

Agenda Item: 23/14

Governing Body (public) meeting

THURSDAY, 30 January 2014, 2.00 – 4.00 PM
Danson Room, 221 Erith Road, Bexleyheath DA7 6HZ

PRESENT:

Dr Howard Stoate	GP, Chair,
Dr Sid Deshmukh	GP Locality Lead Frognal
Dr Varun Bhalla	GP Locality Lead North Bexley
Dr Peter Fish	GP Locality Lead Clocktower
Dr Sarah Chase	GP Locality Representative, Frognal
Dr Nikita Kanani	GP Locality Representative, Clocktower
Sarah Blow	Chief Officer
Theresa Osborne	Chief Financial Officer
Dr Graham Rehling	Secondary Care Specialist
Sandra Wakeford	Lay Member
Yemisi Osho	Nurse Member
Simon Evans-Evans	Director of Governance and Quality
Sarah Valentine	Director of Commissioning
Lionel Eastmond	Bexley Patient Council Vice Chair – Observer

IN ATTENDANCE:

Mary Stoneham (notes) Board Secretary

APOLOGIES:

Dr Sushanta Bhadra	GP Locality Representative, North Bexley
Keith Wood	Lay Member
Dr Nada Lemic	Director of Public Health

STANDING ITEMS		
1/14	WELCOME AND APOLOGIES FOR ABSENCE	
1.14.1	Dr Howard Stoate welcomed members of the Governing Body and members of the public to the meeting.	
1.14.2	Apologies were received from Dr Sushanta Bhadra, Keith Wood and Dr Nada Lemic.	
2/14	DECLARATIONS OF INTEREST	
2.14.1	Dr Stoate asked if anyone had any interests to declare in respect of the meeting agenda.	
2.14.2	The GPs declared an interest in that they are commissioned by NHS England to provide GP services.	



3/14	MINUTES OF THE GOVERNING BODY PUBLIC MEETING DATED 30 JANUARY 2014	
3.14.1	The meeting AGREED the Governing Body (Public) Meeting minutes dated 30 January 2014.	
4/14	MATTERS ARISING	
4.14.1	<ul style="list-style-type: none"> • ACTION LOG updated and completed • Agenda Item 113.13.14 Consolidated Contracts Reporting Simon Evans-Evans confirmed that he had discussed with Oxleas recruitment issues. 	
5/14	CHAIRMAN'S UPDATE REPORT	
5.14.1	Dr Howard Stoaate explained that since Dr Bill Cotter had stepped down from his role in the Governing Body as GP Locality Lead Clocktower the role had remained vacant as no candidates had been put forward during the election process. The Primary Care Advisory Group had agreed a recruitment process.	
5.14.2	Following nomination by the membership of Clocktower and passing the selection interview independently overseen by the Londonwide Local Medical Committee Dr Peter Fish was the proposed candidate for the post. The Chair asked the Governing Body to formally co-opt Dr Fish as the Locality Lead for Clocktower on to the Governing Body.	
5.14.3	The Governing Body formally co-opted Dr Peter Fish to the Governing Body as the GP Locality Lead Clocktower and Dr Stoaate welcomed Dr Fish to the Governing Body.	
5.14.4	Dr Stoaate announced that following the Patient Council Election Sandra Wakeford had been elected Chair with Lionel Eastmond voted as Vice Chair. The Governing Body co-opted Lionel Eastmond as the patient Council Representative on the Governing Body the importance of the work carried out by the Patient Council which was pivotal to the improvement and redesign of patient services in Bexley.	
5.14.5	The Chair provided an update on a number of procurements designed to improve the health services available to Bexley residents and ensure public monies are spent effectively and efficiently. New integrated care services across multiple providers working together through one prime contractor and within one pathway of care will provided improved local services.	



5.14.6	The CCG believes that improved clinical outcomes and patient experience are paramount to ensuring best value for money. In November the CCG undertook procurement for musculoskeletal services (MSK), and awarded the contract to Kings Health Partners.	
5.14.7	Following the award of the contract a challenge has been raised and the CCG is working with NHS partners to resolve the challenge and ensure we can implement the improved model of care for Bexley patients as quickly as possible.	
5.14.8	Queen Mary's Hospital (QMH) is set to become one of the first 'community-facing' hospitals nationally. More integrated working with local health and social care services will reduce patient admissions to hospital. Successful engagement events were held at QMH for staff, local residents, community groups and voluntary sector organisations to discuss the vision for the hospital's future and how local people can be involved. In the near future the QMH website (www.qmh.oxleas.nhs.uk) will provide all the information from the engagement events about the planned changes and provide an opportunity for everyone to be involved in the engagement process.	
5.14.9	NHS Bexley CCG is working collaboratively with South East London health colleagues to address winter planning issues to reduce pressure in A&E departments. The 'Not Always A&E' campaign across South East London promotes the use of patients using appropriate health services e.g. self care, pharmacies, GPs, Out of Hours GP services, Walk-in Services, Minor Injury Unit and the Urgent Care Centres.	
5.14.10	The CCG continues its work to reduce inefficiencies in patient services; a Reducing Medicines Waste campaign will be launched in March in Bexleyheath Broadway to help patients get the best out of their medicines. The Health-on-Wheels Bus will be visiting different parts of the borough next month with the CCG Engagement Team to provide information and advice on how best to manage their medicines.	
5.14.11	As a clinically led organisation the CCG want to ensure as many GPs can input into its work and has currently more than 30 clinical leads. Areas of work currently covered by the clinically led programmes include service redesign, safeguarding, technology systems, informatics and training and development. A series of development sessions to help GPs is included in the programme.	
5.14.12	DECISION LOG FROM OTHER FORA The Governing Body NOTED the decision that had been made	



5.14.13	<p>by the Governing Body in a different forum on behalf of the Governing Body.</p> <p>A Chairs Action for the Specialist Children's Services (SCS) contract transfer from South London Healthcare Trust to Oxleas NHS Foundation Trust in line with the TSA recommendations and process had been signed (attached to report).</p>	
<p>6/14 6.14.1 6.14.2 6.14.3 6.14.4 6.14.5 6.14.6 6.14.7 6.14.8</p>	<p>2013/14</p> <ul style="list-style-type: none"> • QUALITY & SAFETY REPORT QUARTER 2/3 <p>Simon Evans-Evans summarised the highlights from the clinical Quality & Clinical Governance Report Quarter 2/3.</p> <p>In regard to patient safety issues there continues to be delays in reporting incidents by all providers. However there has been improvement in pressure ulcer reporting and the Oxleas Community reporting of safety thermometer harms rates.</p> <p>There are concerns regarding complaint handling at Lewisham and Greenwich Trust Queen Elizabeth Hospital (QEH) in particular) with only a 29% response rate within the 25 day target. Discussions have been held with the Patient Council and also the Lewisham and Greenwich Trust Commissioning Quality Review Group (LGT CQRG).</p> <p>A significant amount of work is being done to help the QEH meet the 95% 4 hour target week. The Quality Team are concerned with the impact on patients of missing the target and a clinically led visit to the unit to ascertain patient impact is being arranged.</p> <p>Simon Evans-Evans stated that the very low response rate to Friends and Family feedback forms is also a matter for concern at QEH. Dr Nikita Kanani confirmed that the Friends and Family feedback forms will be extended to primary and community care in the near future and will be included in the Care Quality Commissioning (CQC) performance monitoring.</p> <p>The quality of Amber Alerts regarding discharge notices remains a concern for local GPs. However it has been agreed in March that QEH will introduce an electronic discharge summary which will alleviate the problems associated with illegible notices. The CCG will continue to monitor the quality of the discharge notices.</p> <p>Commissioning for Quality & Innovations (CQUINs) are currently on track and the CCG is working collaboratively with commissioning colleagues in Bromley, Greenwich & Lewisham and the CSU to develop CQUINs for next year. A paper will be</p>	



	considered by the next Quality & Safety Sub Committee to implement, where possible, that the same CQINs are agreed with each provider and commissioner to maximise the impact of the CQIN.	
6.14.9	Comments on the development of the new dashboard would be welcomed to ensure the report presents information appropriately. The dashboard provides comparisons for the various providers across a range of quality indicators and the Quality & Safety Sub Committee consider the entire report. The Governing Body report provides an overview of the position.	
6.14.10	A clinically led pressure ulcer audit is being carried out by Zoe Hicks-John, Assistant Director for Quality, in all Bexley Care Homes which will provide an insight into the overall quality of care.	
6.14.11	The Chair stated that he considered the report provided the information in a clear and easily understood format.	
6.14.12	The Governing Body NOTED the contents of the Quality & Safety Report 2/3 2013 and the quality dashboard.	
6.14.13	<ul style="list-style-type: none"> • FINANCE PERFORMANCE UPDATE AS AT MONTH 8 (NOVEMBER) 2013/14 	
6.14.14	Theresa Osborne confirmed that the financial position for Month 8 had been reported with a surplus of £1,599K and running costs remained within the required allocation with a small underspend of £32k. Risks relating to QIPP delivery and performance along with acute over performance risks were also reported. (Page 15 of the report details the all the risks.)	
6.14.15	The materialisation of risks in Month 9 regarding acute over performance have been discussed with NHS England we highlighted the increased risk of not being delivering the 1% surplus. New guidance on running costs reporting will also have an adverse effect on the CCG year-end figures. Better payment Practice Code (BPPC) achieved the 95% target.	
6.14.16	The acute position continues to cause concerns to the CCG. There has been some deterioration in the mental health budget. Further discussion is taking place regarding specialist commissioning budgets which could also affect the CCG year-end position.	
6.14.17	An audit of CCG financial reporting found that Bexley had performed well and asked for balance sheet to be included in the reporting process. Theresa Osborne stated that as this was the first year of operation for the CCG with no balances being	



	<p>brought forward from Bexley Care Trust and it was not appropriate to have a balance sheet in the report. However from 1 April 2014 a balance sheet would be included in the CCG reporting process.</p>	
6.14.18	<p>Dr Stoate stated concerns on the lack of robust and timely reports on acute performance and the adverse effect on the CCG to accurately consider the current financial position and forecast financial position. Theresa Osborne stated that following the dissolution of the South London Healthcare Trust (SLHT) the local health economy was in a difficult position of setting up processes for new providers half way through the financial year. Sarah Blow confirmed that this was an issue for the CCG but extensive work had been undertaken to address the issues and was hopeful there would be an improvement next year.</p>	
6.14.19	<p>The Governing Body: NOTED the planning requirements from NHS England in respect of 2014/15 and beyond; NOTED the allocation received, the running costs allocation and the impact of the Better Care Fund; NOTED the business rules to be applied; NOTED progress to date with financial planning for Bexley CCG; NOTED that further updates will be brought to the Governing Body's attention in order to approve draft budgets prior to the end of March 2014.</p>	
6.14.20	<p>• PERFORMANCE REPORT MONTH 7 – 2013/14 Sarah Valentine provided a summary on the current performance against Bexley Clinical Commissioning Group's (CCG's) targets and the actions being taken to address any areas of underperformance.</p>	
6.14.21	<p>The performance report was broken into three areas in line with the management of contracts on behalf of the CCG.</p>	
6.14.22	<p>The Consolidated Contract Reports (Enc E(iv)) details the current Community Service activity which is above plan and as payment is agreed in a block contract there is no financial impact to the CCG, however planned activity needs to be improved. The Key Performance Indicators (KPIs) on the Oxleas Community Contract are being addressed relating to the number of patients who are provided a structured rehabilitation plan during admission in Intermediate Care (92.3% against 95%) and the recording of ethnicity patient data. The Urgent Care Centre (UCC) performance activity continues to meet most targets and alleviates the pressure on A&E at local</p>	



	hospitals. There has been a decrease in Month 7 mental health on non-contract activity.	
6.14.23	The Local Directors of Commissioning have worked with the London Ambulance Services (LAS) to produce a Section 5 report. The LAS Winter Sustainability Plan for 2013/14 report forms part of the 111 Contracting & Performance (Section 4) report and highlights that the LAS had not met the 75% A8 target in the last 4 months. Work is now focussed on the CCGs working with LAS to ensure agreed standards are met. There are sustainability funds available to help achieve the 8 minute target.	
6.14.24	The Summary of 111 Performance for SEL provides detail on the transition from NHS Direct call centre to LAS. LAS have consistently met KPIs for calls answered in 60 seconds and are looking at recording data processes.	
6.14.25	The Governing Body: DISCUSSED & NOTED current performance against Bexley Clinical Commissioning Group's (CCG) targets and the actions being taken to address any areas of underperformance. NOTED Information and update on targets led by NHS England were outstanding at the time of writing this report.	
6.14.26	<ul style="list-style-type: none"> • CONSOLIDATED CONTRACTS REPORTING MONTH 7 Sarah Valentine summarised the Bexley CCG Integrated Report Month 7. Page 21 A1 Activity (Demand) Summary detailed the over performance in consultant to consultant referrals and looked at the detail in GP referral numbers with increased activity in both areas. The CSU will carry out a deep dive to understand what is happening (lots of QIPP activity has been taken out) in order to co-ordinate with the financial figures.	
6.14.27	The Governing Body: NOTED the performance of the Community & Mental Health contracts shown in the attached. NOTED – 111 and acute reports attached NOTED – New Section 5 incorporated to outline London Ambulance Service Winter Sustainability Plan for 2013/14.	
07/14	DEVELOPMENT OF THE COMMISSIONING INTENTIONS 2014/15	
07.14.1	Sarah Valentine explained that the Development of the Commissioning Intentions 2014/15 and Financial Planning Update documents were interlinked with the South East London 5 Year Strategic Plan. These papers would provide the basis for the Operating Plan, detail for funding and detail on how targets will be met. Each CCG would produce an Operating	



	<p>Plan for the next two years with a Strategic Plan for the next five years. The meeting paper updates the Governing Body on the progress to date regarding stakeholder engagement and how the document is being updated.</p>	
07.14.2	<p>Sarah Blow confirmed that the South East London CCGs were discussing a five year strategy plan which the CCG's Operating Plan would be aligned to. She stated that she and Dr Stoa were part of the South East London Clinical Strategy Group and confirmed that the Strategy Group could agree matters in principle and individual CCGs would be responsible for any decisions relating to their CCG.</p>	
07.14.3	<p>Sarah Valentine stated that work on the Emerging Case for Change was under development and the Bexley Patient Council and Healthwatch had been involved in the South East London stakeholder event which had provided some very important feedback.</p>	
07.14.4	<p>The draft Commissioning Intentions would be refreshed to include all the feedback from clinical/patient/focus groups and included on the March Governing Body meeting agenda for approval. The Operating Plan and Financial Plan would need to be aligned to the Commissioning Intentions and submitted for approval.</p>	
07.14.5	<p>The Governing Body: NOTED</p> <ul style="list-style-type: none"> • The progress undertaken to engage with stakeholders to inform the draft Commissioning Intentions Document • The process to update the document, in relation to emerging local and national landscape changes, in advance of March 2014. • That a further draft plan was presented to the Health and Wellbeing Board on 21st January 2014. • That the final document will be updated and presented back to Governing Body for final approval by the end of March 2014. 	
07.14.6	<p>FINANCIAL PLANNING UPDATE Theresa Osborne stated that the meeting paper provided detail on the planning guidance required to submit the detailed financial plans for 2014/15, 2015/16 and high level plans for a further three years.</p>	
07.14.7	<p>Through the Better Care Fund, Bexley will receive an income uplift above the minimum and average growth levels in recognition of its distance from target and population growth.</p>	

07.14.8	Appendix 2 of the meeting paper contains details of the continued funding of the London Levies which the CCG has been asked to consider.	
07.14.9	A final draft budget, including the value of the acute and mental health contracts should be signed by 28 February and will be presented to the Governing Body meeting in March for approval.	
07.14.10	The Governing Body: NOTED the planning requirements from NHS England in respect of 2014/15 and beyond; NOTED the allocation received, the running costs allocation and the impact of the Better Care Fund; NOTED the business rules to be applied; NOTED progress to date with financial planning for Bexley CCG; NOTED that further updates will be brought to the Governing Body's attention in order to approve draft budgets prior to the end of March 2014.	
08/14	SOUTH EAST LONDON 5 YEAR STRATEIC PLAN	
08.14.1	Sarah Valentine stated that this paper had been discussed in the agenda item above as the three papers were interlinked.	
08.14.2	In 2014/15 all CCGs are required to produce: <ol style="list-style-type: none"> 1. A 2 year detailed Operational Plan (2014/15 and 2015/16) 2. A 2 year detailed Financial Plan (2014/15 and 2015/16) with the financial outline plan for the next 3 year period 3. A Strategic Plan for the 5 year period. 	
08.14.3	It has been agreed nationally that across South East London, that a 5 year plan will agreed based on each CCGs Joint Strategic Needs Assessment, local Commissioning Intentions, QIPP and financial plans, and will provide for the collective opportunities to move forward at scale and pace across South East London.	
08.14.4	Sarah Blow confirmed that it was beneficial to be able to plan finances for two years (statutory breakeven to be achieved both years). The CCG needed to be mindful that this year's financial position could have an adverse effect on the next two year's financial resources and further QIPP savings would need to be identified and agreed.	
08.14.5	The Governing Body NOTED and commented on the draft South East London "Case for Change" which is part of our 5	



	year South East London Strategic Plan.	
ITEMS FOR DECISION		
09/14	CLINICAL VICE-CHAIR	
09.14.1	Simon Evans-Evans stated that the Primary Care Advisory Group (PCAG) had agreed to the creation of the role of Clinical Vice Chair to facilitate the smooth running of the CCG. The meeting paper details the role of the position and it was confirmed that Keith Wood as Deputy Chair would chair meetings/agenda items if both Chair and Clinical Vice Chair were conflicted.	
09.14.2	GP members of the Governing Body had been requested to self-nominate by 12 noon on 30 January 2014.	
09.14.3	Dr Sushanta Bhadra and Dr Nikita Kanani had both self-nominated. As Dr Bhadra had given apologies for the meeting he had agreed that Dr Stoate would vote on his behalf. Following a ballot, Simon Evans-Evans announced that Dr Nikita Kanani received the majority of votes and was duly elected as the Clinical Vice Chair.	
09.14.3	The Governing Body: APPROVED the Job Description for the role of Clinical Vice-Chair. ELECTED Dr Nikita Kanani the Clinical Vice Chair.	
09/14(A)	PATIENT COUNCILS TERMS OF REFERENCE	
09.14.1(A)	Simon Evans-Evans stated the Patient Council enhanced the work of the CCG and provided credence to the work of the CCG. An example of this was the work they have undertaken in the Queen Elizabeth Hospital complaints review.	
09.14.2(A)	Sandra Wakeford confirmed that the membership of 25 members presented a broad spectrum of patients across Bexley and included the Chairman of Healthwatch.	
09.14.3(A)	The Governing Body APPROVED the Bexley Patient Council's Terms of Reference as laid out in the meeting paper.	
10/14	SAFEGUARDING CHILDREN ANNUAL REPORT 2012/13	
10.19.1	Simon Evans-Evans stated that the CCG are required to receive an annual report on safeguarding children arrangements as part of local and national governance framework. This ensures accountability for safeguarding children at all levels by ensuring the Governing Body are kept informed of the main issues, risks and key priorities to be considered over the coming year. The report was based on the local health structure before the dissolution of the South London Healthcare Trust and it will be presented to the Bexley Local	



<p>10.19.3</p> <p>10.19.4</p> <p>10.19.5</p> <p>10.19.6</p> <p>10.19.7</p> <p>10.19.8</p> <p>10.19.9</p>	<p>Children's Safeguarding Board.</p> <p>Bexley has a young people population of approximately 60,000 with 218 subject to a child protection plan. Following the Care Quality Commission inspection in 2012, an action plan was agreed and has been completed. The report highlighted cross boundary issues, maintaining safe services during the SLHT transition period, different language styles used in Bexley and other local authorities and concerns at lack of GP involvement at case conferences (25% has now been improved to 79%).</p> <p>There are two serious case reviews which will be published following post trial sentencing and coroner's inquest.</p> <p>Simon Evans-Evans confirmed that the CCG was fully engaged in the children safeguarding programme.</p> <p>In response to questions Simon Evans-Evans confirmed that following the Ofsted Report and new ways of working had been identified in Children's Social Care and the number of care plans for children had doubled.</p> <p>Sarah Blow asked if Dartford & Gravesham activity would be included in the children safeguarding report as they were now a major provider of Bexley services.</p> <p>Dr Fish asked if it was possible for all case reports from Social Workers to be emailed to GPs to enable it to be saved electronically immediately. There was a risk that if the current practice of faxing case reports to GPs some vital information could get lost and would not be stored electronically.</p> <p>Action: SEE to ensure Dr Fish suggestion is considered as part of service improvement.</p> <p>The Governing Body APPROVED the Safeguard Children annual report and NOTED progress against priorities from 2012 and key issues for 2013/14.</p>	<p>SEE</p>
<p>11/14</p> <p>11.14.1</p> <p>11.14.2</p>	<p>EQUALITY AND DIVERSITY PROGRESS REPORT</p> <p>Simon Evans-Evans stated that the Equality Delivery System (EDS) was launched in 2011 and refreshed as EDS2 in 2013 and applied to all NHS organisations. Under the specific duties of the public health sector Equality Duty, CCGs are required to publish in a manner that is accessible to the public:</p> <ul style="list-style-type: none"> Information to demonstrate their compliance with the public sector Equality Duty at least annually (starting by January 2014). This information must include, in particular, information relating to people who share a 	



<p>11.14.3</p> <p>11.14.4</p> <p>11.14.5</p>	<p>protected characteristic who are:</p> <p>a. Its employees</p> <p>b. People affected by its policies and practices</p> <ul style="list-style-type: none"> • Equality objectives at least every 4 years starting by 13th October 2013. All such objectives must be specific and measurable. <p>The meeting detailed the CCG proposed objectives and compliance with public sector Equality Duty. Effective implementation of recommendations in section 5 and 6 should support the CCG to embed equality into its day to day business, thereby meeting its legal obligations, reduce health inequalities and improve patient outcomes and experience.</p> <p>The Governing Body: APPROVED the 4 Equality Objectives as laid out in section 2 of the attached report AGREED monitoring arrangements for the CCG EDS action plan as laid out in section 5 in the meeting report NOTED current EDS progress as laid out in the meeting report</p>	
<p>12/14</p> <p>12.14.1</p> <p>12.14.2</p> <p>12.14.3</p> <p>12.14.4</p> <p>12.14.5</p> <p>12.14.5</p>	<p>QUESTIONS FROM THE PUBLIC relating to meeting discussions above</p> <p>1. Concerns were raised regarding the cost of the QMH development and whether any of the funding would be from PFI.</p> <p>Sarah Blow confirmed that Oxleas, as the landlords of the site, will form partnerships with providers of services on the site to raise £30m.</p> <p>2. Further information was requested regarding the MSK challenge relating to timescales and implementation of services.</p> <p>Simon Evans-Evans stated that solicitors were dealing with the legal action following a challenge from the unsuccessful bidders. There was no further information available at this time.</p> <p>3. Has the merger of Foundation Trusts following the demise of SLHT had an adverse financial effect on Bexley, Bromley and Greenwich CCGs?</p> <p>Sarah Blow explained that the financial situation was very complex resulting from the closure of SLHT. Accounts for the first six months of the financial year needed to be closed and new providers picked up services midway through that financial year. Following the transition period issues had arose which had not been accounted for. The three CCGs were working with providers to strengthen financial issues as quickly as possible.</p>	



12.14.6	4. Positive comments were made regarding the public engagement event at QMH on 29 January 2014 when a large amount of informative information had been well presented. Dr Stoate was asked if he would attend the next Pensioners Forum to provide an update on the QMH programme.	
12.14.7	Dr Stoate confirmed he would be happy to. Action: HS to attend next Pensioners Forum to provide update on QMH programme.	HS
12.14.8	5. Clarification was sought on where the location of the 'hub and spoke' was which was referred to in the meeting papers. Also a request was made that all report pages were numbered and any technical terms or abbreviations in the meeting papers or discussion should be fully explained.	
12.14.9	Dr Stoate confirmed that the 'hub and spoke' was based on the QMH and Erith Hospital sites.	
12.14.10	6. Concerns were raised as to how local engagement would be included in the South East London Strategy planning.	
12.14.11	Sarah Blow stated that Healthwatch were part of the engagement process for the South East London Strategy planning. Peter Gluckman was Chair of the South London Strategy Group and questions should be directed to Peter Gluckman at Healthwatch. The CCG would hope to plan engagement on a local level and feedback to groups.	
ITEMS FOR DISCUSSION		
13/14	BOARD ASSURANCE	
13.14.1	Simon Evans-Evans presented the Board Assurance Framework (BAF) and explained that there would be a Governing Body meeting to discuss Risk Appetite at the end of February.	
13.14.2	The Governing Body NOTED the Risks reported as laid out in the Board Assurance Framework report.	
ITEMS FOR INFORMATION		
14/14	URGENT CARE	
14.14.1	Sarah Valentine provided a verbal update on the Urgent Care Services Business Case which had been discussed at length at the Bexley Health & Overview Scrutiny Committee meeting. Tenders have been received and included paediatric services to	



	be provided at QMH 24 hours and an extended day service at Erith Hospital.	
15/14	SOUTH EAST LONDON COMMUNITY BASED CARE UPDATE	
15.14.1	Sarah Blow provided a summary of the six month progress made following the implementation of the South East London Community Based Care (CBC) Strategy paper. The strategy sets out outcomes for community based care which all south east London CCGs have agreed to deliver. Each CCG started from a different point and through their operating plans set out plans for year one delivery and the three major work programmes are: <ul style="list-style-type: none"> - Integrated Care - Primary and Community - Planned Care 	
15.14.2	The strategy has adopted an approach of 'Shared Standards, Local Delivery' whereby each CCG is committed to delivering to a standard as set out in the strategy through working with its member practices, local authority and providers. Since the programme was set up, we have appointed clinical leads, sponsors and project managers to assist with managing the programme. Bexley is currently progressing with it proposals for diabetic service redesign.	
15.14.3	The Governing Body NOTED the update within the report of the differing workstreams and the progress made.	
16/14	PERSONAL HEALTH BUDGETS (PHB)	
16.14.1	Theresa Osborne provided an update on the progress on the implementation of Personal Health Budgets since the last Governing Body meeting. There is a legal requirement from 1 April 2014 people receiving NHS Continuing Healthcare and families of children receiving NHS Continuing Healthcare will have to apply for a personal health budget. A project manager has been appointed to implement the action plan agreed by the Project Team to enable the CCG to implement the policy within the agreed timescales. Dr Graham Rehling has been appointed Clinical Lead for the project along with Sandra Wakeford and two members from the Patient Council. The financial implications of the PHB programme are currently being analysed. The Finance Sub Committee has signed off the financial template.	
16.14.2	The Governing Body NOTED the progress made on implementing Personal Health Budgets for Continuing Healthcare patients since the last report in November 2013.	



17/14 17.14.1	The Governing Body NOTED the Summary sheets for minutes of Committees/Sub-Committees <ul style="list-style-type: none"> • Primary Care Advisory Group 13 November 2013 (draft) • Patient Council 24 October 2013 Sandra Wakeford stated that an informative presentation on the work of the Public Health Team who are now work for Bexley Council) was made at the recent Patient Council meeting. The Patient Council receive regular updates on the progress of service redesign projects, QIPP schemes, Health Watch and current initiatives such as the Yellow man leaflets and QMH programme.	
17.14.2	NOTED the Executive Summaries for Committees/Sub-Committees for the Governing Body to note: <ul style="list-style-type: none"> • Audit & Integrated Assurance Committee 5 December 2013 (draft) • Executive Management Committee 19 December 2013 • Finance Sub-Committee 12 November & 10 December 2013 • Quality and Safety Sub-Committee 21 November 2013 (draft) • Medicines Management Sub-Committee 6 November & 4 December 2013 • Information Governance Sub Committee 26 November 2013 	
18/14 18.14.1	ANY OTHER BUSINESS None.	
19/14 19.14.1	PUBLIC FORUM 1. An update on the progress of the diabetes services was requested.	
19.14.2	Sarah Valentine explained that all the tenders had been received by the CCG and there was a process in place to take the work forward.	
19.14.3	2. Referring to meeting discussion, clarification was sought regarding how patients may make better use of other services rather than attending A&Es. What services would be available at the UCC and the Walk In Centre and what were the current time spans for implementation.	
19.14.4	Dr Stoa explained that the QMH UCC was open 24 hours 7 days a week and had access to GPs and some diagnostic services. The Walk in Centre at Erith Hospital would not be operational 24 hours a days and would have access to GPs and some diagnostic services. The UUC at QHM was already	



19.14.5	operational and Walk In services at Erith Hospital would be dependent on award for the services. The same Prime Contractor Model would mean one contractor responsible for both sites. Action: MS to send copy of the UCC Business Case as requested to member of public.	MS
19.14.6	3. Clarity was sought on when Bexley GPs would be extending their opening hours to facilitate cover weekend appointments.	
19.14.7	Dr Kanani confirmed that this issue was currently being discussed and work in progress was taking place to ascertain on what was required, how it would look and what support staff and services would be needed.	
19.14.8	4. Clarity was sought on the extension of the parking facilities at the Erith Hospital when new the primary care services are opened.	
19.14.9	Sarah Blow explained stated that there were no current plans to expand parking facilities in the remodelling of the outpatient block. Oxleas were the owner of the site and would be responsible for car parking requirements.	
19.14.10	5. A member of the public explained that he had been receiving treatment form a QEH consultant who had now moved to the PRUH. He had been advised by QEH he could not change his care to another hospital. He asked could he request his treatment continue with the same consultant at the PRUH rather than a different consultant at QEH.	
19.14.11	SEE confirmed that patient choice allowed him to continue with his treatment with the original consultant now at the PRUH and to contact the PALs office at the PRUH who would be able to help.	
19.14.12	6. Concerns were raised about the diabetic retinal eye screening service as there appeared to be no direct contact in place.	
19.14.13	Dr Fish stated that there was a patient waiting list for this service and that there appeared to problems with it since the transitional period from the closure of SLHT. SEE explained that NHS England now commissioned this service and he would raise this issue at the next CCG assurance meeting.	
19.14.14	Action:	



	SEE explained that NHS England now commissioned this service and he would raise this issue at the next CCG assurance meeting.	
19.14.15	7. Concerns were raised regarding the whether to call 999 or 111.	
19.14.16	SEE confirmed that the Bexley Out of Hours service will switch you directly to 111 who will switch you immediately to 999 if appropriate. If patients felt unwell they should call 111 but if they considered their symptoms urgent e.g. chest pains they should call 999.	
DATE OF NEXT MEETING		
125/13 125.13.1	Thursday 27 March 2014 from 1.30-3.30 pm in the Danson Room, 221 Erith Road, Bexleyheath, Kent DA7 6HZ	

