

Agenda Item: 49/14

Governing Body (public) meeting

THURSDAY, 27 March 2014, 1.30 – 3.30 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 Nikita Kanani	Clinical Vice Chair & GP Locality Representative, Clocktower
Sarah Blow	Chief Officer
Dr Graham Rehling	Secondary Care Specialist
Keith Wood	Lay Member
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
Simon Beard	Senior Management Accountant
(on behalf of Theresa Osborne)	

APOLOGIES:

Dr Sarah Chase	GP Locality Representative, Frognal
Dr Sushanta Bhadra	GP Locality Representative, North Bexley
Theresa Osborne	Chief Financial Officer
Dr Nada Lemic	Director of Public Health

STANDING ITEMS	
21/14 21.14.1	WELCOME AND APOLOGIES FOR ABSENCE Dr Howard Stoate welcomed members of the Governing Body and members of the public to the meeting.
21.14.2	Apologies were noted.
22/14 22.14.1	DECLARATIONS OF INTEREST The GPs declared an interest in that they are commissioned by NHS England to provide GP services.



23/14	MINUTES OF THE GOVERNING BODY PUBLIC MEETING DATED 30 JANUARY 2014	
23.14.1	<p>The meeting AGREED the Governing Body (Public) Meeting minutes dated 30 January 2014 with the following amendments:</p> <p>Question from the Public</p> <p>Item 12.14.1 – should read: Sarah Blow confirmed that Oxleas, as the landlords of the site, will form partnerships with providers of services on the site to invest £30m.</p> <p>Item 12.14.5 – should read: The three CCGs were working with providers to resolve financial issues as quickly as possible.</p> <p>Personal Health Budgets (PHB)</p> <p>Item 16.41.1– should read: There is a legal requirement from 1 April 2014 for people receiving NHS Continuing Healthcare and families of children receiving NHS Continuing Healthcare to have the option to apply for a personal health budget.</p>	
24/14	MATTERS ARISING	
24.14.1	All previous actions now completed.	
25/14	CHAIRMAN'S UPDATE REPORT	
25.14.1	Dr Howard Stoaite provided an update on a number of competitive procurements currently being undertaken by the CCG to improve Bexley patient outcomes and ensure that public monies are spent effectively and efficiently.	
25.14.2	The challenge to the new musculoskeletal (MSK) services has been withdrawn and work is now underway to implement the new services.	
25.14.3	A large amount of engagement with staff and local people has taken place on the future vision and transformational changes at Queen Mary's Hospital and there is new information on the QMH website www.qmh.oxleas.nhs.uk about the changes underway to the services and building.	
25.14.4	The Better Care Fund (BCF) is a single pooled budget to support health and social care services to work more closely together in local areas. In Bexley, health and social care partners have been working together to ascertain how integrated care in the borough will be planned, co-ordinated, funded and monitored. A further detailed discussion with governing body members will take place at the next public meeting in May.	



25.14.5	All CCGs have an operational plan to support the assurance of, and measure performance against strategic plans which need to be submitted to NHS England by 4 April 2014 which will be subject to on-going review and form the basis for longer term strategic planning across the NHS and, via Health and Wellbeing Boards, and include joint local authority and NHS plans.	
25.14.6	The medicines waste campaign in Bexley was launched on 3 March to raise awareness on how patients can manage their medicines better with specific focus on advice to patients with asthma and chronic obstructive pulmonary disorder. Information can be accessed from the CCG website www.bexleyccg.nhs.uk with leaflets in GP surgeries and chemists.	
25.14.7	NHS Bexley CCG staff took part in the NHS Change Day on 3 March and pledged to do one thing to make the NHS better.	
25.14.8	<p>DECISION LOG FROM OTHER FORA</p> <p>The Governing Body NOTED the decisions that had not been made in public and the reasons for that since the Governing Body (public) meeting held on 30 January 2014, namely;</p> <p>Approval of: The Procurement for a new contract for Pulmonary Rehabilitation Services in Bexley</p> <p>Approval of: The contract award for provision of Community Clinics</p> <p>Approval of: The Dietetics Contract Award</p> <p>Approval of: The Award of Contract for Mental Health Recovery, Well Being and Employment Hub</p>	
26/14	<p>2013/14</p> <ul style="list-style-type: none"> INTEGRATED QUALITY & SAFETY PERFORMANCE REPORT QUARTER 3 <p>26.14.1 Simon Evans-Evans stated the new style report was larger in format with the co-ordination of the performance data now placed within the CCG Quality Team and incorporated in this report alongside the clinical dashboard.</p> <p>26.14.2 The meeting paper contains the latest data for the new style performance report showing performance against the specific targets within the NHS Outcomes framework.</p> <p>26.14.3 The clinical issues highlighted in the local provider reports are being monitored through the various Clinical Quality Review Groups and work is progressed within the contract team to ensure that quality issues are addressed through contractual arrangements when necessary.</p>	



26.14.4	A new process for Serious Incident (SI) reporting was being introduced and Simon Evans-Evans confirmed that provider SI reporting was improving.	
26.14.5	Members welcomed the new style report which presented valuable information in a format which was easier to understand and looked forward to further information when available from external sources. Dr Stoate stated that patient feedback on hospital services was vital and the CCG was progressing work on this.	
26.14.6	The governing body noted the on-going issues with A&E. The Urgent Care Board is monitoring the QEH plan to improve performance, in relation to quality. Simon Evans-Evans confirmed that an audit of the Queen Elizabeth Hospital A&E Department by clinicians from Bexley, Greenwich and Lewisham CCGs, led by Dr Kanani, would take place next week and feedback would be provided to the Governing Body and Patient Council.	
26.14.7	Questions were raised regarding the CQC reports and in particular why different reporting formats had been used for the two hospital reports with the Darent Valley report being easier to navigate and understand.	
26.14.8	Action: Simon Evans-Evan to raise the issue with the CQC regarding different reporting formats used.	
26.14.9	The Governing Body: DISCUSSUED and NOTED the Integrated Quality & Safety and Performance Report. NOTED the full Quality & Safety Report. NOTED the Care Quality Commission reports on Darent Valley Hospital and Princess Royal University Hospital.	
26.14.10	<ul style="list-style-type: none"> • FINANCE PERFORMANCE UPDATE AS AT MONTH 10 (JANUARY) 2013/14 Simon Beard, on behalf of Theresa Osborne, presented the financial position for Month 10 as detailed in the meeting paper.	
26.14.11	Breakeven position had been reported at Month 10 against a plan for £1,998k surplus with agreed £2.5m non-recurrent support repayable in 2015/16. Full use of reserves and the delivery of the Quality, Innovation, Productivity & Prevention (QIPP) as currently forecast is also included in this position. Performance against the Better Practice Payment Code (BPPC) deteriorated slightly this month.	
26.14.12	Dr Rehling raised concerns on how the CCG would achieve	



	<p>breakeven next year and how the £2.5m non-recurrent support would be repaid in 2015/16. Sarah Blow stated that a more robust provider challenge process had been agreed with the CSU for next financial year which would be financially beneficial to the CCG. Also discussions were on going with NHS England regarding non-recurrent funds available and the CCG's QIPP would be implemented with some additional financial benefits received for schemes which had been delayed in 2013/14. Dr Stoate confirmed that the CCG would continue to commission clinical services for Bexley to improve patient outcomes and achieve better money value.</p>	
26.14.13	<p>The Governing Body: DISCUSSED & NOTED the Month 10 (January) financial position and forecast breakeven position with agreed non-recurrent support, repayable in 2015/16 detailed in this report; NOTED the details of the 2013/14 allocations (programme and running costs) received and expenditure to date; NOTED the returns made to NHS England reporting the Month 10 financial position, QIPP delivery, use of 2% non-recurrent headroom and the risks and mitigations DISCUSSED & NOTED the key risks, non-recurrent support and cost pressures identified to achieving the breakeven position in 2013/14 and the management actions being taken to address and mitigate the additional potential risks to the delivery of breakeven; NOTED the month 10 actual performance against the key national finance targets.</p>	
26.14.14	<p>• CONSOLIDATED PROVIDER PERFORMANCE REPORTS Sarah Valentine referred to Section 4 of the Contracting & Performance Report and explained that the new format clearly highlighted over-performance. The CSU will produce a summary report to detail finance and performance on one page in the near future.</p>	
26.14.15	<p>A number of areas continue to over-perform (including emergency and GP referrals). Work is on-going to understand the reasons for this and agree action plans to address the issues. It is anticipated that future reporting will be able to accurately forecast future performance positions. Improved information is already enabling the CCG to better understand what is happening and to see improved activity resulting from remedial actions put in place.</p>	
26.14.16	<p>Concerns regarding the increased activity in the length of stay in Step Up Step Down (SUSD) at Queen Mary's Hospital needed to be discussed with actions agreed to enable agreed targets to be met.</p>	

26.14.17	Mental Health activity is still over performing but at a reduced level and actions are in place to reduce this further. The CCG and Oxleas needed to work together next year to look at how to deliver services cost effectively.	
26.14.18	The local 111 services continue to perform well and the London Ambulance Services (LAS) met the agreed key performance indicators (KPIs) (responded to calls in 60 seconds), this service will be re-procured in April 2015.	
26.14.19	Sarah Valentine confirmed that the CSU were working to ensure that graphs and wording in the acute activity reports were aligned and standardised across London.	
26.14.20	The meeting discussed the increase in GP referrals and acknowledged that whilst this is a national issue, until provider data was appropriately submitted it was difficult for the CCG to address this issue. Consultant to Consultant referrals and coding issues needed to be addressed with hospitals to enable these issues to be successfully resolved. Sarah Valentine confirmed that while some emergency and non-elective activity was down expenditure was up and she was looking into this issue.	
26.14.21	Sarah Blow stated that the national issue of GPs treating more patients was being discussed and there needed to be primary care developmental/educational work undertaken both locally and nationally to improve this situation.	
26.14.22	Action: Sarah Valentine agreed to produce a high level report on the top five areas of over performance for the next Governing Body meeting.	SV
26.14.23	The Governing Body NOTED the performance of the Community & Mental Health contracts.	
ITEMS FOR DECISION		
27/14	2014/15	
	<ul style="list-style-type: none"> PLANNING AND BUDGET UPDATE 	
27.14.1	Simon Beard, on behalf of Theresa Osborne, stated that the CCG had received notification of its allocations for 2014/15 and 2015/16 with guidance planning and has completed work on its financial planning for the next three years.	
27.14.2	The main risks to the delivery of the financial plans are around the acute contracts being negotiated within the financial envelope and the successful delivery of QIPP. He referred to the need to reduce running costs by 10% in 2015/16 and confirmed that the management of the NHS Bexley CCG's risks	



	with providers would be undertaken by the Commissioning Support Unit (CSU).	
27.14.3	Sarah Blow confirmed that the CCG had dual responsibility with NHS England for Specialised Commissioning. Sarah Valentine stated that internal services needed to support the work.	
27.14.4	<p>The Governing Body:</p> <p>NOTED the methodology used to calculate the draft 2014/15 budgets;</p> <p>NOTED the submission of 2 iterations of the detailed 2014/15 & 2015/16 financial position, with summary level for a further three years to NHS England;</p> <p>NOTED that a further submission of the plan needs to be submitted on 4th April 2014;</p> <p>NOTED the business rules required and used in each of the five planning years;</p> <p>NOTED the level of QIPP required to deliver the required business rules in each of the five planning years;</p> <p>NOTED the risks associated with the delivery of the financial position as submitted;</p> <p>APPROVED the draft 2014/15 budget whilst recognising the risks inherent in the plan, to ensure assignment to relevant directors prior to 1st April 2014.</p>	
27.14.5	<p style="text-align: center;">• QIPP 2014/15 & 2015/16</p> <p>Sarah Valentine provided an update on the work to date to support the QIPP plans for the next two financial years.</p>	
27.14.6	SV assured the Governing Body that project plans are achievable and supported appropriately by clinical leaders, project and procurement staff and have had a first assessment 'rag' rating. In line with national guidance the CCG has used various sources of evidence and benchmarking to develop the QIPP schemes and have grouped the individual projects into four broad areas:	
27.14.7	<ul style="list-style-type: none"> • Embed and Secure from 2013/14 – implementing in full the QIPPs such as MSK, cardiac etc. • New Transformational – key new service redesigns such as ophthalmology • Performance, Productivity & VFM – improving Value for Money within existing commissioned services e.g. higher levels of performance & productivity in acute contracts • Cost Neutrality –the Better Care Fund delivers. 	
27.14.8	The meeting discussed how savings could be achieved through the transformational redesign of commissioning services e.g.	

27.14.9	commissioning appropriate use of acute beds with primary/ community providing the appropriate care services locally; review of the Treatment Access Policy; redesign of maternity services pathway and review of medicines management. Dr Fish stated that GP prescribing could be reviewed to look at how the CCG could support GPs to provide more cost effective prescribing. Simon Evans-Evans stated that the University of Keele was currently undertaking a review of the CCGs medicines management function and the report would be shared with the Governing Body when available.	
27.14.10	Members discussed the need to ensure that the QIPPs are closely monitored to ensure the delivery of savings and new initiatives investigated.	
27.14.11	The Governing Body: NOTED the work undertaken over recent months to validate and confirm the QIPP plans for 2014/15 & 2015/16 and APPROVED the QIPP schemes.	
28/14	2014/15 – 2018/19 OPERATIONAL PLAN	
28.14.1	Sarah Valentine explained that the 2014/15 – 2018/19 Operation Plan needed to be submitted to NHS England which would provide the detail on the activity and finance as part of the Commissioning Intentions in late April.	
28.14.2	The Governing Body NOTED the CCG would be submitting the 2014/15 – 2018/19 Operational Plan to NHS England at the end of April.	
29/14	POTENTIAL PROCUREMENTS FOR 14-15	
29.14.1	Sarah Valentine stated that the Potential Procurements Plan for 14-15 are directly linked to the CCGs QIPP and would be published on the CCG website. Approval to tender for any procurement project would be sought via a business case to the Governing Body.	
29.14.2	Action: Sarah Valentine to ensure Potential Procurements for 14-15 to be placed on CCG website.	SB
29.14.3	The Governing Body AGREED the potential Procurement Plan for 14/15 as laid out in the attached report.	
30/14	REVIEW OF CONSTITUTION	
30.14.1	Simon Evans-Evans explained that a review of the Constitution had taken place and the proposed changes had been categorised into sections – significant changes and general	

	changes. The full membership of the CCG, Primary Care Advisory Group (PCAG), are the only body that can approve changes to the constitution before seeking final approval from NHS England.	
30.14.2	PCAG had discussed and agreed the principles behind the proposed changes to the Constitution.	
30.14.3	Members discussed the significant changes to the revised Constitution and Standing Orders summarised in the front sheet of the meeting paper. (Typo listed in third bullet point: Significant changes to the Standing Orders to be changed from Section to Selection).	
30.14.4	Dr Stoate confirmed that the all the amendments had been confirmed by PCAG and the Governing Body was asked to agree the recommendations for approval by the Members.	
30.14.5	The Governing Body: ENDORSED the amendments to the constitution as laid out in the attached report RECOMMENDED to the membership that the new constitution be adopted and forwarded to NHS England for approval	
31/14	ORGANISATONAL DEVELOPMENT PLAN	
31.14.1	Simon Evans-Evans introduced the Organisation Development (OD) Plan. The OD Plan reflects the Assurance Framework to act as a good commissioner of services and to strive to continuously improve. The OD Plan supports the vision, mission, values and the four corporate objectives. There will be an action plan developed to deliver the 18 recommendations in the OD Plan.	
31.14.2	Members considered the need to ensure that all objectives are measurable and monitored appropriately. Simon Evans-Evans confirmed that there would be agreed Key Performance Indicators (KPIs) and a dashboard which would be reported to the Governing Body. Dr Kanani confirmed that she would provide feedback on Objective 1: Clinical Leads development programme.	
31.14.3	The Governing Body APPROVED the Organisational Development Plan and delegated the development of an action plan to the Executive.	
32/14	SCHEDULE OF MATTERS DELEGATED TO OFFICERS	
32.14.1	Simon Beard, on behalf of Theresa Osborne, presented the Schedule of Matters Delegated to Officers report which had been revised to ensure that the document is up to date and fit	



	for purpose. He highlighted some of the changes to the meeting below:	
32.14.2	3)ii) – Business cases – change to limits: Up to £250k – approved by FSC sent to Governing Body for information £250k+ - approved by Governing Body on the recommendation of the FSC.	
32.14.3	7)ii) – NCA approvals – approval of invoices over £10k – add AD Transformation and Design as a post with delegated authority	
32.14.4	27)p) – Ill Health – change authority to “Either Chief Officer, Chief Financial Officer, Director of Commissioning or Director of Governance and Quality <i>with advice from</i> CSU HR Business Manager.	
32.14.5	The Governing Body APPROVED the amendments to the Schedule of Matters, as laid out in the executive summary and highlighted in the detailed schedule.	
33/14	UPDATED PMO PROCESS	
33.14.1	Simon Beard, on behalf of Theresa Osborne, explained that the current Project Management Office (PMO) process had been introduced a year ago and needed updating to streamline the process. A simplified PMO process list, process map, gateway diagram and checklist have been developed together with a suite of templates for completion. The checklist provides a quick guide to the progress and will be used to inform the 1:1 meetings with Project managers, the Star Chamber and updates to the Governing Body.	
33.14.2	Sarah Blow stated that NHS Bexley CCG had been commended on their PMO process as being one of the best in London.	
33.14.3	The Governing Body APPROVED the simplified PMO process and the associated templates for completion at each stage of the QIPP process.	
34/14	USE OF SEAL	
34.14.1	Simon Evans-Evans summarised the Use of the Seal which is summarised in the NHS Bexley CCG’s Constitution Section 6 Standing Orders.	
34.14.2	The Governing Body APPROVED the process for the use of Chair’s Action and Seal.	



<p>35/14 35.14.1</p> <p>35.14.2</p> <p>35.14.3</p> <p>35.14.4</p> <p>35.14.5</p>	<p>PERSONAL HEALTH BUDGETS POLICY</p> <p>Sarah Valentine explained that from 1 April 2014 people receiving NHS Continuing Healthcare and families of children receiving continuing care would have the right to ask for a personal health budget. Our policy has been developed with NHS Bromley CCG.</p> <p>The Personal Health Budgets (PHB) Policy details how NHS Bexley CCG will operate the PHB Policy from 1 April 2014 which will be subject to review.</p> <p>The policy defines the three different options and details the restrictions on how the funding can be used. PHB must be used solely for the purpose to support a person's individual health care and well-being needs, and must be planned and agreed between the individual and their local NHS team.</p> <p>The Governing Body will be kept updated on this programme as it develops.</p> <p>The Governing Body APPROVED the Bexley CCG Personal Health Budgets Policy as attached.</p>	
<p>36/14 36.14.1</p> <p>36.14.2</p> <p>36.14.3</p> <p>36.14.4</p>	<p>RE PROCUREMENT OPHTHALMOLOGY INTEGRATED SERVICES</p> <p>Sarah Valentine explained that the current ophthalmology services in Bexley are fragmented across a number of providers focused on hospital based costly services. The business case for a new Ophthalmology Integrated Services pathway would offer an integrated pathway across community and acute services for Bexley patients.</p> <p>Following legal advice the proposal was to extend the current contract with Kings with the inclusion of community services for an additional twelve months and full re-procurement to take place in time for a go live at August 2016.</p> <p>The other acute provider contracts (mainly Moorfields and Guys & St Thomas') would remain as direct agreements with the CCG. This approach would enable work to take place on developing new community services; remodeling the pathway and the development of a new service specification whilst QIPP savings are achieved.</p> <p>Kings would operate from the QMH and Erith Hospital sites and would be responsible for developing the community services, to include clinical training and up skilling services of optometrists in Bexley as part of the contract.</p>	



36.14.5	It was confirmed that the extension to the current contract would be beneficial to patients as it would provide the platform to redesign new fit for purpose services quickly and cost effectively. The meeting discussed the need to ensure that appropriate risk assessments are carried out and processes are aligned to statutory guidance.	
36.14.6	The Governing Body: APPROVED the recommendation for a) the extension of the existing Kings contract for Ophthalmology Services to include community Optometry services (using the focus sites as QMH and Erith) and b) an extension to their existing contract from August 2015 to August 2016. APPROVED the contract extensions shown above for these services.	
37/14	QUESTIONS FROM THE PUBLIC relating to meeting discussions above	
37.14.1	1. Regarding the Re-procurement of Ophthalmology Integrated Services, confirmation was sought that diabetic eye screening was included in the service specification. If so, could the Ophthalmology Diabetes Specialist Nurse be based at Queen Mary's Hospital alongside the Consultant clinic.	
37.14.2	Sarah Blow confirmed that hospital treatment for ophthalmology (where required) was included in the re-procurement and comments regarding the Ophthalmology Diabetes Specialist Nurse would be included in the planning of the service redesign.	
37.14.3	2. A question was raised regarding the movements shown between surplus of £1.9m (M7) to break even (M9) with non-recurrent repayment of £2.5m - non recurrent repayment of £2.5m not included in 2015/16 figures.	
37.14.4	Sarah Blow stated that the changes in the financial reporting resulted from a large increase in acute performance which had not been anticipated and the delay in the implementation of the MSK programme. Both of these issues had an adverse effect on the CCG's finances and had been detailed in the Governing Body papers. The non-recurrent repayment of £2.5m has been included in the full 2015/16 planning paper.	
37.14.5	3. With reference to the Organisational Development Plan how did the CCG obtain public and patients views on the redesign of health services?	



37.14.6	Simon Evans-Evans stated that views from stakeholders, GP practices, Patient Council, and patient engagements networks were continually sought regarding strategic and operational health care services. Patient Council members were part of the Commissioning Intentions committee service redesign process. Although we did a lot of good work the CCG needs to get even better at handling feedback from patients and to develop systems to capture the outcomes received from services.	
37.14.7	4. Was the three month delay in the development of the Crayford GP Town Hall Surgery due to the delay in NHS funding?	
37.14.8	Sarah Blow confirmed that the funding for the Crayford GP Town Hall Surgery had been approved by NHS England. The CCG was not qualified to comment on the delay which could be due to contractual reasons being agreed.	
37.14.9	5. What is the “Any Town” bench marking system and what will it deliver?	
37.14.10	Sarah Valentine stated that “Any Town” was a nationally released benchmarking system that enabled a CCG to compare itself to CCGs with similar population demographics. It provides valuable comparisons so that a CCG can look at specific areas of healthcare focus and determine whether services can be improved or increased valued for money achieved.	
37.14.11	6. What is the NHS Change Day?	
37.14.12	Dr Kanani explained that the NHS Change Day had been implemented last year by a small group of NHS clinicians who had made pledges to volunteer to do something different for one day. This year there is in excess of 250,000 pledges made by NHS staff.	
37.14.13	7. Further to discussion at the January Governing Body Public Meeting is there any planned date for the implementation of when services will start to be developed and implemented at Erith Hospital e.g. ophthalmology?	
37.14.14	Sarah Valentine explained that services are gradually being tendered with the purpose of using the Queen Mary Hospital site as the ‘hub’ and the Erith Hospital as the ‘spoke’. MSK, Cardiology and Urgent Care Centre services should gradually be delivered from these sites within the next 3-6 months.	



ITEMS FOR DISCUSSION	
38/14	DEVELOPMENT OF THE JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) 2014/15 – UPDATE
38.14.1	<p>Sue Robinson, Bexley Council, Head of Health Policy, provided an update on the development of the JSNA which focussed on draft disease and care group work plans. The JSNA included detail on the engagement work of the Local Authority staff and stakeholders that continues to develop health prevention work across Bexley. Key cross cutting issues include</p> <ul style="list-style-type: none"> • patients with mental health problems that smoke; • patients with mental health problems that have issues with alcohol; • elderly people living in areas of deprivation that suffer problems that are not common in all areas across Bexley.
38.14.2	<p>The draft of the full JSNA will require final sign off by the Health & Wellbeing Board (HWBB) in July 2014 which will include the key priorities for the HWBB to consider and based on the specific disease and care group issues with cross cutting themes.</p>
38.14.3	<p>During discussions Dr Fish emphasised the need to address the importance of the work of smoking cessation for all sections of the public including NHS staff.</p>
38.14.4	<p>Sarah Blow stated that it was vital that the stakeholder engagement work should continue to identify areas of improvement which would result in improved outcomes for the public in Bexley and this should be fed into the clinical commissioning programmes.</p>
38.14.5	<p>The Governing Body: NOTED the progress made on the production of and engagement on the JSNA. COMMENTED on the draft chapters of the JSNA and offered advice on how to develop and improve it further – by 30th April 2014. NOTED the update on key emerging messages and cross cutting themes that will need to inform strategic commissioning and decision-making. NOTED the possibility of working with Thamesmead Community Trust as a pilot for a community assets based approach to the JSNA.</p>



39/14	BOARD ASSURANCE	
39.14.1	Simon Evans-Evans presented the Board Assurance Framework (BAF) which had been reviewed by the Assistant Directors, Directors and reported to the CCG's governance committees.	
39.14.2	The Governing Body NOTED the Risks reported as laid out in the Board Assurance Framework report.	
ITEMS FOR INFORMATION		
40/14	NHS BEXLEY CCG ANNUAL REPORT UPDATE	
40.14.1	Simon Evans-Evans summarised the meeting paper which detailed the work to date on the CCG's first Annual Report which would be produced in line with statutory regulations.	
40.14.2	The meeting was asked to consider the achievements sections of the report and provide comment/additions for inclusion in the draft paper via email to Simon Evans-Evans.	
40.14.3	The Governing Body NOTED the progress made on the production of the annual report against the timelines set out.	
41/14	URGENT CARE	
41.14.1	Sarah Blow provided a verbal update on the Urgent Care Services and stated there would be a written report to the July Governing Body Public Meeting.	
41.14.2	One area of work being undertaken is to understand the increased activity at the Queen Elizabeth A&E department through a balance of care audit. There needs to be an understanding on what is driving the demand and how the staff can be supported before an action pathway with action plans can be implemented. Work is also on-going with the London Ambulance Services to review how to make best use of A&E services across the area.	
41.14.3	The Governing Body NOTED the update on Urgent Care.	
42/14	The Governing Body NOTED:	
42.14.1	Minutes for Committees/Sub-Committees for the Governing Body: •Patient Council 12 December 2013	
42.14.2	Executive Summaries for Committees/Sub-Committees for the Governing Body: •Executive Management Committee 2 January & 6 February 2014 •Finance Sub-Committee 14 January 2014	



	<ul style="list-style-type: none"> •Quality and Safety Sub-Committee 13 February 2014 (draft) •Medicines Management Sub-Committee 15 January 2014 •Information Governance Sub Committee 14 January 2014 	
43/14	UPDATE FROM THE PATIENT COUNCIL	
43.14.1	Sandra Wakeford stated that the Patient Council continued to be involved in the work on the design of the personal health budgets and end of life care patient pathways. The Patient Council meetings had held discussions on care homes; diabetes; medicines management waste campaign and a public health presentation.	
43.14.2	Sandra Wakeford confirmed that she would discuss the Patient Council OD patient plan with Simon Evans-Evans so that the work of the Patient Council is developed in line with the organisational needs of the CCG.	
44/14	ANY OTHER BUSINESS	
44.14.1	None.	
45/14	PUBLIC FORUM	
45.14.1	<p>8. The following question was received in advance of the meeting for response.</p> <p>Subject: 'Named GP' responsibility.</p> <p>From current reporting it appears likely that some GPs may not receive the additional £5 per patient funding supposed to support the new contractual responsibility to be a 'named GP' for patients over 75 years of age - and those that do may have to undertake additional work.</p> <p>I understand that there is a new contractual requirement that practices in England ensure that from April there is a named, accountable GP assigned to every patient aged 75 years and over, with the GP responsible for co-ordinating and overseeing that patient's care.</p> <p>In an interview with Pulse last month, Health Secretary Jeremy Hunt explicitly promised extra funding that should be used to support the new 'named GP' responsibility.</p> <p>He said: 'It's a very big change, and there's a lot of extra work, but that's why we've removed 40% of the QOF targets to help free up GPs' time, and we've also put in extra resources. The extra £5 [per patient funding] is a reflection of the fact that we know that to deliver better care we need more capacity in the system.'</p> <p>Please confirm that you are committed to offering GPs this extra money, which has been promised by NHS England and the Health Secretary and is due to begin in April (Next Month) and if so what, if any, extra work will be tied to this payment over and above the new 'named GP' duties? Do</p>	



	you intend to attach negotiations for new/additional or changed 'baseline outcomes' to the payment?	
45.14.2	Sara Blow explained that the £5 per head funding referred to is not additional funding and is not included in CCG baselines. The NHS board paper originally stated that this funding has to be released for acute savings. The examples of funding given in the guidance states:	
45.14.3	“This funding might, for example, be used for new services based in general practice or for new or additional community services, such as rapid response community nursing, additional support from mental health service providers, designated district nursing, additional discharge co-ordinator services or targeted social care services, or additional services from third and voluntary sector providers.”	
45.14.4	This funding is not therefore necessarily for GPs. We are currently working with GPs, London Borough of Bexley and other providers to improve ways of working and look at improvement of services, linked to the better care fund, e.g. falls. This is in line with how other CCGs are treating this. We are also asking NHS England if there is additional release of resources for this that could provide additional funding for Community and primary care services.	
45.14.5	9. Has there been any agreement on future services to be delivered from the Erith Hospital site along with the Urgent Care Centre services?	
45.14.6	Sarah Blow confirmed that there would be further services agreed for the Erith Hospital site which would be confirmed when all the plans had been agreed and starting dates announced.	
45.14.7	10. Why has there been no prime contractor bidder for diabetes agreed?	
45.14.8	Sarah Blow confirmed that discussions were on-going relating to this issue with Lewisham and Greenwich Trust and agreed plans would be announced when completed.	
45.14.9	11. Following national reports on £7 billion NHS funds going astray at top level, what actions were being taken to address this issue and considerations being given to use these monies for additional nurses and consultants?	
45.14.10	Sarah Blow confirmed that there was a strong Whistle Blowing policy and culture across the NHS which was being	



	implemented to address the misuse of NHS funds.	
45.14.11	12. How are long term conditions being addressed? Should there be more focus on prevention?	
45.14.12	As discussed earlier in the meeting (Item 38/14 Development of the Joint Strategic Needs Assessment – JSNA 2014/15 Update) Sarah Blow confirmed that this work is being developed by Bexley Council staff alongside local stakeholders. Examples of work in this area include falls prevention; obesity and Change for Life programme.	
45.14.13	Dr Kanani explained that prevention has many facets and work is progressing on working with the voluntary sector to address issues of isolation and loneliness and how to eat healthily on a budget. Dr Fish commented that prevention was based on education, education, education.	
DATE OF NEXT MEETING		
46/14	Thursday 29 May 2014 from 1.30-3.30 pm in the Danson Room, 221 Erith Road, Bexleyheath, Kent DA7 6HZ	

