p>The Governing body approved the proposed Clinical Commissioning Group objectives for 2014/15 and noted that progress against delivery of these objectives will be monitored and managed by the Senior Management Team and reported to the Governing Body on a routine basis from the end of Quarter 1 2014/15. This will include and other mitigations.</p>

<p>10</p>	<p>Finance, Performance and Planning</p> <p>Integrated Performance Report – Month 12</p> <p>Mr Roshan Patel provided a month 12 full year perspective highlighting that at year end the CCG did meet financial obligations and met an additional surplus of £17k above its planned surplus which will be returned to the CCG this year. Mr Roshan Patel advised that the accounts were in the process of being submitted with a deadline of 16th June</p> <p>Mr Roshan Patel advised the report details the utilisation of funding how we utilised contingencies in particular in winter pressures monies. Mr Peter Cruttenden advised this related to the application of local CCG funds to local practices in Dec/Jan. In February 2014 some concerns were expressed by practices on process/outcomes of how this was implemented.</p> <p>Mr Peter Cruttenden detailed the actions taken to date in respect of the concerns raised, these included:</p> <p>1 – the auditors checked the allocation and confirmed as appropriate within certain rules, and provided some recommendations 2 – an internal investigation around the process was conducted. This has been completed and published to practices 3 – Notification to NHS Protect as the CCG wanted them to comment if required 4 – Establishment of a review panel to ensure appropriate learning. This Panel have met twice and are moving towards the final meeting. The Panel are satisfied with the work done and there are 10 areas of work for action with agreed timescales for these.</p> <p>Mr Peter Cruttenden advised that by July 2014 the work will be complete and there will be further opportunities for engagement with practices for further feedback if required. Mr Peter Cruttenden noted that it sounded complicated for a relatively small sum of money, but wished to be thorough, as a learning organisation, recognising that it is fundamental for our member practices and that the CCG want to be transparent and build trust.</p> <p>Mrs Maggie MacIsaac noted that this event has helped the CCG be more specific and that some of the learning points and actions are already included in the organisational objectives.</p> <p>Mr Peter Cruttenden noted from the report that the ambulance target is being missed. He recognised that this is a service managed by another CCG. Mrs Maggie MacIsaac advised this used to be managed by the CCG in Kent via East Surrey CCG and that over a month ago North West Surrey CCG took over the management of this and as a result now feels it is getting some more traction.</p> <p>Dr Steven Clarke noted that on page 21 dementia is reported as 60% and is therefore erroneously shown as green.</p> <p>The Governing Body noted the Integrated Performance Report for Month 12 2013/14</p>
<p>11</p>	<p>2014/15 Financial Budgets</p>

	<p>Mr Roshan Patel summarised the financial budgets for 2014/15 and stated that we are able to alter and change budgets but that the CCGs allocation of resources received is fixed.</p> <p>He reported the key planning requirements for 14/15 was a commitment to deliver a surplus of 1% (£2.3m) and to hold a contingency reserve of 0.5% (£1.2m) and assuming full achievement of £6.6m QIPP savings, investment funds (CCG Headroom) of £3.2m</p> <p>Mr Roshan Patel advised that all CCGs are to hold a 'headroom' of 2.5% of their allocation in order for CCGs to use this in areas of financial risk and transformation of services. The CCG was not able to create the full 2.5% (£5.2m) within its plan instead a value of £3.2m in reserve. It is known that some of these funds have to be spent on the transformation of care for over 75's.</p> <p>The CCG is also committed to saving 5.0% against its running costs in 14-15. By 2015/16 there will be a 10% reduction to the CCGs running costs allocation.. Mr Roshan Patel advised that the paper provided sets out information on what is required but not how it will be achieved.</p> <p>The Governing Body approved the Clinical Commissioning Group's 2014/15 financial budgets</p>
12	<p>Information Governance Toolkit Update</p> <p>Mr Roshan Patel advised that the toolkit was used by NHS organisations to assess themselves against the Department of Health's Information Governance policies and standards. It is subject to self-assessment each financial year and was submitted at 31st March 2014 against 25 standards. The CCG has a requirement to meet level 2 compliance against each standard.</p> <p>Mr Roshan Patel advised that the view based on evidence was that the organisation was compliant at level 2 subject to Department of Health review and confirmation.</p> <p>Mr Roshan Patel advised that as a result of the toolkit and the subsequent self-assessment a governance action plan had been developed to aid the submission for 2015-16.</p> <p>The Governing Body noted the update.</p>
13	<p>Information / Update</p> <p>Committees of NHS North East Hampshire and Farnham Clinical Commissioning Group's Governing Body</p> <p>The Governing Body received updates on the following committees:</p> <p><u>Audit & Risk Committee 19 March 2014</u></p> <p>Two points were highlighted to the Governing Body:</p> <p>1 – there had recently been an internal audit on safeguarding in Surrey, this was managed by Guildford and Waverley CCG. There were a large number of recommendations for improvement. Mrs Alison Huggett was aware and had noted</p>

	<p>these and they had been added to our action tracking system</p> <p>2 –The CCG is in the run up to closure of its annual accounts and Grant Thornton are currently going through processing; this was running to time and on track.</p> <p><u>Quality and Clinical Governance Committee June 2014</u></p> <p>This committee meets monthly and will meet quarterly with Surrey Heath CCG in the future to look at jointly commissioned services, with a meeting scheduled for next week. Requires representatives from both CCGs and public health.</p> <p><u>Patient and Public Engagement Committee</u></p> <p>Following a vacancy, Dr Olive Fairbairn advised that the committee was looking for a new chair. There had been a positive launch of CCGs website patient workplan. She advised the plan for next year was to improve focus and link with communications, and gaining views of stakeholders.</p> <p><u>Clinical Executive Committee</u></p> <p>Dr Steven Clarke feedback on how medicines management communicate with practices on prescribing. He advised that they were almost to target on budget. He further advised that there were quarterly meetings for practice nurses and that the committee was reviewing CAMHS services. He advised that there was a booklet on self-help of common issues for paediatric unscheduled care that was being distributed.</p> <p>Dr Steven Clarke advised that there was a review of the committee terms of reference and delegated powers which will return to the Governing Body in a future meeting.</p>
14	<p>Hampshire County Council Update Report</p> <p>Mrs Sue Pidduck provided an update to the Governing Body, advising that the Council were looking at rationalisation of support services, and this required joint support with the HR lead, fire police, and self-service portal for staff. She advised that the Council were meeting lots of financial targets.</p> <p>Mrs Sue Pidduck further advised that Ofsted had visited and that the inspection had gone well, they will come back with wide report . She advised there were some concerns. Hampshire County Council will look over IOW child services, and advised there was a risk assessment as to how this would impact our child services. Adoption services were rated as outstanding. Mrs Sue Pidduck advised that there were some lessons to learn, including provision of more care at home. Mrs Sue Pidduck advised she will provide information on the Framework in more detail at another meeting.</p> <p>Mrs Sue Pidduck advised they were working towards as dementia friendly community, of which Fleet was the first to be awarded this status. It was noted that this would require positive engagement with traders, local services, and that Fleet was now acting as an advisor for other towns.</p> <p>Governing body congratulated Hampshire County Council on Ofsted report, and noted the very good result.</p>

15	<p>Surrey County Council Update Report</p> <p>Ms Julie Curtis advised that they had sent the closed accounts to Cabinet this month. She reported the financial pressures of £200 million over the next 4 years, and reaffirmed the earlier conversations about the importance of working together and she advised that it was helpful for partners to have the CCGs strategic objective laid out well.</p> <p>Ms Julie Curtis advised they were waiting an Ofsted inspection, and that they had undergone a peer safeguarding review, which had raised no significant issues, and that there had been commendations on staff and leadership especially health and well-being board.</p> <p>The Governing Body accepted the update.</p>
16	<p>Hampshire Public Health Working with Clinical Commissioning Groups 2013/14 Report</p> <p>Dr Ruth Milton presented the report and advised that there was a Memorandum of understanding detailed in paper.</p> <p>The Governing Body noted that it was a useful paper for discussion.</p>
17	<p>Other Matters</p> <p>Any Other Business</p> <p>Mrs Maggie Maclsaac briefly reported on the 360 survey results and advised that these would be shared via the Governing Body and the CCG website. She reported a 75% response rate and noted her gratitude very to these respondents, and the open and sensible contributions made.</p> <p>Mrs Maggie Maclsaac noted that the report states that 80% of people feel engaged and that there is good leadership/clinical leadership and good communications. Mrs Maggie Maclsaac advised that the report also shows that our partners want better and that narrative comments relate to the handing of the Winter Monies issue.</p> <p>Mrs Maggie Maclsaac advised that the report will be used to look at areas for improvement and reinforce plans. It was also noted that this report was similar to other CCGs</p>
18	<p>Questions received from the Public in advance of the meeting</p> <p><i>Can the chair outline the action plan that the discussion between the CCG, which he leads, and the Surrey and Hants Mental Health Trust to respond to the recent CQC assessment of their performance in a number of areas and will he make a statement?</i></p> <p style="text-align: right;">Received from Councillor Mike Roberts</p> <p>Dr Andy Whitfield advised that Surrey and Borders Partnership NHS Foundation Trust has reported significant progress in completing the actions identified following Care Quality Commission Inspections during 2013. Since January 2014, the CQC has published 3 further inspection reports following visits to Ethel Bailey Close and Oaklands, the Trust Headquarters and April Cottage.</p>

Progress against improvements were required and continue to be a standard agenda item on the monthly Clinical Quality Review meetings with the Trust, chaired by the CCG. The CQC will be inspecting the Trust in early July using the new style methodology. In addition, a programme of local site visits has been implemented by the CCGs in Surrey to support understanding and knowledge of services provided

Mrs Ros Hartley advised that Surrey and Borders Partnership had invited particular organisations to take part in a mock CQC inspection; approximately 30/40 colleagues participated looking at what improvements have been made. It was noted that there was significant improvement but there was still some way to go. Mrs Ros Hartley also advised that whilst waiting for Board to Board there is daily contact.

Councillor Mike Roberts asked about red lives and what discussions were being had and commented that the CCG needs to be reassured what those red lives are and how they will be accessed.

Mrs Alison Huggett advised that there were numerous debates about red lives with all involved parties at management level

Can the chair outline his emerging Boards thinking over the takeover, by Frimley Park Hospital, of Heatherwood and Wexham, following the view of the Chief Executive of CQC as to it being a prime "basket case" and the impact of service for the public in the Frimley Park catchment area also noting the possible impact of the discussion between Royal Surrey and St Peters recently announced and will he make a statement?

Received from Councillor Mike Roberts

Dr Andy Whitfield responded that the CCG are in close discussion with Frimley Park Hospital regarding any effects on quality caused by the acquisition. He advised that this question had in the main been responded to within the agenda of today's meeting.

Royal Surrey County Hospital in Guildford and Ashford St Peter's Hospital were undergoing a similar process of potential merger.

Councillor Mike Roberts asked if the letter relating to the acquisition would be available publically and it was confirmed it would be. Councillor Mike Roberts stated that there were lots of people airing concerns and that it was important to maintain services as well as improving them.

What is the CCG's policy with regard to innovation?

Received from Stuart Black, MD Braintrain UK

Dr Andy Whitfield established that Mr Black was absent from the meeting. He advised that the CCG is committed to innovation and providing high quality services, this is reflected in the 5 year strategy and 2 year operating plan.

Dr Andy Whitfield reported that we work with all market providers to develop innovation.

Specific examples include:

- Respiratory re-procurement

	<ul style="list-style-type: none"> • Hydration in nursing homes • Nepalese education diabetes programme (first in this country) • The innovation fund 14/15 working with member practices on innovation. <p><i>Why was I unable to secure a 5 minute discussion with a member of the CCG Team to ask for advice on the introduction of Neurofeedback locally to offer an alternative to medication, avoidance of side effects and significant cost savings, for ADHD, despite a letter followed up by several phone calls and emails?</i></p> <p style="text-align: right;">Received from Stuart Black, MD Braintrain UK</p> <p>Dr Andy Whitfield responded that the Governing Body receives many requests to meet with organisations representing specific issues. We welcome all requests and acknowledge receipt. The CCG reviews all requests and has to prioritise according to our priorities agreed with the NHS England. Dr Andy Whitfield apologised that we have as yet been able to meet with Mr Black..</p> <p><i>What do I need to do to have a conversation with someone to explore this discussion?</i></p> <p style="text-align: right;">Received from Stuart Black, MD Braintrain UK</p> <p>Dr Andy Whitfield thanked Mr Black, in his absence, for raising his issues at this Public meeting.</p> <p><i>Can you give me any assurance in advance of the meeting that the CCG is willing to facilitate such a discussion?</i></p> <p style="text-align: right;">Received from Stuart Black, MD Braintrain UK</p> <p>Dr Andy Whitfield wished to assure the audience that we take every issue raised with us seriously and the patient and public voice is critical to ensuring we commission the right services to meet the needs of our population. The CCG had Mr Blacks contact details which will be very useful to us as we develop as a CCG. Dr Andy Whitfield asked that the audience kept checking our website for ways to engage and inform the development. In addition to this Dr Andy Whitfield advised that the CCG will arrange for Mr Black to meet with a member of the commissioning team to ensure we are fully informed of his issues.</p>
19	<p>Dates of Future Meetings</p> <p>Governing Body meetings in public are currently scheduled to take place on the following dates:</p> <p>9 July 2014 10 September 2014 12 November 2014</p>
	Meeting closed – 4.25pm