

Agenda Item: 78/14

Notes of a meeting held by members of the Governing Body in public

THURSDAY, 29 May 2014, 1.30 – 3.30 PM
Danson Room, 221 Erith Road, Bexleyheath DA7 6HZ

PRESENT:

Keith Wood	Lay Member Chair
Dr Sid Deshmukh	GP Locality Lead Frognal
Dr Varun Bhalla	GP Locality Lead North Bexley
Dr Peter Fish	GP Locality Lead Clocktower
Dr Sushanta Bhadra	GP Locality Representative, North Bexley
Sarah Blow	Chief Officer
Theresa Osborne	Financial Chief Officer
Yemisi Osho	Nurse Member
Simon Evans-Evans	Director of Governance and Quality
Sarah Valentine	Director of Commissioning

IN ATTENDANCE:

Mary Stoneham (notes) Board Secretary

APOLOGIES:

Dr Howard Stoate	GP, Chair
Dr Sarah Chase	GP Locality Representative, Frognal
Dr Nikita Kanani	Clinical Vice Chair & GP Locality Representative, Clocktower
Dr Graham Rehling	Secondary Care Specialist
Sandra Wakeford	Lay Member
Lionel Eastmond	Bexley Patient Council Vice-Chair – Observer
Dr Nada Lemic	Director of Public Health

STANDING ITEMS		
47/14	WELCOME AND APOLOGIES FOR ABSENCE	
47.14.1	Keith Wood welcomed members of the Governing Body and members of the public to the meeting.	
47.14.2	Apologies were noted.	
48/14	DECLARATIONS OF INTEREST	
48.14.1	The GPs declared an interest in that they are commissioned by NHS England to provide GP services.	
48.14.2	Yemisi Osho informed the meeting that she had been elected	



48.14.3	<p>as a Councillor on Waltham Forest Council and that her Declarations of Interest form would be updated.</p> <p>(post meeting note) This declaration disbarred Yemisi from membership of the governing body, the meeting was therefore not quorate. Discussions and decisions made were ratified by the Governing Body on 10th June 2014.</p>	
49/14	MINUTES OF THE GOVERNING BODY PUBLIC MEETING DATED 27 MARCH 2014	
49.14.1	The meeting AGREED the Governing Body (Public) Meeting minutes dated 27 March	
50/14	MATTERS ARISING	
50.14.1	All previous actions now completed.	
51/14	CHAIRMAN'S UPDATE REPORT	
51.14.1	In the absence of Dr Stoate (Chair) and Dr Kanani (Clinical Vice Chair), the Chief Officer Sarah Blow provided an update on current initiatives and developments since the previous Governing Body meeting in March.	
51.14.2	The musculoskeletal (MSK) service contract with King's College Hospital NHS Foundation implementation is progressing well and providing improved patient outcomes. The majority of services went live on 28 April and there is clear evidence that for new referrals into the physiotherapy services waiting times have been reduced from 22 weeks to 8 weeks and orthopaedic referrals reduced from 48 weeks to 8 weeks.	
51.14.3	The cardiology contract was awarded to Guy's and St Thomas' NHS Foundation Trust with implementation taking place in June. Both these new services will provide a joined up single point of triage by a multidisciplinary team.	
51.14.4	<p>Results of the 360° survey completed by the CCG's key partners and stakeholders have been received and a report to detail the outcomes of the survey will be presented to the July Governing Body meeting including the impact on the Organisational Development Plan. There have been areas of significant improvement since the previous survey carried out prior to authorisation in April 2013:</p> <ul style="list-style-type: none"> ○ 'The extent stakeholders feel they have been engaged by the CCG' – 77 per cent of people said 'a great deal' or 'a fair amount' to this question. This is up from 64 per cent in 2014. ○ 'How stakeholders rate their working relationship with the CCG' – 75 per cent of people said 'good' or 'fairly 	



<p>51.14.5</p> <p>51.14.6</p>	<p>good'. This is up from 57 per cent in 2014.</p> <p>An update on the mystery shopper scheme was given to the Patient Council who noted that positive feedback on the new MSK services had already been received regarding the implementation of the new services.</p> <p>DECISION LOG FROM OTHER FORA 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 27 March 2014, namely; APPROVED the award of a prime contractor agreement for cardiac services to Guy's & St Thomas' Hospitals NHS Foundation Trust for a 4 year and 11 months period in line with the meeting document. AGREED the proposed South East London Strategic Plan process, including that final collective approval of the Strategy will be at the 28 March Implementation Executive Group, subject to any further actions to be addressed prior to submission to NHS England for 04 April 2014. Further discussion to take place at the Governing Body Public Meeting on 29 May 2014. APPROVED the award of a 5 year contract to The Hurley Group to provide 2 Urgent Care Centres (including paediatric care), Out of Hours GP services, and Anti Coagulation Tier 1 Services.</p>	
<p>52/14</p> <p>52.14.1</p> <p>52.14.2</p> <p>52.14.3</p>	<p>2014/15</p> <ul style="list-style-type: none"> INTEGRATED QUALITY & SAFETY PERFORMANCE REPORT QUARTER 4 <p>Simon Evans-Evans stated that the meeting report comprised of a summary of the Quality Summary by site, performance report, performance dashboard (monthly data comparative by month – current and previous year), full Quality and Safety Report and the Quality Dashboard.</p> <p>The latest performance data is from April. Simon Evans-Evans highlighted concerns relating to cancer targets (not only for Bexley patients but across South East London); CCGs, the Commissioning Support Unit (CSU) and providers are working together to improve the situation. However he noted that there has been some improvement in the providers responding to complaints raised by patients.</p> <p>The Care Quality Commission (CQC) inspection report on Lewisham University Hospital (LUH), Queen Elizabeth Hospital (QEH) and the Lewisham and Greenwich Trust (LGT) has been received. The Quality and Safety Sub-Committee and the Lewisham and Greenwich Trust Clinical Quality Review Group</p>	



	<p>have considered the report. At QEH eight areas were inspected by the CQC with maternity and family planning services receiving a green rating, accident and emergency received a red rating and the other areas receiving an amber rating. Concerns were raised in relation to hand hygiene and clinical waste disposal. Some areas highlighted as needing immediate action have been completed and an action plan is being developed which will be jointly monitored by the CCGs with NHS England and the Trust Development Authority (TDA).</p>	
52.14.4	<p>Accident and emergency is clearly the area for the greatest concern, the 95% target is not being achieved at QEH which has one of the highest A&E attendance rates in London. A Clinician to Clinician quality summit will be held on 9th June and Bexley will be represented by Dr Kanani and Simon Evans-Evans.</p>	
52.14.5	<p>Sarah Blow stated that she is the Urgent Care Network Board Lead for Bexley/Lewisham/Greenwich and confirmed that work had been on-going to look at the environment at QEH, which is not ideal. Capital monies had been identified by the TDA to take this work forward and help improve patient care services, but LGT needs to produce a business plan. She confirmed that long and short term patient care issues were being addressed to improve A&E services. Simon Evans-Evans stressed that the hard work of the A&E staff was to be commended in a difficult environment.</p>	
52.14.6	<p>The Governing Body NOTED the Q4 Quality & Safety Report, as well as the integrated Quality & Safety and Performance Report and the Quality Dashboard.</p>	
52.14.7	<p>• CONSOLIDATED PROVIDER PERFORMANCE REPORTS</p> <p>Sarah Valentine referred to the Month 11 acute performance contract which was being reported at above £13.7m over-performance. Over-performance had occurred with all providers and the late approval/implementation of the cardiology and musculoskeletal contracts had increased this figure about £4m in the last quarter. A deep dive of the top five areas of over performance at Queen Elizabeth Hospital (to include maternity, urology and GP referrals) was in process and would be reported to the next Governing Body meeting.</p>	
52.14.8	<p>Community Contracting and Performance M12 over-performance occurred in twilight and night nursing and the Urgent Care Centre. The over-performance on the block contract agreed three years ago did not have a financial impact on the CCG. The report details the over-performance by service area, Sarah Valentine stated that the low rates in the</p>	



	specialist neuro rehab were being investigated. There continued to be an increase in the percentage of admissions avoided.	
52.14.9	Theresa Osborne confirmed that the CCG was not required to pay the £300k which had been queried and the mental health budget for month 12 had over performed by £947k. Areas to be addressed in 2014/15 were Psychiatric Intensive Care (PICU) and placements outside block contracts along with Improved Access to Psychological Therapies contracts.	
52.14.10	The 111 contracts continued to deliver the agreed targets and it was noted that the volume of calls continue to rise. Sarah Valentine asked the meeting to note that the London Ambulance Service (LAS) had taken over the contract from NHS London and that the service would be re-procured to go live next summer. The CCG and LAS were working together on demand management to address issues relating to protocols regarding which trusts patients were brought to by ambulance.	
52.14.11	The Governing Body NOTED the performance of the Community & Mental Health contracts shown in the attached.	
ITEMS FOR DECISION		
53/14	CCG CONSTITUTION	
53.14.1	Simon Evans-Evans stated that the Primary Care Advisory Group (PCAG) meeting on 8 May 2014 had agreed the final version of the amended constitution as recommended by the governing body meeting on 27 March 2014 with a minor revision to the standing orders relating to the retention of interview documentation.	
53.14.2	The Governing Body AGREED the application to NHS England to amend the constitution.	
54/14	SELF-ASSESSMENT OF COMPLIANCE WITH THE UK CORPORATE GOVERNANCE CODE ISSUED BY THE FINANCIAL REPORTING COUNCIL	
54.14.1	Simon Evans-Evans stated that the Governing Body had met the self-assessment of compliance with the UK Corporate Governance Code issued by the Financial Reporting Council as part of the annual reporting process and detailed in the meeting paper.	
54.14.2	Sarah Blow confirmed that the Audit and Integrated Assurance Committee considered that the CCG met the requirements of the code (apart from three areas where the code is intended to support commercial organisations rather than NHS organisations).	



54.14.3	The Governing Body DISCUSSED AND AGREED the self-assessment as laid out in the meeting report.	
55/14	ANNUAL REPORT AND ANNUAL ACCOUNTS	
55.14.1	Simon Evans-Evans stated that the Governing Body was asked to consider whether the Annual Report and Annual Accounts reflects the key business of the CCG, its key achievements and plans for the coming year. The annual report and accounts had been reviewed by the Audit and Integrated Assurance Committee on 22 April 2014 and by the membership.	
55.14.2	Areas noted by the Governing Body were: <ul style="list-style-type: none"> • Excellent level of CCG public engagement and patient council • CCGs response to the demise of the South London Healthcare Trust with the improved services agreed for the Queen Mary's Hospital site as the hub and Erith Hospital site as the spoke • Development of new service redesign of patient care services with one point of contact e.g. Musculoskeletal (MSK) services led by clinical leadership • Reporting statutory breakeven with surplus of £126k • Auditors may make changes to format but not content. 	
55.14.3	Sarah Blow thanked all those who had worked and supported the establishment of the CCG which had produced such high standards in the first year of operation.	
55.14.4	The Governing Body NOTED the contents of the annual report and accounts 2013/14.	
56/14	AMENDMENT TO CONFLICT OF INTEREST POLICY (INCLUDING GIFTS AND HOSPITALITY) POLICY	
56.14.1	Simon Evans-Evans explained that the March Audit and Integrated Assurance Committee had agreed to change the amount that needed to be declared for any gift or hospitality offered to be reduced from over £100 to over £25 or equivalent.	
56.14.2	The Governing Body APPROVED the amendment to the Amendment to Conflict of Interest Policy (including Gifts and Hospitality Policy).	
57/14	DEVELOPMENT OF THE COMMISSIONING INTENTIONS 2014/15	
57.14.1	Sarah Valentine explained that the Commissioning Intentions 2014/15 and 15/16 was a very large document developed by the CCG and an abridged version would be available shortly (full version available on CCG website). She distributed an	



57.14.2	<p>enlarged version of page 17 'Plan on a Page' which clearly summarised the aims of the CCG over the next two years at a glance. The plans are underpinned by the four key pillars and the six commissioning enablers at the bottom of the page which will provide the framework for the CCG to deliver the required Call to Action challenges. The Commissioning Intentions have been developed through several events with primary care, stakeholders and public involvement and forms part of the CCG Operating Plan and the South East London five year Commissioning Strategy.</p> <p>Keith Wood asked if there would be an update on the Priority Schemes 2014 next to confirm that targets had been achieved. Sarah Blow confirmed that, as in the previous year, there would an update on progress of the target achievements at the end of the year.</p>	
57.14.3	<p>The Governing Body: NOTED</p> <ul style="list-style-type: none"> • The progress undertaken to engage with stakeholders to inform the final Commissioning Intentions Document • The process to update the document, in relation to emerging local and national landscape changes <p>APPROVED NHS Bexley Commissioning Intentions Strategy entitled 'Our Plans 2014-2015'.</p>	
58.14	BEXLEY PRIMARY CARE STRATEGY	
58.14.1	<p>Sarah Valentine explained that the Bexley Primary Care Strategy has been developed based on national/south east London/local community based strategy. There had been extensive consultation on the draft version of the strategy with key partners, stakeholders, Local Medical Council and patient engagement.</p>	
58.14.2	<p>The strategic objectives describe the main aims for the improvement in primary care in Bexley which will be taken forward through key actions to support the transformation of services in priority areas. The transformational Quality, Innovation, Productivity & Prevention (QIPP) agenda is designed to deliver the improvements necessary as a response to the changing population and ensure care is delivered in appropriate settings as close to home as possible through new integrated services across South East London.</p>	
58.14.3	<p>Sarah Blow confirmed that discussions are taking place at Locality Meetings to ensure efficient spending of current monies and provide suggestions how to develop the Challenge Fund submission locally and across South East London. Discussion</p>	



	on primary care co-commissioning within the NHS is currently on-going and all discussions/suggestions will be considered by the Primary Care Working Group on how to take new initiatives/developments forward.	
58.14.4	The Governing Body APPROVED the Bexley Primary Care Strategy as laid out in the meeting report.	
59.14	QUESTIONS FROM THE PUBLIC relating to meeting discussions above	
59.14.1	1. A question was raised regarding the possibility of extending the opening hours of the Erith Hospital Urgent Care Centre (UCC) (when opened) to 24 hours 7 days a week in line with the Queen Mary's Hospital UCC.	
59.14.2	Sarah Valentine stated that the CCG would review the activity of both UCCs going forward, however it had been agreed to open the Erith Hospital UCC 8 a.m.–10 p.m. which was additional out of hours to current services in the area.	
59.14.3	2. Information was sought on the communication plan for the Erith Hospital UCC and suggestions given on how leaflets should be given to all GP surgeries in Erith and Crayford and to Pensioner Forum etc.	
59.14.4	Sarah Blow stated that following the agreed dates for the implementation of the UCCs the CCG would roll out its agreed communication plan to all Bexley residents with details of the new holistic services being provided. Dr Fish confirmed the importance to ensure that GP practices and websites shared this information with their patients.	
59.14.5	3. Further to discussion on new improved redesign of patient services with one point of access for patients, concerns were raised regarding the cardiology services. Patients were attending for one test and asked to return another time/day for another appointment e.g. for blood tests etc.	
59.14.6	Sarah Valentine stated that the integrated care pathways e.g. MSK were delivered through multi team assessments via the hub and spoke (QMH/EH) and the cardiology redesign team would consider the comments made on services.	
ITEMS FOR DISCUSSION		
60.14	2014/15 FINANCIAL PLANNING	
60.14.1	Theresa Osborne explained that the CCG had discussed with NHS England (NHSE) whether it would be possible to resubmit their financial plans for 2014/15 with a surplus of £126k rather than the planned 1% surplus. NHSE had confirmed that the CCG would not be disadvantaged by this approach and would	



	still achieve statutory financial breakeven.	
60.14.2	Sarah Blow confirmed that the CCG had made a further submission to NHSE with a £126k surplus which would apply the organisation to operate within a reasonable financial position.	
60.14.3	The Governing Body NOTED the change from planned 1% surplus to £126k surplus for 2014/15 and the revised financial planning submission.	
61.14	2013/14 ANNUAL ACCOUNTS UPDATE	
61.14.1	Theresa Osborne confirmed that the CCG had submitted the draft accounts following approval by the Audit and Integrated Assurance Committee in April. The accounts had been prepared in line with national guidance by the Commissioning Support Unit (CSU) and local finance team.	
61.14.2	The Governing Body: NOTED the draft annual accounts Appendix 1 meeting paper which were submitted in accordance with the national timetable; NOTED the approval process and timeframes.	
62.14	SEL STRATEGY PROGRAMME	
62.14.1	Sarah Blow explained that all South East London CCGs would be asked to discuss and confirm their approval of the SEL Strategy document which would then be submitted to NHS England. Detailed discussion on the SEL Strategy document will take place at an extraordinary meeting of the Governing Body on 10 th June, to which the public are invited.	
62.14.2	Considerable further engagement (both local and across South East London) will continue to take place and there will be a public recruitment process for additional patient and public voices to become involved in the development of the strategy in early June 2014.	
62.14.3	The Governing Body NOTED the update on the SEL strategy programme.	
63.14	BOARD ASSURANCE	
63.14.1	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. The BAF was a continuing rolling process regarding the key issues of the CCG. The Audit and Integrated Assurance Committee would consider a new format for the BAF which, if approved, would be presented to the next Governing Body.	



63.14.2	The Governing Body NOTED the Risks reported as laid out in the Board Assurance Framework report.	
64.14 64.14.1	BETTER CARE FUND Sarah Valentine confirmed that draft plan for the Better Care Fund (BCF) had been considered by Bexley Health and Wellbeing Board in January and the final plan had been circulated to the Health and Wellbeing Board prior to submission. NHS England had reviewed the BCF and considered that the shared vision for transformational improvement was being developed in the integrated care plans. Virtual models of co-located team working would work to deliver the QIPP plans e.g. £700k mental health funds (to include dementia) through primary care services. Virtual models of working would reduce acute spend and it was noted that Bexley would seek additional funds to deliver agreed targets.	
64.14.2	The Governing Body NOTED the Better Care Fund submission to NHSE on behalf of Bexley CCG and London Borough of Bexley.	
65.14 65.14.1	UPDATE FROM THE BEXLEY & GREENWICH URGENT CARE GROUP Sarah Blow explained that the tabled paper provided detail on the A&E performance in Queen Elizabeth Hospital (QEH) where performance in Quarter 4 has been consistently below the agreed 95% target. Due to high attendances and increased length of stay QEH has achieved 85-87% of the target despite excellent work from the staff. There are issues regarding the environment of the unit and bed capacity constraints; high level of ambulance arrivals and staffing issues within the A&E unit and across the Trust. The commissioners are working with Lewisham and Greenwich NHS Trust to develop a demand and capacity model so that current and future capacity requirements will be met. From June there will be a Bexley, Greenwich and Lewisham Urgent Care Network to work collaboratively to facilitate enhanced whole systems working in urgent care across the whole of the new health economy.	
65.14.2	The Governing Body NOTED the update from the Bexley & Greenwich Urgent Care Working Group.	
ITEMS FOR INFORMATION		
66.14 66.14.1	RE- PROCUREMENT OPHTHALMOLOGY INTEGRATED SERVICES Sarah Valentine stated that the meeting paper confirmed the discussions on changes to the Ophthalmology Integrated Services agreed at the March Governing Body meeting.	



66.14.2	<p>The Governing Body:</p> <p>NOTED the contents of the revised business case previously approved by the Governing Body held on the 27 March 2014, subject to the following amendments:</p> <ul style="list-style-type: none"> That the existing QMH Ophthalmology contract with Kings will be extended for a further 12 month period (until August 2016), to include Optometry services in the community (2% of current spend), to enable the remodelling of Ophthalmology provision, using the focus sites as QMH and Erith to improve patient services for our population. 	
67.14	DISASTER RECOVERY REPORT	
67.14.1	Simon Evans-Evans confirmed that the CCG's first Disaster Recovery test had worked well with the exception of the two systems highlighted in the meeting paper. Actions had been agreed to address the issues raised and the CCG's Disaster Recovery process will be routinely tested.	
67.14.2	The Governing Body NOTED the outcomes of the CCG's first Disaster Recovery Test that took place on the 6 th May 2014.	
68.14	PUBLIC SECTOR EQUALITY DUTY – ANNUAL REPORT	
68.14.1	Simon Evans-Evans stated that the meeting paper provided evidence of progress made since April 2013 on Public Sector Equality Duty (PSED) and details how the CCG had performed in meeting its legal duties set out in the Equality Act.	
68.14.2	The Governing Body NOTED and APPROVED the CCG Annual Equality Report 2013–14.	
69.14	BEXLEY PATIENT COUNCIL REVISED TERMS OF REFERENCE	
69.14.1	Simon Evans-Evans stated that the Bexley Patient Council revised Terms of Reference had been formally adopted by members at their meeting in December 2013.	
69.14.2	The Governing Body NOTED Bexley Patient Council revised Terms of Reference.	
70.14	The Governing Body NOTED:	
70.14.1	<p>Executive Summaries for Committees/Sub-Committees for the Governing Body to note:</p> <ul style="list-style-type: none"> Audit and Integrated Assurance Committee 13 March & 22 April (draft) Executive Management Committee 6 March & 3 April 2014 	

	<ul style="list-style-type: none"> • Finance Sub-Committee 18 February, 18 March & 8 April 2014 • Medicines Management Sub-Committee 19 February, 19 March & 16 April 2014 • Information Governance Sub Committee 4 March 2014 	
71.14	UPDATE FROM THE PATIENT COUNCIL	
71.14.1	None.	
72.14	ANY OTHER BUSINESS	
72.14.1	None.	
73.14	PUBLIC FORUM	
73.14.1	4. The attached question (appendix 1) was received in advance of the meeting for response.	
73.14.2	Simon Evans-Evans provided a summary response at the meeting (comments in blue) (appendix 1).	
73.14.3	5. An update on the procurement of diabetes services was requested.	
73.14.4	Sarah Valentine explained that following the advertisement for the procurement of diabetes services only one bidder had applied and they had subsequently withdrawn their bid. The CCG was working closely with the bidder to consider future services.	
73.14.5	6. A request was made that consideration be given to extend the services of the new GP Crayford Surgery to include the services of the current Walk In Centre.	
73.14.6	Sarah Blow confirmed that primary care services are commissioned by NHS England but there was no available space for a Crayford Walk In Centre.	
73.14.7	7. Clarity was requested on who patients complained to regarding primary care services.	
73.14.8	Simon Evans-Evans confirmed in the first instance complaints should be addressed to the provider and if unresolved to NHS England.	
DATE OF NEXT MEETING		
74/14	Extraordinary Governing Body Public Meeting	
74.14.1	Tuesday 10 June 2014 from 12.30 – 1.30 in the Danson Room, 221 Erith Road, Bexleyheath DA7 6HZ	
74.14.2	Governing Body Public Meeting	



Thursday 31 July 2014 from 1.30 – 3.30 pm in the Danson Room, 221 Erith Road, Bexleyheath DA7 6HZ



Agenda Item: 78/14

Governing Body Extraordinary (public) meeting

THURSDAY, 10 June 2014, 12.30pm–1.15pm
Danson Room, 221 Erith Road, Bexleyheath DA7 6HZ

PRESENT:

Dr Howard Stoate	GP, Chair,
Dr Varun Bhalla	GP Locality Lead North Bexley
Dr Sid Deshmukh	GP Locality Lead 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
Keith Wood	Lay Member
Dr Nada Lemic	Director of Public Health
Simon Evans-Evans	Director of Governance and Quality
Sarah Valentine	Director of Commissioning
Lionel Eastmond	Bexley Patient Council Vice Chair – Observer

IN ATTENDANCE:

Christine Taylor (notes) Assistant Board Secretary

APOLOGIES:

Dr Sushanta Bhadra	GP Locality Representative, North Bexley
Dr Sarah Chase	GP Locality Representative, Frognal
Dr Peter Fish	GP Locality Lead Clocktower

STANDING ITEMS	
76/14	WELCOME AND APOLOGIES FOR ABSENCE
76.14.1	Dr Howard Stoate welcomed everyone to the meeting and explained that the meeting had been called in order to approve the South East London Strategy document for submission to NHS England by 20 June 2014.
76.14.2	Apologies were noted.
77/14	DECLARATION OF INTEREST
77.14.1	Dr Stoate asked if anyone had any interests to declare in respect of the meeting agenda. There were no declarations of interest in respect of the meeting agenda.
77.14.2	Dr Howard Stoate advised that Yemisi Osho, Governing Body



77.14.3	<p>Nurse member, had been elected as Councillor for Waltham Forest. It was therefore necessary for her to step down from the Governing Body as Councillors are prohibited from sitting on CCG Governing Bodies.</p> <p>On 9 June 2014 Sarah Blow and Dr Howard Stoate had interviewed Kate King, Chief Nurse at Dartford and previously of Queen Mary's Hospital and Brook Hospital. Kate lives locally and has a wealth of experience and would be retiring from Dartford on 10 June 2014. She would therefore be eligible to apply for the role of Nurse member on the CCG Governing Body. She had provisionally been offered a 6 month interim post. During the interim period a full recruitment process would be undertaken. The Governing Body had approved her appointment and Simon Evans-Evans would write to her formally to offer her the appointment.</p>	
77.14.4	<p>Action: Simon Evans-Evans to write to Kate King to offer her the appointment of NHS Bexley CCG Governing Body Nurse member on a 6 month interim basis.</p>	
ITEMS FOR DECISION		
78/14	<p>GOVERNING BODY MEETING HELD IN PUBLIC ON 29 MAY 2014</p>	
78.14.1	<p>Simon Evans-Evans explained that as Yemisi Osho had already been elected on 29 May 2014, the Governing Body meeting held on that date was therefore not quorate. The decisions made at the 29 May 2014 meeting needed to be endorsed and approved.</p>	
	<p>Decisions that required ratification:</p>	
78.14.2	<p>MINUTES OF THE GOVERNING BODY PUBLIC MEETING DATED 27 MARCH 2014</p>	
	<p>1. The meeting AGREED the Governing Body (Public) Meeting minutes dated 27 March</p>	
78.14.3	<p>CCG CONSTITUTION</p> <p>2. The Governing Body AGREED the application to NHS England to amend the constitution.</p> <p>3. This has since been submitted under the authority of the Chair and Chief Officer, to comply with the wishes of the membership.</p>	
78.14.4	<p>SELF-ASSESSMENT OF COMPLIANCE WITH THE UK CORPORATE GOVERNANCE CODE ISSUED BY THE FINANCIAL REPORTING COUNCIL</p> <p>4. The Governing Body DISCUSSED AND AGREED the self-</p>	



	assessment as laid out in the meeting report.	
78.14.5	<p>AMENDMENT TO CONFLICT OF INTEREST POLICY (INCLUDING GIFTS AND HOSPITALITY) POLICY</p> <p>5. The Governing Body APPROVED the amendment to the Amendment to Conflict of Interest Policy (including Gifts and Hospitality Policy) reducing the requirement to register from £100 to £25</p>	
78.14.6	<p>DEVELOPMENT OF THE COMMISSIONING INTENTIONS 2014/15</p> <p>6. The Governing Body APPROVED NHS Bexley Commissioning Intentions Strategy entitled 'Our Plans 2014-2015'</p>	
78.14.7	<p>BEXLEY PRIMARY CARE STRATEGY</p> <p>7. The Governing Body APPROVED the Bexley Primary Care Strategy as laid out in the meeting report.</p>	
78.14.8	<p>RE- PROCUREMENT OPTHALMOLOGY INTEGRATED SERVICES</p> <p>8. The Governing Body NOTED the contents of the revised business case previously approved by the Governing Body held on the 27 March 2014, subject to the following amendments:</p> <p style="padding-left: 40px;">That the existing QMH Ophthalmology contract with Kings will be extend for a further 12 month period (until August 2016), to include Optometry services in the community (2% of current spent), to enable the remodelling of Ophthalmology provision, using the focus sites as QMH and Erith to improve patient services for our population.</p>	
78.14.9	<p>PUBLIC SECTOR EQUALITY DUTY – ANNUAL REPORT</p> <p>9. The Governing Body NOTED and APPROVED the CCG Annual Equality Report 2013 - 14</p> <p>Matters that were noted and further comment invited:</p>	
78.14.10	<p>DECISION LOG FROM OTHER FORA</p> <p>1. 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 27 March 2014.</p>	
78.14.11	<p>INTEGRATED QUALITY & SAFETY PERFORMANCE REPORT QUARTER 4</p> <p>2. The Governing Body NOTED the Q4 Quality & Safety Report, as well as the integrated Quality & Safety and</p>	



	Performance Report and the Quality Dashboard.	
78.14.12	<ul style="list-style-type: none"> ● CONSOLIDATED PROVIDER PERFORMANCE REPORTS <p>3. The Governing Body NOTED the performance of the Community & Mental Health contracts shown in the attached</p>	
78.14.13	<p>2014/15 FINANCIAL PLANNING</p> <p>4. The Governing Body NOTED the change from planned 1% surplus to £126k surplus for 2014/15 and the revised financial planning submission</p>	
78.14.14	<p>2013/14 ANNUAL ACCOUNTS UPDATE</p> <p>5. The Governing Body NOTED the draft annual accounts which were submitted in accordance with the national timetable and the approval process and timeframes.</p>	
78.14.15	<p>SEL STRATEGY PROGRAMME</p> <p>6. The Governing Body NOTED the update on the SEL strategy programme.</p>	
78.14.16	<p>ANNUAL REPORT</p> <p>7. The Governing Body NOTED THE contents of the annual report and accounts 2013/14 as laid out in the attached draft annual report.</p>	
78.14.17	<p>BOARD ASSURANCE</p> <p>8. The Governing Body NOTED the Risks reported.</p>	
78.14.18	<p>BETTER CARE FUND</p> <p>9. The Governing Body NOTED the Better Care Fund submission to NHSE on behalf of Bexley CCG and London Borough of Bexley.</p>	
78.14.19	<p>UPDATE FROM THE URGENT CARE BOARD</p> <p>10. The Governing Body NOTED the update from the Bexley & Greenwich Urgent Care Working Group</p>	
78.14.20	<p>DIASTER RECOVERY REPORT</p> <p>11. The Governing Body NOTED the outcomes of the CCG's first Disaster Recovery Test that took place on the 6th May 2014.</p>	
78.14.21	<p>BEXLEY PATIENT COUNCIL REVISED TERMS OF REFERENCE</p> <p>12. The Governing Body NOTED the Bexley Patient Council revised Terms of Reference.</p>	
78.14.22	<p>The Governing Body also NOTED: Executive Summaries for Committees/Sub-Committees:</p>	



78.14.23	<ul style="list-style-type: none"> • Audit and Integrated Assurance Committee 13 March & 22 April (draft) • Executive Management Committee 6 March & 3 April 2014 • Finance Sub-Committee 18 February, 18 March & 8 April 2014 • Medicines Management Sub-Committee 19 February, 19 March & 16 April 2014 • Information Governance Sub Committee 4 March 2014 <p>The Governing Body approved the decisions that required ratification and discussions held.</p>	
79/14 79.14.1	<p>SOUTH EAST LONDON STRATEGY</p> <p>Dr Howard Stoate explained that the South East London Strategy needed to be submitted by 20 June 2014, therefore this extraordinary meeting had been called in order to accommodate this requirement. He explained that this was a very complex piece of work across South East London and that Sarah Blow, Nikita Kanani and Howard Stoate were members of various workstreams.</p>	
79.14.2	<p>Sarah Blow said that the strategy was still in development and the document presented represented progress to date. However, a submission had to be made to NHS England by 20 June 2014, requiring formal sign off by the Governing Body. The strategy was being developed by the six CCGs in South East London, working with Providers, NHS England, Local Authorities, and the public. There are seven working areas, all of which are clinically led. CCG Managers are also involved in workstreams and from Bexley Maternity is covered by Theresa Osborne, Planned Care by Sarah Blow and Cancer by Sarah Valentine. The workstreams are as follows:</p> <ol style="list-style-type: none"> 1. Primary and community care, including social care 2. Long Term Conditions, physical and mental health 3. Planned care 4. Urgent and emergency care 5. Maternity 6. Children and Young People 7. Cancer 	
79.14.3	<p>Sarah said she would go through the executive summary. The overarching aim was to improve the health of the local population. It had been agreed that work across South East London would only be conducted where it made sense to work at scale and was not possible at borough level. Pages 42-76 gave details of the service models and pages 90-96 gave in-depth details of each of the seven key workstreams.</p>	



79.14.4	<p>Dr Graham Rehling asked about Urgent and Emergency Care as Bexley no longer had an Accident and Emergency Department. Dr Howard Stoate said that this was covered by the work being conducted in respect of Queen Mary's Hospital hub and Erith Hospital spoke, including Urgent Care Centre, Step Up/Step Down Ward and Paediatrics. He said that attendances at Urgent Care were stabilised in Bexley but were up overall nationally and patients should only go to A&E in "blue light" situations. Sarah Blow referred to page 59 which stated what Urgent Care Centres covered. Sarah Valentine said that UCC's were also part of Queen Elizabeth Hospital and Princess Royal University Hospital. In Bexley the focus would be on QMH and Erith. Sarah also mentioned the "not always A&E" campaign which encouraged people to use the most appropriate service, rather than A&E.</p>	
79.14.5	<p>Sarah Blow said that the strategy had been developed in partnership with providers and agreement was being sought on the models. An important provision of the UCC was that people of all ages could attend. Patients could be monitored at UCC's and undergo investigations. Health and social care teams were integrated. Ambulances were aware that patients could be taken to the UCC rather than A&E. Sarah Valentine said that during the last three years Bexley had seen a 3% reduction in A&E attendance and last year A&E attendance had flat lined, this was beating the trend across London.</p>	
79.14.6	<p>Sarah Valentine advised that the first of two stakeholder groups had been held last week and positive feedback had been received. The seven workstreams were endorsed and London targets recognised. There had been some nuances in respect of how the strategy would be implemented locally. Another stakeholder event was due to take place on 18 June.</p>	
79.14.7	<p>Dr Nikita Kanani said that the Long Term Conditions workstream service model reflects what is happening in Bexley. She referred to page 49 and recognised that this work could be used to address any gaps in service.</p>	
79.14.8	<p>Sarah Blow explained that the service models were at different stages of development. She said that the Planned Care service model was the result of output from a large clinically led workshop that had taken place. There was a good set of principles in place for the models. She said that the model for Primary and Community model was further progressed (page 44). Dr Kanani said that outcomes were of prime importance, not just process.</p>	



79.14.9	<p>Dr Varun Bhalla said that from a clinicians perspective the model was perfect and idealistic, but he expressed concern about deliverability across all six CCGs and wondered how quickly this could be delivered and what levers could be applied to achieve delivery. Sarah Blow said this was a fair challenge. She was pleased to hear that, from comments made, the Governing Body thought it was a good model. She explained that more work was required including a detailed analysis of activity, finance and enablers. The partnership approach used was very positive and would support decision making and implementation. Dr Nada Lemic said that from a public health perspective this was a very balanced piece of work. A lot of engagement had taken place in a short period of time, there was common understanding and a will to make it work.</p>	
79.14.10	<p>Dr Graham Rehling agreed with Dr Bhalla, in that finances were a massive implication and said that this was where the public could bring pressure to bear on those that held funding. Sarah Valentine pointed out that integrated and improved care doesn't always mean greater expenditure. She said that the joint venture would enable decisions to be made. Dr Bhalla said that it would be great to see this happen.</p>	
79.14.11	<p>Sarah Blow said that it would appear that there were no questions around the strategy itself, everyone agreed the model and direction of travel. She would feed back that the following needed to take place to get to the next stage:</p> <ul style="list-style-type: none"> • Further detailed analysis and understanding for implementation • Momentum must not be lost • Financial implications, a process needed to be put in place to make the strategy reality • Enablers 	
79.14.12	<p>Dr Kanani asked how it would be ensured that this did not conflict with local initiatives that had been signed off by the Governing Body. Sarah Blow explained that the SEL Strategy was a “bottom-up” plan and it was possible to recognise each CCG's plans within it, it would not undermine individual CCG plans. Sarah Valentine added that it reflects Bexley's Commissioning Intentions, such as QMH, Erith, and the Cancer Centre at QMH. Sarah Blow said that the strategy encompassed health and social care across SEL.</p>	
79.14.13	<p>Sarah Blow referred to pages 98 and 99 to demonstrate implementation work already underway, which links into QIPP, Integrated Care, and Urgent Care which are part of Bexley's strategy. She said that page 103 showed the plan for</p>	



	developing the strategy. These were national timescales and the faster this could be implemented, the better.	
79.14.14	Dr Deshmukh said that page 57 referred to a SEL IT system and he asked how this would fit in Bexley. Sarah Blow said that this related to NHS data sharing, not a particular system. She would feedback that this was confusing.	
79.14.15	Sarah Blow said that patient and public engagement was being considered by the Patient and Public Advisory Group which was still working through the best way to engage with patients and the public. Page 105 referred to individual and borough engagement, local and SEL wide. Jon Winter, Bexley's AD Communications and Corporate Services, was involved with the communications work.	
79.14.16	The governance structure was outlined on page 111, with a number of boards overseeing the implementation and development of the strategy. These would report to each CCG Governing Body. A partnership approach had been taken to governance. The principles were outlined on page 110.	
79.14.17	Sarah Blow said that she would report that the Governing Body approved the strategy and were keen to turn it into a realistic workplan. CCG's had only been in operation for one year and a lot of work had been achieved, it was hoped that over the next five years these changes would be delivered.	
79.14.18	Lionel Eastmond said that the CCG had done very well during its first year of operation and looked forward to seeing the changes take place.	
79.14.19	Actions: Sarah Blow to feedback need for: <ul style="list-style-type: none"> • Further detailed analysis and understanding for implementation • Momentum must not be lost • Financial implications, a process needed to be put in place to make the strategy reality • Enablers • Clarity re SEL IT system 	
79.14.20	The Governing Body approved the South East London Strategy document for submission to NHS England by 20 June 2014 and identified areas where further work was required to develop the strategy.	
ITEMS FOR DISCUSSION		
	None.	



ITEMS FOR INFORMATION		
80/14	ANY OTHER BUSINESS	
80.14.1	None.	
81/14	PUBLIC FORUM	
81.14.1	1. Peter Adams said that page 99 of the SEL Strategy referred to improvements within 3-5 years. Were there likely to be any improvements in year 1?	
81.14.2	Dr Howard Stoaate said that improvements were already taking place such as developments at QMH and Erith, Crayford Town Surgery, MSK and Cardiology. Significant changes in waiting times in respect of MSK had already taken place reducing physiotherapy waiting times from 22 weeks to 3 weeks.	
81.14.3	It was acknowledged that some changes were to taking place quickly, whilst others were on the slow side.	
81.14.4	Dr Stoaate said that it was not possible to do everything at once.	
81.14.5	2. A question had been received via email from Adam Finnie relating to the Health Trainers service. As Mr Finnie was not available to discuss this, Sarah Valentine said she would email him to obtain further information.	
81.14.6	Action: Sarah Valentine to email Mr Finnie.	
DATE OF NEXT MEETING		
82/14	Thursday 31 July 2014 from 1.30-3.30 pm in the Danson Room, 221 Erith Road, Bexleyheath, Kent DA7 6HZ	

