

Agenda Item: 120/14

Minutes of the Governing Body meeting held in public

THURSDAY, 25 September 2014, 1.30 – 3.30 PM
Danson Room, 221 Erith Road, Bexleyheath DA7 6HZ

PRESENT:

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| Dr Howard Stoate | GP, Chair |
| Dr Nikita Kanani | Clinical Vice Chair & GP Locality Representative, Clocktower |
| Dr Sid Deshmukh | GP Locality Lead Frognal |
| Dr Varun Bhalla | GP Locality Lead North Bexley |
| Sarah Blow | Chief Officer |
| Theresa Osborne | Chief Financial Officer |
| Keith Wood | Lay Member |
| Sandra Wakeford | Lay Member |
| Dr Graham Rehling | Secondary Care Specialist |
| Kate King | Nurse 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 |

IN ATTENDANCE:

Mary Stoneham (notes) Board Secretary

APOLOGIES:

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

| STANDING ITEMS | | |
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| 100/14 100.14.1 | WELCOME AND APOLOGIES FOR ABSENCE Dr Howard Stoate welcomed members of the Governing Body and members of the public to the meeting. | |
| 100.14.2 | Apologies were noted. | |
| 101/14 101.14.1 | DECLARATIONS OF INTEREST Drs Stoate/Kanani/Deshmukh/Bhalla declared an interest in that they are commissioned by NHS England to provide GP services and in particular to agenda item 106a/14 Primary Care Improvement Fund. Dr Stoate stated that Keith Wood (Lay | |



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| 101.14.2 | Member) would chair this agenda item. GPs would be able to take part in the meeting discussion but not the decision. Graham Rehling, Keith Wood and Sandra Wakeford are conflicted in item 108/14 Implementing the New Constitution and the meeting noted that they would not participate in the voting process. | |
| 102/14 | MINUTES OF THE GOVERNING BODY PUBLIC MEETING DATED 31 JULY 2014 | |
| 102.14.1 | The meeting AGREED the Governing Body (Public) Meeting minutes dated 31 July 2014. | |
| 103/14 | MATTERS ARISING/ACTION NOTES | |
| 103.14.1 | Sarah Valentine confirmed that 81.14.17 Quality & Safety Report & Integrated Performance Report 81.14.15 Consolidated Provider Performance Report would be covered in the meeting agenda. | |
| 104/14 | CHAIRMAN'S UPDATE REPORT | |
| 104.14.1 | Dr Stoate (Chair) welcomed members of the public to the meeting and explained that following a recent membership election for Locality Representatives there would be a change to the Governing Body membership from 1 October 2014. The election process had been overseen by the Local Medical Committee and held at the GP Engagement Day on 11 September. This was the most successful election event to date with the highest number of votes cast. Dr Stoate thanked Dr Sushanta Bhadra, Dr Sarah Chase and Dr Gunen Ucyigit for all their work (out-going Governing Body members) and welcomed Dr Nikita Kanani (Clocktower) , Dr Sonia Khanna-Deshmukh (Frognal) and Tina Khanna (North Bexley) as the incoming Governing Body members. Dr Kanani, will also continue to fulfil her role as Clinical Vice-Chair on the Governing Body | |
| 104 .14.2 | Short term changes have been made to stroke services on clinical safety grounds and will support improved stroke care which will be centralised on the University Hospital Lewisham (UHL) from November 2014 until Spring 2015. | |
| 104.14.3 | The Hurley Group have implemented most of the urgent and unscheduled care services in Bexley and the second Urgent Care Service will open in Erith Hospital on 1 October 2014 from 8am to 10 pm 365 days a year. This Urgent Care Centre (UCC) will offer the same services at the UCC at Queen Mary's Hospital. The Governing Body thanked the Northumberland Heath Medical Centre and the Crayford Town Surgery for the provision of minor | |



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| | injuries care and the walk-in services for a number of years. Both these services will cease on 1 October 2014. | |
| 104.14.4 | The NHS Bexley CCG's Annual General Meeting was very well attended with over 60 attendees and the Governing Body would like to thank local people who attended this event. The meeting reflected on the first year of operation, some of the current improvements being implemented and the annual report was approved by the membership of the CCG. | |
| 104.14.5 | As part of the CCG's commitment to develop primary care, the CCG continue to support GP practices to explore future models of primary care. Practices are in discussion across localities to explore ways in which they can work collaboratively together by joining up some internal processes to improve efficiencies. | |
| 104.14.6 | NHS Bexley CCG is the first CCG in England to have completed the implementation of the Electronic Prescription Services (EPS) across all of its 27 practices. | |
| 104.14.7 | Work with the London Borough of Bexley to procure services for children and young people continues to develop through better integration of health and social care services for patients and families. More than 70 acute and community providers and voluntary sector organisations attended a supplier briefing on Wednesday 3 September, to find out more about the development and procurement of children and young people's services in Bexley. The CCG and London Borough of Bexley are now evaluating the pre-qualifying questionnaires. Following the outcome of the PQQs, successful bidders will receive an invitation to tender (ITT); where they will submit a formal and detailed offer explaining how they intend to deliver children and young people's services. The Governing Body will be fully updated on the process and implementation of the vital procurement to improve health and social care services in Bexley. | |
| 104.14.8 | Dr Kosta Manis and Dr Nikki Kanani have been shortlisted for prestigious NHS leadership awards awarded to NHS leaders who have improved people's health and patient experience in NHS services. Dr Manis has been shortlisted for the NHS innovator of the year and Dr Kanani NHS inspirational leader of the year. | |
| 104.14.9 | <i>Our Healthier South East London</i> campaign will take the South East London Commissioning Strategy Programme forward through Local Care Networks (LCNs). The 'Making Every Contact Count' initiative is a key component of the future strategy based on encouraging people to live healthier lives and tackle health inequalities. | |



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| 105/14 | QUALITY AND SAFETY REPORT | |
| 105.14.1 | Simon Evans-Evans stated that due to timing of reports it was not possible to report on the full quality, safety and performance dashboard and data set. The System Resilience Group was addressing local issues regarding the 4 hour A&E and refer to treatment targets. The CCG had not achieved the cancer two week wait target in Quarter. A number of workstreams across South East London have been set up to review ways of working to improve services and timely production of data. GPs across Bexley/Greenwich/Lewisham were working together to address issues relating to dermatology with acute consultants to increase community activity to reduce patient waiting times. The CCG would continue to monitor activity which should see an improvement reflected in October and November. Suicide and Attempted Homicide Prevalence, although small in numbers, had increased locally and Oxleas would provide a report on their investigation into these issues. | |
| 105.14.2 | During discussion Sarah Blow confirmed that the CCG was monitoring the cancer wait and suicide targets and asked Simon Evans-Evans to circulate Oxleas investigation report when available. | |
| 105.14.3 | Action: SEE to email the Oxleas investigation into Suicide and Attempted Homicide Prevalence Report when received. | SEE |
| 105.14.4 | Members felt that a comparison of trust data on suicide and attempted homicide prevalence would be very helpful and Nada Lemic confirmed that there is now a gap in the production of this data. Historically this was a Public Health responsibility but due to new structural arrangements this had now changed. Concerns were raised regarding the data regarding Serious Incidents and high level pressure ulcers as the information in the report was incorrect. | |
| 105.14.5 | The Governing Body NOTED the Quality and Safety Report. | |
| | FINANCIAL PERFORMANCE UPDATE AS AT MONTH 4 (JULY) 2014/15 | |
| 105.14.6 | Theresa Osborne reported a surplus of £1.2k at Month 4 and raised concerns on the significant prescribing deteriorating position and the acute forecast overspend position of £8m in Month 5. The overall risk position was discussed and the inclusion of the MSK risk regarding the allocation of additional financial resources noted. Running costs continue to be monitored and adjusted to achieve the required 10% reduction in 2015/16. QIPP savings are monitored on a monthly basis with | |



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| | <p>98% delivery in Month 4 and 89% savings predicted in Month 5 due to late implementation of planned services for cardiology, community clinics and end of life care. The Better Payment Practice Code (BPPC) was achieved in Month 4. The level of debtors has improved in Month 4 due to continued focus on this area of work. The Continuing Care Claims continue to be processed and discussions with NHS England continue regarding concerns.</p> | |
| 105.14.7 | <p>The members discussed their concerns regarding the predicted budget overspends and Theresa Osborne confirmed that all the reserves for the year had now been used to cover the Month 4 acute overspend. Bexley GP referrals had increased again and it was acknowledged that this was a national trend. Sarah Blow confirmed that there were no proposals for primary care co-commissioning for the Governing Body to consider at present with proposals being discussed on the consultation process to take this work forward.</p> | |
| 105.14.8 | <p>The Governing Body:</p> <ul style="list-style-type: none"> • DISCUSSED & NOTED the Month 4 (July) financial position and forecast outturn position in line with the plan submitted to NHS England; • NOTED the details of the 2014/15 allocations (programme and running costs) received and expenditure to date; • NOTED the returns made to NHS England reporting the Month 4 financial position, QIPP delivery, use of 2.5% non-recurrent headroom and the risks and mitigations which the CCG has (Appendix 1); • DISCUSSED & NOTED the key risks, non-recurrent support and cost pressures identified to achieving the breakeven position in 2014/15 and the management actions being taken to address and mitigate these additional potential risks; • NOTED the month 4 actual performance against the key national finance targets. | |
| 105.14.9 | <p>CONSOLIDATED CONTRACTS REPORT – MONTH 3 & 4 Sarah Valentine provided a detailed explanation on the additional report on acute activity, QIPP and over performance together with the standard contract report and an additional report on acute activity, QIPP and over performance. The meeting report consisted of two parts:</p> | |
| 105.14.10 | <p>A very full and detailed explanation on the meeting report format and where and how this information would be used in future to provide where areas of over performance occurred in Section A. The report explained the methodology on how the annual acute</p> | |



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| | <p>activity plans are devised, the assessment and impact of QIPP and how over performance may occur. This report also provided an overview of the key “lead” indicators and the potential future impact of these indicators. There was also additional benchmarking information which could be used to enable the comparison of our activity to our peer group CCGs. GPs are working with Bexley Health Limited to audit GP referrals to understand what is happening and agree actions to bring activity down in line with agreed targets. Elective or planned care lead indicators would be reviewed to agree actions to meet QIPP savings. Future maternity activity needs to be aligned with commissioning needs and to include post natal services.</p> | |
| 105.14.11 | <p>Keith Wood thanked Sarah Valentine for her thorough explanation of the Section A of the meeting report which had identified the problems relating to over performance and looked forward to the next report which would detail specific issues and actions to be taken to reduce over performance.</p> | |
| 105.14.12 | <p>Section B:</p> <p>Sarah Valentine explained that Section B of the meeting report provided the consolidated report to cover 3 areas of contracting and performance: Acute, Community, Mental Health Services, 111 services and LAS.</p> <ol style="list-style-type: none"> 1. Acute contracts report – Report for Month 3 attached, please also see bridging analysis in the main report. Report detailed over performance against plan and asked the meeting to note that the MSK referrals had been reported incorrectly. The value of challenges for this reporting period had increased significantly. 2. Community contracts report for Month 4 – the integrated care targets are currently achieved the admission avoidance and rapid response. The increased numbers of patients receiving treatment through these services had reduced A&E attendance. Step Up Step Down and Reablement Beds have generally remained at less than 25 days apart from one length of stay. GP concerns regarding the provision of District Nurses continue to be discussed with Oxleas and a specification review meeting has been scheduled. Work is taking place with Kings to monitor and progress the mobilisation of the MSK services. 3. Mental Health report for Month 4 – mental health financial issues are being managed to address over performance activity. GPs have been reminded to refer to the Improved Access to Psychological Therapies & Recovery Service run by MIND. 4. 111 report for Month 4 – provided by South London CSU continues to meet response targets. 5. LAS report for Month 4 – provided by NW London CSU – | |



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| 105.14.13 | <p>continue to meet Bexley targets but are below targets across London.</p> <p>During discussion Sarah Valentine confirmed that she has been in discussion with Oxleas regarding the change to stroke changes in Bexley to enable patients to return to their own homes to be supported in the community as quickly as possible.</p> | |
| 105.14.14 | <p>The Governing Body NOTED performance of the Community & Mental Health Contracts detailed in the meeting papers.</p> | |
| <p>106a/14 106a.14.1</p> <p>106a.14.2</p> <p>106a.14.3</p> <p>106a.14.4</p> <p>106a.14.5</p> | <p>PRIMARY CARE IMPROVEMENT FUND</p> <p>As agreed under item 101.14.1 Keith Wood chaired this item – all GPs were conflicted for this item and it was agreed that they could take part in the discussion but not the decision making process.</p> <p>Sarah Valentine stated that the Governing Body were asked to support a new strategic direction and usage for the current Kitemark Scheme which will be renamed the Primary Care Improvement Fund (PCIF). The PCIF would be divided into two sections and the Governing Body members eligible to vote would be asked to agree the Strategic Fixed Schemes and the Annual Schemes separately. The Strategic Fixed Schemes would remain in process until the CCGs Governing Body reviewed the schemes and the two Annual Schemes would be reviewed on a yearly basis.</p> <p>The Governing Body discussed the formation of a task and finish group (PCIF Leadership Group) to determine the overall content and direction for the schemes and have authority to approve the detailed schemes on behalf of the Governing Body.</p> <p>Medicines Management and Improving Access to Primary Care Services for Patients (all GP surgeries) were nominated as the two Strategic Fixed Schemes which would be allocated 30% of the PCIF each. Members supported the proposal in principle and felt that there was a lack of detail on how the schemes would be implemented and monitored across Bexley.</p> <p>Sarah Blow stated PCIF proposals had been developed through GP and locality discussion and recommended that the schemes be lead through a locality federated based model. Payment would be based on achievement of targets and Health Watch could be involved in the process to identify any problems and the CCG working with GPs to identify solutions. This approach would be patient focussed through Health Watch engagement and encourage GPs to work together across locality and Health.</p> | |



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| 106a.14.6 | Keith Wood asked the voting members to approve the two fixed schemes – Medicines Management and Improving Access to Primary Care Services with 30% of the PCIF budget being assigned to Services – with 30% of the PCIF budget being assigned to each. The PCIF to be led by Localities with close working relationships with Health Watch and the CCG. | |
| 106a.14.7 | All appropriate voting Governing Body members APPROVED the two fixed schemes as listed above. The Chair noted that all conflicted GPs did not take part in the approval process. | |
| 106a.14.8 | Following approval of the how the process would be implemented Sarah Valentine asked the Governing Body to consider four options for the award of the annual schemes as detailed in the meeting paper: Option 1 – Improving End of Life Care Option 2 – Reducing Obesity in Children Option 3 – Dementia Assessments Option 4 – Improving Mental Health | |
| 106a.14.9 | During member discussion it was acknowledged that all the schemes were equally important and would improve patient care, however only two schemes could be implemented due to financial constraints. Members considered each option: <ul style="list-style-type: none"> • current processes and resources being implemented to address improved patient outcomes in these areas • where the greatest level of improvement would likely be achieved to improve patient care outcomes though the use of 20% of the PCIF budget • where additional funding was needed immediately to address areas of improvement | |
| 106a.14.10 | The appropriate voting Governing Body members AGREED : Option 1 – Improving End of Life Care Option 2 – Reducing Obesity in Children as the two options for the annual schemes with 20% of the PCIF budget being assigned to each (GPs did not take part in this vote). | |
| 106a.14.11 | The Governing Body APPROVED the recommendations for the strategic direction for the Primary Care Improvement Fund (as shown in section 6 of the meeting paper). <ol style="list-style-type: none"> a) Approval of the two fixed schemes – Medicines Management and Improving Access to Primary Care Services – with 30% of the PCIF budget being assigned to each. PCIF would be led by Localities working closely with Health Watch and the CCG. b) Selection of two options for the annual schemes (from | |



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| | <p>section 3 above) – with 20% of the PCIF budget being assigned to each.</p> <p>c) Approval (or recommendations for change) of the proposed membership for the PCIF Leadership Group shown under Section 4.</p> | |
| 106/14 | SAFEGUARDING CHILDREN ANNUAL REPORT 2013/14 | |
| 106.14.1 | FEMALE GENITAL MUTILATION UPDATE Simon Evans-Evans stated that the Safeguarding Children Annual Report was a statutory requirement as part of the local and national governance framework to ensure accountability for safeguarding children at all levels. There are currently 255 children in Bexley are currently subject to a Child Protection Plan which is significantly higher than last year and has increased over the past 3 years. | |
| 106.14.2 | The Multi Agency Safeguarding Hub (MASH) is a multi-agency team of professionals who employed by the individual agencies (children’s social care, police, health services, probation, Women’s Aid). Jill May and Simon Evans-Evans are the CCG’s members on MASH. The CCG needs to nominate a clinical lead for this area as Dr Bhadra was no longer a member of the CCG. The MASH is the central point for referrals regarding vulnerable children. The CCG no longer commissions GP services but continues to offer safeguarding training to GPs to ensure consistency and contact. Ofsted reported that improvements had been made to the service since the 2012 Ofsted Report. Unresolved SLHT provider training issue has been recorded on the risk register. | |
| 106.14.3 | Action: The CCG to appoint a Safeguarding Champion on the Governing Body. | HS |
| 106.14.4 | Service developments will be delivered through the Family Nurse Partnership delivered by Bromley Healthcare from 1 April 2014 through work with teenage parents. Unscheduled Care will be provided by one provider, with the UCC at QMH including an enhanced service for children. | |
| 106.14.5 | There is an initiative across the health economy to raise awareness of the need for health professionals to intervene early to prevent Female Genital Mutilation (FGM). Identified risk of FGM is small in Bexley with all cases identified through maternity services. Six out of the 56 women delivering babies at Queen Elizabeth Hospital between January 2013- January 2014 had experienced FGM were Bexley residents. | |
| 106.14.6 | The Governing Body: | |



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| | APPROVED - Safeguarding Children annual report 2013/14 NOTED - The summary of work undertaken across Bexley to address the risk of Female Genital Mutilation to young girls. | |
| 107/14 | HEALTH OF LOOKED AFTER CHILDREN ANNUAL REPORT 2013/14 | |
| 107.14.1 | Simon Evans-Evans stated that it was a statutory responsibility for the CCG and Local Authority to produce the Health of Looked After Children Report. There are currently 254 children in care in Bexley, 41% of whom were looked after outside the borough which presents challenges regarding annual health reviews. It was noted that the immunisation coverage had dropped with an action plan in place to improve this area and that there had been no pregnancies in children in care during this period. | |
| 107.14.2 | The Governing Body APPROVED the Health of Looked After Children Annual Report 2013/14. | |
| 108/14 | IMPLEMENTING THE NEW CONSTITUTION | |
| 108.14.1 | Simon Evans-Evans asked the meeting to note that Graham Rehling, Keith wood and Sandra Wakeford were conflicted in this agenda item. | |
| 108.14.2 | Following approval of the CCG's amended Constitution there were a number of changes to be made which included the length of term of appointments for members from two years to three years. The current appointee positions now needed to be extended for part terms to rationalise the appointments. This rationalisation will be in line with the clinical governing body appointments to ensure membership experience is maintained and strengthened. | |
| 108.14.3 | The terms of references of the Governing Bodies committees and sub committees also need to be revised at a future date. | |
| 108.14.4 | The Governing Body: APPROVED <ol style="list-style-type: none"> 1. Independent Members are recruited for 3 yearly terms commencing 1 October to 30 September 2. Lay member (PPI) – re-appointed from 1 October 2014 to 30 September 2016 3. Lay member (Governance) – re-appointed from 1 October 2014 to 30 September 2017 4. Secondary care doctor - re-appointed from 1 October 2014 to 30 September 2016 5. Nurse – (when in post) appointed re-appointed from to 30 September 2017 APPROVED the process for agreeing the revised terms of references for the three committees and four sub committees of | |



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| | the Governing Body as set out on page 2 of the report. | |
| 109/14 | QUESTIONS FROM THE PUBLIC relating to meeting discussions above | |
| 109.14.1 | 1. A member of the public referred to the detail on podiatry in the Consolidated Contracts Report – Month 3 & 4 – section A on pages 20/21 and asked what plans were in place to improve podiatry services for people with diabetes. | |
| 109.14.2 | Dr Stoate explained that the CCG and Queen Elizabeth Hospital were in discussion regarding problems in podiatry recruitment and that the Lewisham & Greenwich Trust was reviewing at this area of work. | |
| ITEMS FOR DISCUSSION | | |
| 110.14 | SEL STRATEGY PROGRAMME | |
| 110.14.1 | Dr Stoate had provided an update on the SEL Strategy Programme under item 104/14 Chairman's Update. | |
| 111.14 | BOARD ASSURANCE | |
| 111.14.1 | 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. | |
| 111.14.2 | The Governing Body NOTED the Board Assurance Framework. | |
| 112.14 | BETTER CARE FUND | |
| 112.14.1 | Sarah Valentine provided a verbal update on the progress of the Better Care Fund and confirmed that the Better Care Fund submission on 19 September following approval by the Bexley Health and Wellbeing Board on 17 September. The submission detailed a 4% reduction this year end of life care and 1% in subsequent years. Theresa Osborne confirmed that a proportion of the resource is ring-fenced with the aim of reducing total non-elective admissions. | |
| 112.14.2 | Action: Sarah Valentine to email the Better Care Fund submission to the Governing Body members. | SV |
| 112.14.3 | The Governing Body NOTED the verbal update on the Better Care Fund. | |
| ITEMS FOR INFORMATION | | |
| 113.14 | The Governing Body NOTED: | |
| 113.14.1 | Minutes for Committees/Sub-Committees for the Governing Body: | |

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| | <ul style="list-style-type: none"> • Executive Management Committee 3 July 2014 • Finance Sub-Committee 8 July & 12 August 2014 • Medicines Management Sub-Committee 16 July & 20 August 2014 • Information Governance Sub-Committee 1 July 2014 • Quality and Safety Sub-Committee 24 July 2014 | |
| 114.14 | UPDATE FROM THE PATIENT COUNCIL | |
| 114.14.1 | <p>Sandra Wakeford explained that the Patient Council had been working very hard to ensure appropriate involvement in the development of care services which included representation on:</p> <ul style="list-style-type: none"> • Integrated Care Roundtable • End of Life Group • SE London Cancer Network • SE London Mystery Shopper • Development of Queen Mary's Hospital • Pulmonary Rehab redesign | |
| 114.14.2 | <p>Dr Stoaate thanked the Patient Council for their continued invaluable contribution to the redesign and improvement to Bexley patient services. Sarah Valentine confirmed that the re-procurement of services was very much dependent on the involvement of Patient Council members.</p> | |
| 115.14 | ANY OTHER BUSINESS | |
| 115.14.1 | None. | |
| 116.14 | PUBLIC FORUM | |
| 116.14.1 | 2. A question was raised on how clinical waste was now dealt with and who should be contacted following the dissolution of the Care Trust. | |
| 116.14.2 | Following some discussion it was clarified that clinical waste is now the responsibility of Bexley Council who should be contacted. | |
| 116.14.3 | 3. A question was asked on who was now responsible for GP Out of Hours (OOH) services and who should now be contacted as GRABADOC was no longer responsible in Bexley for this service. | |
| 116.14.4 | Dr Stotote confirmed that 111 services had the overall responsibility for OOH services. In Bexley the Hurley Group covered the GP OOH services and patients would be diverted via their GP telephone lines. | |
| 116.14.5 | 4. Clarification was sought on how the CCG's Annual General Meeting had been published apart from at the July Governing | |



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| 116.14.6 | <p>Body Public Meeting</p> <p>Simon Evans-Evans confirmed that the AGM was promoted as follows:</p> <ul style="list-style-type: none"> • An ad on the CCG's website on the area • Twitter –tweets in advance • Bexley Magazine summer edition (delivered to every home in the borough) • LBB website – an e version of the magazine is located on the website • LBB Bexley Bulletin – which gets sent to numerous groups throughout the borough • A direct mailing to community and voluntary groups | |
| DATE OF NEXT MEETING | | |
| 117/14 117.14.1 | <p>Governing Body Public Meeting</p> <p>Thursday 27 November 2014 from 1.30pm–3.30 pm in the Danson Room, 221 Erith Road, Bexleyheath DA7 6HZ</p> | |

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