

## Minutes of the Governing Body meeting held in public

Thursday, 29 January 2015, 1.30pm-3.30pm

Danson Room, 221 Erith Road, Bexleyheath, Kent DA7 6HZ

### PRESENT:

Dr Howard Stoate (Chair)	GP, Chair
Dr Nikita Kanani	Clinical Vice Chair & GP Locality Representative, Clocktower
Dr Varun Bhalla	GP Locality Lead, North Bexley
Dr Sid Deshmukh	GP Locality Lead, Frognal
Dr Peter Fish	GP Locality Lead, Clocktower
Tina Khanna	Locality Representative, North Bexley
Dr Sonia Khanna-Deshmukh	GP Locality Representative, Frognal
Sarah Blow	Chief Officer
Simon Evans-Evans	Director of Governance and Quality
Theresa Osborne	Chief Financial Officer
Sarah Valentine	Director of Commissioning
Dr Graham Rehling	Secondary Care Specialist
Keith Wood	Lay Member

### IN ATTENDANCE:

Christine Taylor (notes)	Assistant Board Secretary
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### APOLOGIES:

Kate King	Nurse Member
Dr Nada Lemic	Director of Public Health
Sandra Wakeford	Lay Member
Lionel Eastmond	Bexley Patient Council Vice-Chair

Item No	
<b>STANDING ITEMS</b>	
<b>01/15</b> 01.15.1	<b>WELCOME AND APOLOGIES FOR ABSENCE</b> Dr Howard Stoate welcomed everyone to the first Governing Body (public) meeting of 2015. Apologies for absence were noted.
<b>02/15</b> 02.15.1	<b>DECLARATION OF INTEREST</b> Dr Stoate advised that all of the GPs present had a conflict of interest in respect of item 15/15 Bexley Extended Access Programme – Challenge Fund Bid Wave 2 Application as all Bexley GP practices had signed up to this application. No mitigating action was necessary.
<b>03/15</b> 03.15.1	<b>MINUTES OF THE GOVERNING BODY PUBLIC MEETING DATED 27 NOVEMBER 2014</b> Amendments required:

03.15.2	123.14.6 first sentence to read: ....the CCG had reported breakeven at month 6 and FOT. 123.14.7 second sentence to read: Page 16 of the meeting report details the risks at Month 6. 123.14.8 first sentence to read: ....for the reduction in MSK service waits for routine appointments from 24 weeks to 4 weeks. Second sentence to read: The MSK services at Erith opened during December and January and are integrated with multidisciplinary services. Third sentence to be made into a new paragraph to read: Through discussions with Oxleas and member practices regarding Oxleas Community Contracts there was a focus .....
03.15.3	<b>Action: Christine Taylor to amend minutes and replace on website.</b>
03.15.4	The Governing Body <b>AGREED</b> the minutes of the Governing Body (public) meeting dated 27 November 2014, with the above amendments.
<b>04/15</b>	<b>MATTERS ARISING/ACTION NOTES</b>
04.15.1	106.14.3 – Dr Howard Stoaate thanked Dr Sonia Khanna-Deshmukh for agreeing to be the Safeguarding Champion on the Governing Body. 123.14.11 – Sarah Valentine advised that the Consolidated Contracts Report included a section on consultant to consultant referrals.
04.15.2	All items to be closed.
<b>05/15</b>	<b>CHAIRMAN'S UPDATE REPORT</b>
05.15.1	Dr Howard Stoaate advised that Bexley is leading the way in ensuring patients are referred for their first outpatient appointment via the national electronic referral service, Choose and Book. Bexley had a 98% referral rate in December 2014, amongst the top in the country. He gave thanks to Bexley GPs and Bexley Health Limited.
05.15.2	Dr Nikita Kanani was congratulated on taking part in the 'Dry January' campaign. Alcohol is a causal factor in more than 60 medical conditions and in 2011 there were 9,748 deaths directly related to alcohol in the UK.
05.15.3	Dr Margaret Mountford, former advisor to Lord Sugar on The Apprentice, officially opened the new urgent care centre at Erith Hospital on 4 December 2014. The centre has been open since 1 October 2014 and is currently seeing around 100 patients a day, with about 40% attendance by children and young people. London Borough of Bexley Leader, Councillor Teresa O'Neill, Teresa Pearce MP and the Medical Director for urgent care at the Hurley Group, Dr Murray Ellender also attended the official opening.
05.15.4	Dr Stoaate said he had attended the Erith Town Forum meeting on 28 January 2015 and their feedback on services had been encouraging.

05.15.5	Musculo-skeletal physiotherapy services are now available at Erith Hospital, Monday to Friday all day and Saturday 9am-12 noon.
05.15.6	A blood test appointment system has been implemented at Erith Hospital. Feedback had been positive.
05.15.7	The mystery shopper scheme has a further 70 people signed up who give regular feedback which is assessed and informs the work of the CCG and feeds into quality and contract reviews.
05.15.8	Patients in Bexley will be able to access a summary of their GP records online from 1 April 2015.
05.15.9	An Our Healthier South East London engagement event is being held at The Bexley Boathouse in Bexleyheath on Tuesday, 10 February 2015.
05.15.10	<b>DECISION LOG FROM OTHER FORA</b> A Governing Body Chairs Action had been taken on 23 December 2014 relating to the Joint Procurement of Domiciliary Care for CHC Patients. This decision had to be made due to time constraints.
05.15.11	The Governing Body <b>NOTED</b> the decision that had not been made in public and the reasons for that, since the Governing Body (public) meeting held on 27 November 2014.
05.15.12	The Governing Body <b>AGREED</b> Chairs Action to approve NHS Bexley CCG Joint Procurement of Domiciliary Care for CHC Patients.
<b>06/15</b>	<b>2014/15</b>
	<b>QUALITY, SAFETY AND PERFORMANCE FOCUS REPORT</b>
06.15.1	Simon Evans-Evans advised that a lot of work had taken place to achieve the 2 week wait for cancer targets at Lewisham and Greenwich NHS Trust. However, the overall position remains red as the 31 day subsequent treatment surgery standard and the 62 day standard had not been achieved. A permanent cancer manager had been appointed.
06.15.2	Root Cause Analysis (RCA) and learning from it was improving and the RCA and Serious Incident reporting backlog was being addressed.
06.15.3	Improved data was being provided regarding Adult and Children Safeguarding.
06.15.4	The Quality Alert Management System (QAMS) was making a difference. Dr Howard Stoaate said that the system was easy for GPs to use and obtain a response to issues raised with providers. He had recently reported an issue whereby X-Ray reporting had increased to 6 weeks, this had now been addressed and X-Ray reporting had reduced to 2 weeks. Dr Stoaate said that he would like a full report on the QAMS at

	some point.
06.15.5	<b>Action: Simon Evans-Evans to ask Annie Gardner to provide a QAMS report to the Governing Body.</b>
06.15.6	The Governing Body <b>NOTED</b> the Quality, Safety and Performance Focus Report.
	<b>FINANCE PERFORMANCE UPDATE AS AT MONTH 8 (NOVEMBER) 2014/15</b>
06.15.7	Theresa Osborne advised that a surplus of £126k was reported at month 8 and FOT, matching the expected plan position. The in-month position necessitated the use of available reserves to achieve the required month end position. It was also necessary to utilise a significant number of 2013/14 creditors which are no longer required. £2.5m MFF adjustment had also been used. The forecast position is high risk due to the significant over performance in acute of c£12m. Prescribing spend remains significantly above budgeted levels and also poses a risk to forecast outturn position. It was predicted that Continuing Healthcare would overspend by c£0.5m at year end.
06.15.8	QIPP achievement within Bexley was higher than other CCG plans. Sarah Blow advised that Bexley had a challenging QIPP scheme for 2014/15 but it would not be sustainable to continue with these levels of QIPP in the future.
06.15.9	Running costs remained within budget.
06.15.10	Performance against the Better Practice Payment Code continued to perform well.
06.15.11	Keith Wood asked about acute overspending and was advised that this had stabilised in month 9.
06.15.12	Keith Wood also asked about the number of outpatients being seen and was advised that the CCG were looking at GP referrals to see how these could be reduced.
06.15.13	Dr Graham Rehling asked whether reductions in social care funding was having an impact. Sarah Blow advised that the CCG was working with London Borough of Bexley on discharges, but this was just one element of many factors.
06.15.14	The Governing Body: <b>DISCUSSED AND NOTED</b> the Month 8 (November) and forecast outturn financial position in line with the plan submitted to NHS England; <b>NOTED</b> the details of the 2014/15 allocations (programme and running costs) received and expenditure to date;

	<p><b>NOTED</b> the returns made to NHS England reporting the Month 8 financial position, QIPP delivery, use of 2.5% non-recurrent headroom and the CCG's risks and mitigations (Appendix 1) plus the continuing healthcare return (Appendix 2);</p> <p><b>DISCUSSED AND NOTED</b> 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 potential risks where possible;</p> <p><b>NOTED</b> the month 8 actual performance against the key national finance targets.</p>
06.15.15	<p><b>CONSOLIDATED CONTRACTS REPORT MONTH 7 &amp; 8</b></p> <p>Sarah Valentine advised that the negotiating round for 15/16 is underway; she anticipates that it will be difficult to reach agreement due to gaps in provider income.</p>
06.15.16	<p>A Commissioning Summit had been held with Oxleas NHS Foundation Trust regarding the potential integration of multiple contracts. Dr Varun Bhalla confirmed that it had been a good meeting where concerns had been raised. A log of issues had been drawn up and progress was being made to address. Information had been sent to GPs to provide District Nurse details and a form had been produced so that GPs could categorise the urgency of a District Nurse visit. Patients had also been advised of a named nurse to contact in event of a crisis. Discussions had taken place regarding frail, elderly patients. Dr Howard Stoate thanked Dr Varun for his work in this area.</p>
06.15.17	<p>Sarah advised that more Any Qualified Provider clinics were coming on line.</p>
06.15.18	<p>Sarah referred to page 6 of the report and advised that although the diabetes spend looked strange it was correct as the payments are split throughout the year and invoiced annually at the end of the year.</p>
06.15.19	<p>Sarah said that the Step Up Step Down average figure was being distorted by the complexity of certain patients which resulted in a greater length of stay. In future this would be shown at median.</p>
06.15.20	<p>An action plan had been requested in relation to Neuro-rehabilitation.</p>
06.15.21	<p>Good patient feedback had been received in relation to the Musculo-skeletal service provided at Erith Hospital.</p>
06.15.22	<p>Sarah said that the opening of the Urgent Care Centre at Erith had previously been mentioned. The Urgent Care Centre at Queen Mary's Hospital was seeing approximately 70 patients per day. When November data was received, in February, it was hoped that there would be a significant reduction in A&amp;E attendances as a result of the Urgent Care Centre availability. Darent Valley had reported that the</p>

	appropriateness of Bexley A&E admissions had improved.
06.15.23	Mental Health over performance continued, attributable to one high cost client and costs for a client who previously resided in the borough, but transferred to Swindon. After negotiation, it was agreed that costs would be split 50/50 with Swindon. Improved Access to Psychological Therapies and Recovery Service (IAPT) continued to miss the trajectory. Another action plan had been submitted to MIND and reported to NHS England. Two additional standards would be required next year for 6 and 18 weeks wait for IAPT and planning was taking place with MIND.
06.15.24	The London Ambulance Service (LAS) is not meeting targets. However the LAS in South East London is achieving above the rest of London.
06.15.25	Over performance of acute trusts had been discussed as part of the Finance Report.
06.15.26	Consultant to Consultant and other referrals information was provided at Appendix 2. Other referrals had decreased, whilst Consultant to Consultant referrals had increased.
06.15.27	NHS 111 Key Performance Indicators were consistently performing well.
06.15.28	The Governing Body <b>NOTED</b> the performance of the Community, Mental Health, LAS, acute contracts and 111 reports and the consultant to consultant and other referrals explanation.

#### ITEMS FOR DECISION

<b>07/15</b>	<b>UPDATE REPORT ON CLINICAL LEADS WITHIN THE CCG</b>
07.15.1	Sarah Valentine advised this was an update report. Sarah said it was important to encourage clinical leads to work with the CCG to design services, engage in commissioning decisions and advise on how best to improve patient care. She said that there is a formal process of recruitment, with job descriptions, advertisement, interviews and selection panels. An appraisal system is also in place. A buddying system had been put in place to support GPs new to the role of clinical lead. The pay framework in place was to enable payment for locum cover. Sessions are reviewed each year to reflect the dynamics of each project. Section 3 of the report showed current clinical leads.
07.15.2	Dr Nikita Kanani said that this initiative had been proven over the past 18 months, it was sustainable and to be commended. Simon Evans-Evans said that the depth of clinical leadership in Bexley is a real strength.
07.15.3	Sarah said the Governing Body was asked to approve a slight change in the wording regarding pay rates to reflect the appropriate payment to be made for locum cover, should other staff undertake clinical lead roles.
07.15.4	The Governing Body:

	<p><b>NOTED</b> the progress and contribution of the CCG Primary Care Development Team, Principal Clinical Lead and the cohort of Clinical Leads to the development of fit-for-purpose clinical lead infrastructure system.</p> <p><b>APPROVED</b> the proposed changes to the lead resource allocation, “buddying” system, appraisal process and pay rates as set out in Section 4 of the report.</p>
<b>08/15</b>	<b>POTENTIAL PROCUREMENTS FOR 2015-16</b>
08.15.1	Sarah Valentine advised that at the point of going to press the potential procurements for 2015-16 were up to date. Potential procurements are updated on the website. No contract goes to formal procurement until a decision has been made by the Governing Body.
08.15.2	The Governing Body <b>AGREED</b> the potential procurement plan for 2015-16.
<b>09/15</b>	<b>SECTION 75 AGREEMENT</b>
09.15.1	Sarah Valentine advised that the Section 75 Agreement is an overarching agreement for joint commissioning arrangements between the CCG and the London Borough of Bexley. As the organisations are two different entities there needs to be a legal contract in place to cover the various commissioning and provider arrangements across both organisations. This is an “umbrella” agreement, with all sub agreements being approved individually (financial and qualitatively) via the CCG’s committees. Contracts covered include the Integrated Commissioning Unit, Learning Disabilities, Genito Urinary Medicine, Better Care Fund, Integrated Care etc. The Section 75 Agreement had been redesigned so that new services could be incorporated within the Section 75 Agreement by way of a Deed of Variation. The Section 75 Agreement is for a period of five years, subject to statutory guidance changes and timescales for a particular service.
09.15.2	Dr Graham Rehling asked whether there would be any risks for the CCG in relation to funding cuts. It was confirmed that this would need to be kept under review.
09.15.3	Dr Nikita Kanani acknowledged that everyone had worked had to pull this together.
09.15.4	Simon Evans-Evans said that the terminology within the document should read NHS Bexley Clinical Commissioning Group.
09.15.5	<b>Action: Sarah Valentine to amend Section 75 Agreement to read NHS Bexley Clinical Commissioning Group.</b>
09.15.6	The Governing Body <b>APPROVED</b> the signing of the attached revised and updated Section 75 Agreement with London Borough of Bexley,

	once the document had been updated to read NHS Bexley Clinical Commissioning Group.
<b>10/15</b>	<b>OPTIONS FOR PRIMARY CARE CO-COMMISSIONING</b>
10.15.1	Sarah Blow said that a number of discussions had taken place with the Governing Body, membership and via workshops with members of other CCGs and an expression of interest for co-commissioning of General Practice had been put forward in June 2014. Further guidance had been issued and the membership had discussed and voted and nearly everyone supported Model 2, with some GPs requesting more information. For the financial year 2015/16 NHS Bexley CCG's preferred co-commissioning model is that of a 'Joint Commissioning Arrangement' (Model 2). Governance arrangements would consist of the development of shared governance through a 'committees meeting in common'. This would enable local accountability to be retained. The expression of interest would be submitted on 30 January 2015. A further report would come to the Governing Body in March as constitutional changes would need to be decided by the membership.
10.15.2	Dr Peter Fish asked about the design of local incentive schemes as an alternative to QOF. Sarah Blow said that agreement from NHS England would need to be sought. Local incentive schemes would be responsive to local circumstances and population based commissioning.
10.15.3	Sarah Blow explained that the Primary Care Co-Commissioning Committee would comprise members of each CCG and a member of NHS England. It was anticipated that members of the Local Medical Committee, Health and Wellbeing Board and Healthwatch would also be in attendance, but not as voting members. GPs would not be in the majority on this committee due to conflicts of interest. A document would be sent to GPs to explain the details. This committee would have the same status as the Audit and Integrated Assurance Committee, Remuneration Committee and Executive Management Committee.
10.15.4	The Governing Body <b>APPROVED</b> the recommendation for Bexley CCG (along with the South East London CCGs) to submit an expression of interest to NHS England for co-commissioning of General Practice on 30 <sup>th</sup> January 2015 for the following; <ol style="list-style-type: none"> <li>1. For the financial year 2015/16 NHS Bexley CCG's preferred co-commissioning model is that of a '<i>Joint Commissioning Arrangement</i>' (Model 2) from April 2015 with NHS England noting both membership feedback and the identified risks and mitigations, including the need to undertake further financial due diligence to assess the potential financial, legal and regulatory exposure and risks.</li> <li>2. That governance arrangements will consist of the development of shared governance through a 'committees meeting in common' or similar with NHS England and the five other South East London (SEL)</li> </ol>



	<p>CCGs.</p> <p>3. A trajectory for the implementation of <i>'Delegated Commissioning Arrangements'</i> (Model 3) from April 2016 will be developed and subject to a further decision at a later stage.</p> <p>4. To note that proposed amendments to the CCGs constitution to enable shared governance will be submitted to the Governing Body in March 2015, in addition to final proposals following a review of the CCGs Conflict of Interest Policy (Col) (discussion point on today's agenda) to ensure that perceived and actual/real Cols are dealt with in a transparent and accountable manner.</p> <p>5. The Chief Officer to put in place, before the 1 April 2015, the necessary arrangements to implement 'joint commissioning' (Model 2) of primary care. Progress will be reported at the March 2015 Governing Body meeting along with constitutional changes.</p>
<b>11/15</b>	<b>QUESTIONS FROM THE PUBLIC</b>
11.15.1	It was suggested that the blood test service at Erith Hospital needed a dedicated appointment line rather than an extension at Queen Mary's Hospital. Some patients were on the phone for half an hour waiting to get an appointment. It was also suggested that opening times needed to be extended until 2pm, or opening time moved to 7am. Many patients were unaware of the appointment system and were arriving to queue. Sarah Valentine said she would look at this.
11.15.2	<b>Action: Sarah Valentine to review use of dedicated telephone line and increasing blood test clinic opening hours at Erith Hospital.</b>
11.15.3	A question was asked about lessons learned following the failure of the Prime Contractor Model Children and Young Peoples (CYP) procurement exercise. Sarah Valentine said that there were lessons to be learned, both positive and negative, that had arisen from the failed procurement. She said that Bexley was one of the most innovative CCGs in the country and it was difficult dealing with the scale and pace of change. Over a period of time those tendering had withdrawn their bids. During the last six months a lot of work and thought had been given to the CYP procurement. Discussions were taking place regarding the integration of social and health care for CYP and moving a number of services back to the borough. Sarah was working with the London Borough of Bexley to dovetail social and healthcare, but was unable to discuss further at the current time.
<b>ITEMS FOR DISCUSSION</b>	
<b>12/15</b>	<b>OUR HEALTHIER SOUTH EAST LONDON: PROGRAMME UPDATE</b>
12.15.1	Sarah Blow said that the joint five year commissioning strategy was being developed by the six South East London CCGs working with NHS England in partnership with local authorities, NHS providers, patients, local people and other key stakeholders. A model of care for SEL had been devised which links into the national view. Local Care Networks

12.15.2	are part of the model which fits into the Whole System model. The Governing Body <b>NOTED</b> the progress of the Our Healthier South East London programme.
<b>13/15</b> 13.15.1	<b>UPDATE ON REFERRALS AND PRIMARY CARE</b> Sarah Valentine said that this report provided an update on the report provided previously. The CCG had reviewed Bexley GP referral activity in 2013/14 compared with April to September 2014, using Choose and Book data as the accepted marker for GP referrals. This review had demonstrated an increase of 16% overall. A GP summit was planned to be held to examine options and jointly agree with representatives from member practices the measures to be implemented in 2015/16.
13.15.2	Dr Nikita Kanani said that referrals and prescribing had increased nationally. It was necessary to see what could be done to be more efficient and have an effect on referrals.
13.15.3	Sarah Blow said that this was intended to be a supportive piece of work, not blaming General Practice. We need to understand differences in over and under referrals and ensure practices are supported to achieve high quality and best practice outcomes for patients.
13.15.4	Dr Peter Fish said that GPs needed to be less busy and pressured. Software to provide cost effective prescribing suggestions was being made available to GPs.
13.15.5	Dr Sonia Khanna-Deshmukh said that patient demand and expectation had risen.
13.15.6	The Governing Body <b>NOTED</b> the reported increase in referral numbers; and the summary strategy review and the approach to referral management .
<b>14/15</b> 14.15.1	<b>BETTER CARE FUND UPDATE</b> Sarah Valentine advised that the Better Care Fund application had been approved. NHS England had said “essentially your plan is clear and ambitious and we support your plan”.
14.15.2	The Governing Body <b>NOTED</b> that the Better Care Fund application had been approved by NHS England.
<b>15/15</b> 15.15.1	<b>BEXLEY EXTENDED ACCESS PROGRAMME – CHALLENGE FUND BID WAVE 2 APPLICATION</b> Dr Nikita Kanani advised that practices had put in a bid for wave 1 Challenge Fund which had been unsuccessful. They had now applied for wave 2 funding. Strong guidance had been received from NHS England that the bid needed to be written by GPs with support from the

15.15.2	<p>CCG. Due to timescales the Governing Body had been asked to endorse the submission. Sarah Blow confirmed that the CCG had written a letter of support on behalf of the Governing Body. A decision regarding bids would be made by the end of February. Thanks were given to Dr William Cotter and Dr Nikita Kanani for the work they had completed regarding the wave 2 application.</p> <p>The Governing Body <b>ENDORSED</b> the submission, which had been sent by Dr William Cotter to NHS England on behalf of all Bexley practices applying for the National 'Prime Minister's Challenge Fund' on Extending Access to General Practice.</p>
<p><b>16/15</b></p> <p>16.15.1</p> <p>16.15.2</p>	<p><b>UPDATE ON SYSTEM RESILIENCE IN BEXLEY, GREENWICH AND LEWISHAM</b></p> <p>Sarah Blow gave apologies that the report was not ready for the meeting. The central team was still working on the presentation, which would be brought to the next Governing Body meeting. The presentation would be similar to a presentation to be given to the Health and Wellbeing Board.</p> <p>The Governing Body <b>NOTED</b> that an update on system resilience in Bexley, Greenwich and Lewisham would be available at the 26 March 2015 meeting.</p>
<p><b>17/15</b></p> <p>17.15.1</p> <p>17.15.2</p>	<p><b>BOARD ASSURANCE FRAMEWORK REPORT</b></p> <p>Simon Evans-Evans confirmed that the top risk related to breach of A&amp;E four hour waits. Efforts were being made to address issues.</p> <p>The Governing Body <b>NOTED</b> the Board Assurance Framework Report.</p>
<p><b>18/15</b></p> <p>18.15.1</p> <p>18.15.2</p> <p>18.15.3</p>	<p><b>MANAGING CONFLICTS OF INTEREST</b></p> <p>Simon Evans-Evans advised that new statutory guidance had been received from NHS England. He said that as CCGs move to co-commissioning primary care there would be greater opportunities for GPs to have a conflict of interests when local commissioning decisions were being made. Discussions had taken place across South East London and at NHS Bexley CCG's Executive Management Committee (EMC). The EMC had recommended that a Conflicts of Interest Panel should be created so that when conflicts arise they could either:</p> <ol style="list-style-type: none"> <li>1. Make a decision on behalf of the decision making group.</li> <li>2. Review decisions made by the decision making group.</li> <li>3. Meet before the decision making group and make a recommendation to the decision making group.</li> </ol> <p>The Conflicts of Interest Panel would be able to take evidence from people who are conflicted and this evidence could be incorporated into the report provided to the decision making group.</p> <p>Dr Nikita Kanani said that she supported recommendation 3 but was</p>

	concerned that another committee meeting would need to be held and was mindful of the time this would take.
18.15.4	Sarah Blow confirmed that GPs would not sit on the Conflicts of Interest Panel and said that a meeting would not be needed every month, only as required. It was important that the CCG had a way of managing conflicts which would protect GP members and ensure that the CCG meets its statutory responsibilities in relation to Conflicts of Interest.
18.15.5	Keith Wood said that he had discussed this approach with Simon Evans-Evans outside of the meeting and he agreed that this was the best way forward.
18.15.6	The Governing Body: <b>NOTED</b> the conflicts of Interest updated guidance. <b>AGREED</b> the recommendations for a Conflicts of Interest Panel.
<b>19/15</b>	<b>PUBLIC SECTOR EQUALITY DUTY (PSED) – ANNUAL REPORT</b>
19.15.1	Simon Evans-Evans advised that an annual report has to be published regarding Public Sector Equality Duty, detailing how the CCG has met its statutory duties arising from the Equality Act 2010. Equality and diversity needs are considered when commissioning services for Bexley patients and when employing staff. All staff are required to undergo mandatory equality and diversity training. The CCG premises are accessible and the CCG ensures that all its public meetings are held in accessible premises. The CCG requires providers to meet equality and diversity legislative requirements as part of the procurement process for new or revised commissioning contracts. Complaints and Serious Incident data is triangulated to see if any group is disadvantage or impacted upon. An equality action plan is shown on pages 11-14 of the report. The PSED Annual Report will be placed on the website.
19.15.2	The Governing Body <b>NOTED</b> the CCG Public Sector Equality Duty Annual Report January 2014-January 2015.
<b>ITEMS FOR INFORMATION</b>	
<b>20/15</b>	<b>2015/16 FINANCIAL PLANNING UPDATE</b>
20.15.1	Theresa Osborne advised that this item should have appeared under the discussion element of the agenda. Theresa gave thanks to Sarah Valentine for the précis of the detailed planning guidance. A very high level plan was submitted for 2015/16 mid-January and the CCG would be required to submit detailed financial plans for 2015/16, and possibly future years, in February.
20.15.2	Additional allocations of 5.58% on 2014/15 funding have been received which goes some way towards closing the gap. These included some seasonal resilience funding and funding for mental health investment. As the CCG is still below target allocations, even after additional funding, it will be permitted to plan for the same position as in 2014/15, £126k

	<p>surplus. Currently the CCG cannot afford to plan for the required 1% surplus until 2017/18. In addition to baseline allocations, the CCG will receive £4.255m for the Better Care Fund which will be transferred to the London Borough of Bexley. A 10% reduction in funding would be made for running costs in 2015/16. Planning assumptions were shown on Page 2 of the report. Proposed tariff changes are on hold, but the CCG would continue with the same planning assumptions until advised of tariff changes. The return of specialist commissioning of renal dialysis and bariatric surgery to CCGs had been deferred. Details of levies to be funded in 2015/16 are shown on pages 4-5. Theresa advised that QIPP plans would reduce in future years. Discussions would take place with budget holders regarding cost pressures and savings. A detailed paper would be discussed at the Finance Sub-Committee that would then be presented to the Governing Body in March for approval.</p> <p>20.15.3 Sarah Blow said that the CCG was in a more positive situation than previously envisaged and agreed that the current level of QIPP was unsustainable and needed to be reduced. 2015/16 would be a difficult year and negotiations with providers would be tough, signatures to contracts were required by 28 February 2015.</p> <p>20.15.4 The Governing Body:  <b>NOTED</b> the Forward View Précis at Appendix 1;  <b>NOTED</b> the planning requirements from NHS England in respect of 2015/16;  <b>NOTED</b> the 2015/16 programme and running costs allocations received shown on page 1;  <b>NOTED</b> the business rules to be applied;  <b>NOTED</b> progress to date with financial planning for Bexley CCG;  <b>NOTED</b> that draft budgets will be brought to the March Governing Body to approve prior to the start of the 2015/16 financial year.</p>
<p>21/15</p> <p>21.15.1</p>	<p><b>MINUTES OF COMMITTEES/SUB-COMMITTEES OF GOVERNING BODY TO NOTE:</b></p> <ul style="list-style-type: none"> <li>• <b>PATIENT COUNCIL 23 OCTOBER 2014</b></li> </ul> <p><b>EXECUTIVE SUMMARIES FOR COMMITTEES/SUB-COMMITTEES FOR THE GOVERNING BODY TO NOTE:</b></p> <ul style="list-style-type: none"> <li>• <b>AUDIT AND INTEGRATED ASSURANCE COMMITTEE 4 DECEMBER 2014</b></li> <li>• <b>FINANCE SUB-COMMITTEE 11 NOVEMBER AND 9 DECEMBER 2014</b></li> <li>• <b>MEDICINES MANAGEMENT SUB-COMMITTEE 19 NOVEMBER 2014</b></li> <li>• <b>INFORMATION GOVERNANCE SUB-COMMITTEE 2 DECEMBER 2014</b></li> <li>• <b>QUALITY AND SAFETY SUB-COMMITTEE 13 NOVEMBER 2014</b></li> </ul> <p>The Governing Body <b>NOTED</b> the minutes and the executive summaries of the above mentioned meetings.</p>

<b>22/15</b> 22.15.1	<b>UPDATE FROM PATIENT COUNCIL</b> Simon Evans-Evans advised that a very good meeting of the Patient Council had taken place on 16 December 2014, however the minutes had not yet been signed off and would therefore come to the next Governing Body meeting.
<b>23/15</b> 23.15.1	<b>ANY OTHER BUSINESS</b> There was no other business.
<b>24/15</b> 24.15.1	<b>PUBLIC FORUM</b> It was reported that some members of the Bexley Pensioners Forum and Erith Town Forum were unaware of the need to book blood test appointments at Erith Hospital. It was suggested that notices needed to be displayed in GP surgeries, libraries, etc. Dr Howard Stoate advised that the phone number for blood test appointments should be printed on the form given to patients by their GP. It was confirmed that while the new system embedded a “floating” phlebotomist was available to deal with patients who had not booked an appointment.
24.15.2	<b>Action: Simon Evans-Evans to ask Annie Gardner and Jon Winter to ensure adequate publicity regarding blood test appointments at Erith Hospital.</b>
24.15.3	It was confirmed that the “Right Place to Go” leaflets were being distributed at various patient group meetings.
24.15.4	A question was asked about on-the-spot health checks being conducted at local supermarkets. It was confirmed that these were commissioned by the London Borough of Bexley Sports and Leisure/Active Healthy Lifestyle Teams and any questions regarding these health checks should be addressed to London Borough of Bexley.
<b>DATE OF NEXT MEETING</b>	
<b>25/15</b> 25.15.1	Governing Body Public Meeting, Thursday 26 March 2015 from 1.30pm-3.30pm in the Danson Room, 221 Erith Road, Bexleyheath, Kent DA7 6HZ