

Agenda Item: 03/14

## Governing Body (public) meeting

**THURSDAY, 28 November 2013, 1.30PM- 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 Sushanta Bhadra	GP Locality Representative, North Bexley
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
Keith Wood	Lay Member
Sandra Wakeford	Lay Member
Yemisi Osho	Nurse Member
Simon Evans-Evans	Director of Governance and Quality

**IN ATTENDANCE:**

Mary Stoneham (notes)	Board Secretary
Charles O’Hanlon	Assistant Director of Service Redesign

**APOLOGIES:**

Sarah Valentine	Director of Commissioning
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<b>STANDING ITEMS</b>	
<b>108/13</b> 108.13.1	<b>WELCOME AND APOLOGIES FOR ABSENCE</b> Dr Howard Stoate welcomed members of the Governing Body and members of the public to the public meeting. The Chair explained that the NHS Bexley Clinical Commissioning Group Governing Body hold meetings in public to enable the public to observe the decision making process and there would be two opportunities for questions from the public during the meeting.
108.13.2	Apologies were received from Sarah Valentine.
<b>109/13</b> 109.13.1	<b>DECLARATIONS OF INTEREST</b> Dr Stoate asked if anyone had any interests to declare in respect of the meeting agenda.
109.13.2	The GPs declared an interest in that they are commissioned by



	NHS England to provide GP services and in particular in Item 115/13 Primary Care Support to Care Homes. Keith Wood (Vice Chair) would chair the meeting for this item.	
<b>110/13</b>	<b>MINUTES OF THE GOVERNING BODY PUBLIC MEETING DATED 26 SEPTEMBER 2013</b>	
110.13.1	The meeting <b>AGREED</b> the Governing Body (Public) Meeting minutes dated 26 September 2013.	
<b>111/13</b>	<b>MATTERS ARISING</b>	
111.13.1	<ul style="list-style-type: none"> <li>• <b>ACTION LOG</b> updated and completed</li> </ul>	
<b>112/13</b>	<b>CHAIRMAN'S UPDATE REPORT</b>	
112.13.1	Dr Howard Stoate congratulated Dr Gunen Ucyigit on the birth of her Baby daughter and confirmed that Dr Nikita Kanani had been nominated by the membership of Clocktower and interviewed earlier for the vacant Locality Representative for Clocktower. Dr Kanani is the CCG's Clinical Lead for Integrated Care, a salaried GP at Bellegrove Surgery and the Quality Lead for the Faculty of Medical Leadership and Management. Dr Stoate formally asked the Governing Body to co-opted Dr Kanani as the Clocktower Locality Representative until September 2014.	
112.13.2	The Governing Body <b>approved</b> Dr Kanani to the Governing Body as the Clocktower Locality Representative and Dr Stoate welcomed Dr Kanani to the Governing Body.	
112.13.3	Dr Bill Cotter had stood down from the Governing Body and Dr Stoate's formally thanked him for his valuable support, leadership and clinical expertise in his work at the CCG. .	
112.13.4	Dr Stoate announced following a competitive procurement process for Bexley's Musculoskeletal (MSK) Services the contract was formally awarded to King's Health Partners subject to a two week standstill period, which ended on 25 November 2013.	
112.13.5	Work was progressing on the procurement of cardiology, diabetes and urgent and unscheduled care services.	
112.13.6	The CCG achieved Interim Accredited Safe Haven (ASH) Accreditation and is currently working on an action improvement plan.	
112.13.7	NHS Direct have withdrawn from the contract to provide the NHS 111 Service and the London Ambulance Service NHS Trust (LAS) will deliver the South East London 111 services until March 2015.	



112.13.8	The South London Healthcare NHS Trust (SLHT) was dissolved on 30 September 2013 and Queen Mary's Hospital (QMH) is now owned by NHS Oxleas Foundation Trust with services provided by local trusts – Dartford and Gravesham, Guys and St Thomas'; Kings College Hospital; Lewisham and Greenwich Trust and Oxleas. Queen Elizabeth Hospital (QEH) is managed by NHS Lewisham and Greenwich NHS Trust and Princess Royal University Hospital managed by NHS King's College Hospital Foundation Trust.	
112.13.9	The CCG had a series of engagement events with local NHS organisations, social care providers, the voluntary sector, patient groups, GPs and the Local Authority to develop Commissioning Intentions for 2014/15 and beyond.	
112.13.10	The six south-east London CCGs who have launched the 'Not always A&E' campaign as part of winter planning to help reduce the pressure on the urgent care system this year. The campaign features a series of yellow figures, each with a different ailment, directing patients to the most appropriate services to access.	
112.13.11	<b>DECISION LOG FROM OTHER FORA</b> The Governing Body <b>noted</b> the decisions that have been made by the Governing Body in different fora on behalf of the Governing Body regarding the Procurement Award for MSK Prime Contractor and Re-procurement of RMBS (Referral Management Booking Service).	
<b>113/13</b>	<b>2013/14</b>	
113.13.1	• <b>QUALITY &amp; SAFETY REPORT QUARTER 2</b>	
113.13.2	Simon Evans-Evans summarised the highlights from the new simplified meeting report on the clinical quality and clinical governance agenda detailed in the executive summary.	
113.13.3	Dr Stoa welcomed the new report format and the improvement to the GP Alerts process which would assist GPs in reporting issues. SEE confirmed that the new providers of SLHT services were responsible for the response to complaints received prior to 30 September 2013. Dr Deshmukh stated that response times to complaints needed to improve and raised concerns on the number of pressure sores reported. SEE stated that work was currently being undertaken to review the numbers/levels of ulcers reported and how to implement any learning and development to improve patient care in future services. Bexley/Bromley/ Lewisham/Greenwich CCG colleagues were working to develop processes to identify learning and development issues with providers so that issues are identified when reported by the	

	<p>provider. Providers are being asked to report issues of concern before they escalate into a serious issue.</p>	
113.13.4	<p>The Governing Body <b>noted</b> the contents of the Quality &amp; Safety Report 2 2013 and the quality dashboard.</p>	
113.13.5	<ul style="list-style-type: none"> <li>• <b>FINANCE PERFORMANCE UPDATE AS AT MONTH 6 (JULY) 2013/14</b></li> </ul>	
113.13.6	<p>Theresa Osborne confirmed that the financial position for Month 6 was on target with running costs remaining within the target allocation. However all available reserves had been utilised which increased the risk to the CCG year end agreed position. The risks detailed in the report will increase in Month 7 with concerns at the level of over performance of acute activity. Work is ongoing with the CSU to improve the level of acute and QIPP activity reporting and challenges to provide accurate information on current performance and future forecasting. TO confirmed Specialist Commissioning risk has been de-escalated at Month6/7 with the expectation that it would now be cost neutral and the Continuing Care Risk would not materialise in 2013/14.</p>	
113.13.7	<p>Following discussion TO confirmed that the CCG was looking to develop an 'in-house' system which would be supported by the CSU. She stated that joint performance/QIPP reporting with the CSU was now moving forward.</p>	
113.13.8	<p>The Governing Body:</p>	
113.13.9	<p><b>DISCUSSED &amp; NOTED</b></p> <ul style="list-style-type: none"> <li>• The Month 6 (September) financial position and forecast outturn detailed in this report which shows the CCG meeting the required 1% surplus;</li> <li>• The month 6 actual performance against the key national finance targets</li> <li>• The key risks and cost pressures identified to achieving the surplus control total in 2013/14 and the management actions being taken to address and mitigate these risks;</li> </ul>	
113.13.10	<p><b>NOTED</b></p> <ul style="list-style-type: none"> <li>• The details of the 2013/14 allocations (programme and running costs) received and expenditure to date;</li> <li>• The returns made to NHS England reporting the month 6 financial position, QIPP delivery, use of 2% headroom and the risks and mitigations which the CCG has (Appendix 1 meeting paper);</li> </ul>	
113.13.10	<ul style="list-style-type: none"> <li>• <b>PERFORMANCE AS AT QUARTER 1 MONTH 4 (JULY) 2013/14</b></li> </ul> <p>Charles O'Hanlon provided a summary on the Quarter 1 report and stated that the Choose &amp; Book data of 75% was incorrectly</p>	

	<p>reported and should read 96%. NHS England and Social Care were working on this to ensure accurate data was reported. The Referral Management Booking Service (RMBS) re-procurement should address some of the current issues. The IAPT capacity has been increased by including Primary Care Counselling referrals.</p>	
113.13.10	<p>During discussion it was noted that the section on Public Health targets had not been completed and COH confirmed that this area now sits with the Local Authority. Sarah Blow stated she would discuss this issue at the next Health &amp; Well Being Board Meeting and check with other CCGs on how area this was being reported.</p>	
113.13.11	<p><b>Action:</b> Sarah Blow to discuss this Public Health Target Reporting at the next Health &amp; Well Being Board Meeting and check with other CCGs on how area this was being reported.</p>	
113.13.12	<p>In response to questions regarding the differing dates used for target dates in the report, TO confirmed that data was available from different areas at different times and the most recent data was used in the report for the Governing Body. SEE confirmed that the commentary for target CBA 16 was incorrect for this red target and that future reports would include column headers on each page to enable information to be read easier.</p>	
113.13.13	<p>The Governing Body: <b>DISCUSSED &amp; NOTED</b> current performance against targets for Bexley CCG and the actions being taken to address any areas of underperformance. <b>NOTED</b> Information and update on Public Health and NHS England targets was outstanding at the time of writing this report.</p>	
113.13.14	<p>• <b>CONSOLIDATED CONTRACTS REPORTING</b> The meeting discussed the increased activity in community nursing of 7% overall and 4% twilight nursing. Agreement had been reached to recruit more senior hospital nurses to address issues. Sarah Blow stated the activity report for District Nurses showed it was green overall and asked if the data was correct. Dr Chase confirmed that there had been some problems with district nursing issue data and she was meeting later with Oxleas to look at the level of nursing grades used and agree an action plan to be implemented next week.</p>	
113.13.14	<p>Significant over performance had been reported in activity based costing areas - this is being addressed with providers. Dr Rehling asked if the need for inpatient bed days had increased</p>	

113.13.15	<p>for mental health patients should the CCG increase the number of beds in line with demand. COH stated that this was now being considered for inclusion in the 2013/14 contract. SEE confirmed that the Oxleas Quality Group continued to discuss and monitor services and provide assurance on current services.</p> <p>The Governing Body:  <b>NOTED</b> the performance of the Community &amp; Mental Health contracts shown in the meeting report and the tabled Month 6 NHS 111 and Month 6 Acute reports.</p>	
114/13	<p><b>DEVELOPMENT OF THE COMMISSIONING INTENTIONS 2013/14</b></p> <p>114.13.1 Charles O’Hanlon stated that the Commissioning Intentions has been developed as a living real document with the CCG’s vision, values, plans for the next two years as well as a longer term vision and outline priorities to 2019. He summarised the document and explained the prevention and wellbeing priorities had already been agreed with the Local Authority through the Joint Health and Wellbeing Strategy. The Commissioning Intentions was based on four pillars: Joint Strategy Needs Assessment (JSNA), safety and quality (Francis and Berwick reports), NHS Call to Action and financial sustainability.</p> <p>114.13.2 COH explained that the commissioning intentions would be developed and achieved through QIPP, up-skilled workforce, improved service provision and appropriate performance management. The CCG will engage with the GPs and wider clinical groups, QMH and Erith Hospital. The next steps will include a refresh of the document with full guidance now available and engagement with public partners. A longer version of the commissioning intentions was available on request from Mary Stoneham.</p> <p>114.13.3 Sarah Blow acknowledged the hard work that has been achieved in the collation of the document to date and confirmed that all GPs had been involved in the development of the commissioning intentions.</p> <p>114.12.4 The Governing Body:  <b>APPROVED</b> the latest version of the Commissioning Intentions  <b>NOTED:</b></p> <ul style="list-style-type: none"> <li>• The existence of a detailed engagement plan and support the first whole system engagement event on 5<sup>th</sup> December</li> <li>• That the document will be updated in the light of NHSE national and London guidance, taken to the Health and Wellbeing Board in January 2014 and brought back to Governing Body for final approval by the end of March 2014</li> </ul>	



<b>ITEMS FOR DECISION</b>	
<b>115/13</b>	<b>PRIMARY CARE SUPPORT TO CARE HOMES</b>
115.13.1	Keith Wood (Vice Chair) took the chair for this item only as all GPs had declared interest (see 108.13.2).
115.13.2	Charles O'Hanlon summarised the currently Care Homes Locally Enhanced Services (LES) in place with 12 Bexley practices which will cease on 31 March 2014. In line with recent legislation the CCG has been working on the procurement of primary care support to care home service via a competitive tendering process that will be open to all Bexley practices to commence 1 April 2014. The CCG has been working closely with the Local Medical Committee (LMC) to review current problems/challenges; engagement plan implementation; review of evidence base/best practice for healthcare services to care homes and review of non-elective and A&E attendances from Bexley care homes.
115.13.2	Sarah Blow welcomed the approach to the standardisation of primary care support to care homes. The GP's role would include the co-ordination of all health services that were needed to care for patients and avoid unnecessary emergency admissions including end of life care provisions. GPs would be responsible for negotiating the appropriate of Out of Hours care arrangements.
115.13.2	The Governing Body <b>APPROVED</b> that the primary care support to care homes service can be procured via a competitive tendering exercise that is opened up to all Bexley practices, as laid out in section 4 of the attached report. This approval is subject to Finance Sub-Committee approval of the detailed business case on 10 <sup>th</sup> December 2013.
115.13.3	Dr Stoate resumed as Chair of meeting.
<b>116/13</b>	<b>QUESTIONS FROM THE PUBLIC</b>
116.13.1	<p>1. In response to a questions regarding the primary care support to care homes COH confirmed that:</p> <ul style="list-style-type: none"> <li>- GPs had been included along with patient/family/residents in care homes (through questionnaires which were being collated by the Patient Engagement Team).</li> <li>- further guidance was awaited on the 1 year contract and changes in the system to Named GPs</li> <li>- the new framework will include what services GPs are expected to provide</li> <li>- appropriate recording/monitoring processes will be included in new contracts to ensure that agreed Key Performance Indicators (KPIs) are achieved to ensure improved patient care</li> </ul>



<p>116.13.2</p> <p>116.13.3</p> <p>116.13.4</p>	<p>services are delivered e.g. more structure to visits/revenue as part of the core standards - going forward the CCG will be able to compare performance against previous quarters however no data has been collated previously so no comparison with the past will be able to made.</p> <p>2. A member of the public stated that NHS colour coded leaflets were distributed by the local health economy last year on how to deal with winter illnesses. These leaflets provided very useful information to the public on the how to use the correct local health services and asked if they were available this year. SB stated there was information available on the which NHS service to use from 111 and also be NHS leaflets available this year featuring the 'yellow man' and would be distributed in Bexley when receive</p> <p><b>Action:</b> SEE stated that he would check whether the leaflets used last year would be in circulation again this year. SW to give update of next Patient Council meeting.</p> <p>3. In response to a question regarding the re-procurement of the Anti-Coagulation Services awarded to Boots (who had withdrawn before contract commenced) COH confirmed that a new AQP would take place in January 2014.</p>	
<b>ITEMS FOR DISCUSSION</b>		
<p>117/13</p> <p>117.13.1</p> <p>117.13.2</p> <p>117.13.3</p>	<p><b>DEVELOPMENT OF THE JOINT STRATEGIC NEEDS ASSESSMENT – JSNA 2014/14</b></p> <p>Charles O’Hanlon explained that the meeting paper detailed the process to re-focus the JSNA on the current and future needs the local population to underpin the health well being strategies and commissioning intentions.</p> <p>During discussion it was confirmed that the proposed engagement communication and engagement plans would be discussed at a wide spectrum of meetings with GPs, the Local Authority and partnership groups. Local GPs would provide in-depth local clinical knowledge into this area of work.</p> <p>The Governing Body: <b>NOTED</b></p> <ul style="list-style-type: none"> <li>• The approach to refreshing the JSNA and the CCG’s engagement in the Steering Group</li> <li>• The approach to engagement on the JSNA and comment on how develop this further</li> </ul> <p><b>APPROVED</b></p>	



	The format of the JSNA and comment on how develop and improve it further	
<b>118/13</b> 118.13.1	<b>BOARD ASSURANCE</b> Simon Evans-Evans presented the Board Assurance Framework (BAF) and advised the Governing Body that the Audit & Assurance Committee will reviewed the full BAF and the full CCG Risk Register next week on behalf of the Governing Body. Keith Wood asked that the wording to mitigate actions was revisited and areas where the forecast risk rating is higher than the target risk rating be amended.	
118.13.2	The Governing Body <b>Noted</b> the Risks reported as laid out in the Board Assurance Framework report.	
<b>ITEMS FOR INFORMATION</b>		
<b>119/13</b> 119.13.1	<b>SOUTH EAST LONDON CLINICAL STRATEGY COMMITTEE TERMS OF REFERENCE</b> Simon Evans-Evans stated that the South East London CCGs worked together on clinical strategy and the meeting paper provided detail on the structure of the committee. SEE stressed that this group did not have delegated authority to act on behalf of NHS Bexley CCG but that recommendations made by this Committee would need to be approved by the Governing Body.  The Governing Body <b>NOTED</b> the attached Terms of Reference for the South East London CCGs Clinical Strategy Committee.	
<b>120/13</b> 120.13.1	<b>URGENT CARE</b> Sarah Blow provided a summary on the high level overview governance and issues currently taking place in urgent care across south east London and how these affected Bexley services. The CCG was constantly working towards improving health outcomes for Bexley patients. New governance arrangements were in place following the end of SLHT and an over arching group of Chief Officers from Bexley/Greenwich/Lewisham CCGs were working collaboratively with local providers. NHS 111 continued to work with SE London providers through the transition from NHS Direct to the London Ambulance Service and no issues have arisen. Winter planning work continues joint across south east London and detailed plans are monitored and implemented via the Urgent Care Network and Working Groups being led by Sarah Blow.	
120.13.2	During discussion SB confirmed that there was a shortage of nurses across the whole health system and work was taking place to look at redesigning current working to share capacity across the whole system.	



120.13.3	The Governing Body <b>NOTED</b> the information provided on urgent care and <b>AGREED</b> to receive regular updates throughout the winter period.	
<b>121/13</b>	<b>PERSONAL HEALTH BUDGETS (PHB)</b>	
121.13.1	Theresa Osborne summarised the meeting paper on how to implement the policy which gives the right to families of children receiving NHS Continuing Healthcare the right to apply for a personal health budget from 1 April 2013. A working group has been set up to take this work forward and an update will be provided to the Governing Body in the New Year.	
121.13.2	The Governing Body <b>NOTED</b> the requirement to implement PHB from 1 April 2014 as laid out in Section 1 of the meeting report.	
<b>122/13</b>	<b>The Governing Body NOTED the Summary sheets for minutes of Committees/Sub-Committees</b>	
122.13.1	<ul style="list-style-type: none"> <li>• Audit &amp; Integrated Assurance Committee 24 September 2013</li> <li>• Executive Management Committee 19 September/17 October 2013</li> <li>• Finance Sub Committee 19 September 2013</li> <li>• Quality &amp; Safety Sub Committee 19 September 2013</li> <li>• Medicines Management Sub Committee 21 August/2 October 2013</li> <li>• Primary Care Advisory Group 13 November 2013</li> </ul>	
<b>123/13</b>	<b>ANY OTHER BUSINESS</b>	
123.13.1	<ul style="list-style-type: none"> <li>• Following the resignation of Dr Cotter from the Governing Body Dr Stoate asked for a GP to fill the vacancy as the GP Rep on the Medicines Management Sub Committee.</li> </ul>	
123.13.2	<ul style="list-style-type: none"> <li>• Sandra Wakeford stated that a review of the Patient's Council Terms of Reference had taken place and nominations had been received for the Chair and Vice Chair posts with an announcement made on 12 December 2013. The local Mencap would support the local mental health clinics using 10% of personal budgets as part of the Disability Gold System. Members of the Patient Council who worked for the Voluntary Services were now able to place new bids on the website and other local organisations could look at this information. Concerns were raised at the impact of pace of change and the loss experienced by Wandsworth of a £46m loss. Sarah Blow confirmed that the impact of the pace of change was not to lose money in year one and the 2 year national allocation would be announced on 18 December 2013.</li> </ul>	
<b>124/13</b>	<b>PUBLIC FORUM</b>	



124.13.1	1. A member of the public stated that confirmation had now been received regarding the new Crayford Town Hall GP site which was very good news for patients. He stated that further communication was needed with young people regarding the use of doctors/Urgent Care Centres and A&E departments.	
124.13.2	2. A member of the public asked why there was a national winter pressure surge this year before the winter had set in. SB stated that the current admissions were of a more serious nature and patients needed to flow through hospitals, with primary and community services supporting more patients at home and keep well at home information readily available to the public.	
124.13.3	3. Concerns regarding the impact of pace of change to Wandsworth on Bexley budgets. SB confirmed that NHS England will advise all CCGs the cost per head for Mental Health.	
124.13.4	4. A member of the public had sent an email regarding Dr Geraldine Strathdee request to all CCGs to appoint a Mental Health Lead and provide much more data about Mental Health in their areas.	
124.13.5	<b>Action:</b> MS to receive resent email and ensure answer to question provided via email.	
<b>DATE OF NEXT MEETING</b>		
<b>125/13</b> 125.13.1	Thursday 30 January 2014 from 1.30-3.30 pm in the Danson Room, 221 Erith Road, Bexleyheath, Kent DA7 6HZ	