

## Minutes of the Governing Body meeting held in public

**Thursday, 26 March 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, Frogna
Dr Peter Fish	GP Locality Lead, Clocktower
Tina Khanna	Locality Representative, North Bexley
Dr Sonia Khanna-Deshmukh	GP Locality Representative, Frogna
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
Jill May	Seconded Statutory Nurse Memer
Dr Nada Lemic	Director of Public Health
Sandra Wakeford	Lay Member
Lionel Eastmond	Bexley Patient Council Vice-Chair

**IN ATTENDANCE:**

Sue Wright (notes) PA to Chief Officer

**APOLOGIES:**

None

Item No	
<b>STANDING ITEMS</b>	
<b>41/15</b> 41.15.1	<b>WELCOME AND APOLOGIES FOR ABSENCE</b> Dr Howard Stoate welcomed everyone. There were no apologies for absence.
<b>42/15</b> 42.15.1	<b>DECLARATION OF INTEREST</b> Dr Sid Deshmukh declared an interest in the Primary Care Innovation Fund. He chaired a meeting regarding alcohol misuse for which he received £200. This included residents from local areas, Commissioners, Signpost and Nexus. Dr Nikki Kanani said the following changes should be made to her interests held: 2. Honorary Secretary National Association of Primary Care. 3. Quality Lead for the Faculty of Medical Leadership & Management. 4. General Advisory Council, The King's Fund. No mitigating action was necessary.

<b>43/15</b>	<b>MINUTES OF THE GOVERNING BODY PUBLIC MEETING DATED 29 JANUARY 2015</b>
43.15.1	The Governing Body <b>AGREED</b> the minutes of the Governing Body (public) meeting dated 29 January 2015.
<b>44/15</b>	<b>MATTERS ARISING/ACTION NOTES</b>
44.15.1	All items to be closed.
<b>45/15</b>	<b>CHAIRMAN'S UPDATE REPORT</b>
45.15.1	Dr Stoate welcomed Jill May who has been seconded on to the Governing Body as registered nurse member until the new permanent registered nurse, Mary Currie, joins us on 1 May 2015.
45.15.2	From 1 April 2015, the CCG will be responsible with NHS England for the joint commissioning of primary care services, enabling the CCG to have greater influence over how GP services are commissioned for the local population.
45.15.3	Following the introduction of MSK physiotherapy services at Erith Hospital, there are now rheumatology and pain consultant clinics on site, resulting in less travel for local residents to access these services.
45.15.4	A new appointment system for blood test services at Erith Hospital was introduced in January and the feedback on the service has been very positive. A dedicated phone line has been set up enabling patients to be connected straight through rather than go via the Queen Mary's Hospital switchboard.
45.15.5	Dr Stoate thanked Dr Kanani for her involvement in the new social prescribing pilot to be launched on 1 April in nine GP surgeries in the Clocktower locality. The pilot is jointly funded by the CCG and London Borough of Bexley and will run until 1 July 2016.
45.15.6	The CCG has been working with Guy's and St Thomas' NHS Foundation Trust to develop an integrated cardiology service and the 5-year contract has now been formally signed by GSTT and their sub-contractors.
45.15.7	A new mobile phone service has been set up enabling Bexley patients to receive appointment reminders and health information via text message from their GP practice. The patient's response will serve to update their medical records, saving on administration costs and enabling the practices to ask patients for feedback. There has been good feedback so far from patients.
45.15.8	The new Crayford Town Surgery was officially opened on Wednesday, 4 February by Olympic sprinter, Adam Gemili.
	<b>DECISION LOG FROM OTHER FORA</b>
45.15.9	There were no decisions.

<b>46/15</b>	<b>2014/15 INTEGRATED QUALITY, SAFETY AND PERFORMANCE PROVIDER REPORT</b>
46.15.1	Simon Evans-Evans advised that data is showing improvements in the national targets for the Bexley population and the CCG is now achieving the two-week wait cancer targets. Dr Kanani has developed a new electronic referral system in April. There is still concern around the 62-day referral to treatment targets. There has been some improvement, but further work is needed to achieve the targets. A new Clinical Cancer Leadership Group involving Bromley, Lewisham and Greenwich to look at breaches and quality cancer outcomes has been set up.
46.15.2	Following the bi-lateral Commissioning Summit with Oxleas, the Quality Team has worked with the Contracts Team and commissioner colleagues in Greenwich and Bromley and has now set up a single Oxleas CQRG meeting covering all aspects of commissioned care.
46.15.3	Complaints response times within agreed timescales continues to be a challenge for most of our main service providers. However, GSTT has seen a reduction from 54 to 38 days since December 2014.
46.15.4	A Care Homes Quality Improvement Network meeting will take place on 23 April 2015 with a focus on District Nursing services and led by Dr Sid Deshmukh.
46.15.5	The Governing Body <b>NOTED</b> the Integrated Quality Safety and Performance report.
<b>46/15</b>	<b>FINANCE PERFORMANCE UPDATE AS AT MONTH 10 (JANUARY) 2014/15</b>
46.15.6	Theresa Osborne said that the forecast position is high risk due to the significant over-performance and seasonal variation in acute of c£14m. However, this has reduced somewhat since the report was produced.
46.15.7	Running costs remain within the budget and are showing an underspend of £149k due mainly to vacancies. The CCG is in a good position for 2015/16 when there will be a significant reduction in the running cost allowance.
46.15.8	The Month 10 forecast outturn QIPP delivery has been assessed at 83% of the gross target QIPP target, resulting in the CCG being RAG-rated Amber by NHS England. However, our QIPP target is the highest across SEL, with delivery almost the highest.
46.15.9	Under the Better Payment Practice Code (BPPC), the CCG is required to settle 95% of all invoices to NHSE within 30 days of receipt and has met all targets.

46.15.10	<p>The Governing Body:</p> <p><b>DISCUSSED &amp; NOTED</b> the Month 10 (January) and forecast outturn financial position in line with the plan submitted to NHS England;</p> <p><b>NOTED</b> the details of the 2014/15 allocations (programme and running costs) received and expenditure to date;</p> <p><b>NOTED</b> the returns made to NHS England reporting the Month 10 financial position, QIPP delivery, use of 2.5% non-recurrent headroom, underlying position and the CCG's risks and mitigations (Appendix 1) plus the continuing healthcare return (Appendix 2);</p> <p><b>DISCUSSED &amp; 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 additional potential risks where possible;</p> <p><b>NOTED</b> the month 10 actual performance against the key national finance targets.</p>
<p><b>46/15</b></p> <p>46.15.11</p> <p>46.15.12</p> <p>46.15.13</p> <p>46.15.14</p> <p>46.15.15</p> <p>46.15.16</p> <p>46.15.17</p> <p>46.15.18</p> <p>46.15.19</p>	<p><b>CONSOLIDATED CONTRACTS REPORT MONTH 9 &amp; 10</b></p> <p>Sarah Valentine advised that this is a new abridged version of the report in order to focus on performance and activity issues for the 3 areas of Acute, Community and Mental Health Services. She gave a brief summary of the report.</p> <p>The Oxleas post-summit work is progressing well with communication and GP services.</p> <p>The Ophthalmology Contract with King's FT is currently being finalised. Although the contract is yet to be signed, the savings will be delivered in 2014/15.</p> <p>SLAs for acute contracts saw an improvement in Month 9 by 1% with a projected forecast year-end position of c£100k.</p> <p>The number of admissions avoided rose in January and we are now in the top 10% of admissions per 1,000.</p> <p>DVH activity in A&amp;E has reduced since the opening of the UCC at Erith. Most of the AQP services such as Gynaecology, Dermatology and Urology have gone live.</p> <p>The Mental Health service re-design is now at the stage where Oxleas NHS FT is drafting the final paper for presentation and consideration by the Governing Body in March 2015.</p> <p>There was a dip in the percentage of calls answered within 60 seconds in December, but the figure has since risen to 96.66%.</p> <p>A business case has been put together for the re-procurement of the 111 service which all CCGs are looking to fund.</p>



<p>48.15.2</p> <p>48.15.3</p> <p>48.15.4</p>	<p>Body as a “first tier” committee.</p> <p>From the operational aspect on how the co-commissioning is going to work, there is not much guidance at tier 2 membership, as NHS England is currently focusing on processes for full delegation. There is a draft Memorandum of Understanding in place in relation to the co-commissioning operations across South East London. Sarah Blow thanked Simon Evans-Evans on behalf of the Chief Officers across South East London for taking leadership on the governance work.</p> <p>The Governing Body discussed the changes to the Committee, Sub-Committee terms of reference.</p> <p>That the Governing Body:  <b>ENDORSED</b> the constitutional changes agreed by the Primary Care Advisory Group (PCAG) on 12<sup>th</sup> March 2015.</p> <p><b>APPROVED</b> the application to NHS England to change the constitution.</p> <p><b>APPROVED</b> Committee &amp; Sub-committee Terms of Reference</p> <ul style="list-style-type: none"> <li>• Audit and Integrated Assurance Committee</li> <li>• Executive Management Committee</li> <li>• Remuneration Committee</li> <li>• Primary Care Joint Commissioning Committee</li> <li>• Finance Sub-Committee</li> <li>• Quality and Safety Sub-Committee</li> <li>• Medicines Management Sub-Committee</li> <li>• Information Governance Sub-Committee</li> </ul>
<p><b>49/15</b></p> <p>49.15.1</p> <p>49.15.2</p> <p>49.15.3</p> <p>49.15.4</p>	<p><b>2015/15 PLANNING &amp; BUDGET UPDATE</b></p> <p>This paper provided an update to the financial planning papers submitted in previous months.</p> <p>Theresa Osborne advised that the financial planning process has been an on-going piece of work by the Finance department and detailed plans are in place for the next five years. In mid-December 2014, the CCG was notified of its allocation for 2015/16. The CCG’s distance from target in 15/16 remains approximately £8m (3.07%). The systems resilience funding, received with allocations, for Bexley will need to be allocated across all providers.</p> <p>The CCG has complied with the national business rules with the exception of 1% surplus, where NHS England has agreed that the CCG can continue to make the same surplus as in 2014/15. Since the last submission there have been change in activity assumptions.</p> <p>Draft budgets have been issued to budget holders to be signed off by 1</p>

	April 2015.
49.15.5	<p>Providers have advised which tariff option they are using in 2015/16, and plans have been updated to reflect this. National guidance is awaited on how the changes will be funded.</p> <p>The 1% non-recurrent transformation reserve has been earmarked for investment in local QIPP delivery, legacy Continuing Healthcare (CHC) provisions risk share and costs of the SEL London PMO.</p>
49.15.6	<p>RAG rated QIPP plans are in place at a value of £6.3m. Two have been RAG-rated as Red and these relate to Prime Contractor (COBIC) Children's Services and GP Referral projects. A RAG-rating panel will be set up to further consider the QIPP schemes and appropriate RAG-rating in the near future.. The CCG has a small QIPP reserve to mitigate any shortfall in plans.</p>
49.15.7	<p>There are a number of risks to delivery of the CCG's plans which are detailed within the paper.</p>
49.15.8	<p>In addition to the QIPP reserve, the CCG has several additional mitigations including 0.5% contingency, potential access to the South East London Risk Pool and £2.5m MFF funding.</p>
49.15.9	<p>During 2014/15, the CCG planned for the 10% expected running costs reduction in 2015/16 and care will be taken to ensure that the CCG remains within the running costs budget next year.</p>
49.15.10	<p>The CCG is required to submit their projected performance against a range of Operating Plan targets, driven by both the NHS Constitutional Standards and then other national initiatives.</p> <p>One large concern is the Cancer 62-wait from GP referral to treatment which is impacted by LGT under-achieving its targets in Q1 and Q2 of 2015/16. Sarah Valentine suggested gaining permission from the Governing Body to write to NHS England to inform them that these targets will not be achieved and this was agreed. For 18 weeks and diagnostic testing, the CCG declares a Green rating. We are not declaring A&amp;E as we are not the lead commissioner for that, although we are a party to discussions, trajectories and agreements for LGT.</p>
49.15.11	<p>The CCG is unable to forecast for dementia achievement for the first six months. Despite much work being carried out in 2015 by Dr Deshmukh and Dr Karen Upton to improve diagnosis rates, we are currently approximately 200 patients below the national Dementia target and will need to declare as unmet for the year. Sarah Valentine will amend Table 11 to show C Diff as 'Green'.</p>
49.15.12	<p>That the Governing Body:</p>

	<ul style="list-style-type: none"> <li>• <b>NOTED</b> the methodology used to calculate the 2015/16 budgets;</li> <li>• <b>NOTED</b> the submission of 2 iterations of the detailed 2015/16 financial position;</li> <li>• <b>NOTED</b> the business rules required and used in 2015/16 planning, including the provider tariff issue;</li> <li>• <b>APPROVED</b> the 2015/16 QIPP plan, included within 2015/16 budgets;</li> <li>• <b>NOTED</b> the risks, mitigations and opportunities associated with the delivery of the financial position as submitted;</li> <li>• <b>NOTED</b> the agreed London levies and approve Bexley's proportion for inclusion in 2015/16 planning;</li> <li>• <b>APPROVED</b> the 2015/16 budget, whilst recognising the risks inherent in the plan, to ensure assignment to relevant directors prior to 1st April 2015;</li> <li>• <b>DISCUSSED &amp; APPROVED</b> the submission of the CCG's 2015/16 Operating Plan targets, as detailed in report to inform the April submission.</li> </ul>
<b>50/15</b>	<b>SCHEDULE OF MATTERS UPDATE</b>
50.15.1	Theresa Osborne advised that the Schedule has been updated following recommendations from the Finance Sub-Committee. This will be in place with effect from 1 April 2015.
50.15.2	The Governing Body <b>APPROVED</b> the amendments to the Schedule of Matters, as laid out in the Executive summary and highlighted in the detailed schedule; as recommended by the Finance Sub-Committee.
<b>51/15</b>	<b>SOUTH EAST LONDON TREATMENT ACCESS POLICY (SEL TAP) 2015</b>
51.15.1	Dr Nada Lemic advised that this Policy is regularly reviewed and updated between the 6 CCGs in South East London to reflect changes in evidence base and national guidance and provide clarification on identified issues. Two new sections have been added and Dr Deshmukh appreciated the introduction of the section on NiCE guidelines for varicose veins. Dr Lemic responded to Dr Kanani's question regarding a more accessible version of the Individual Funding Requests (IFRs) by confirming there is a leaflet. Sarah Valentine requested an impact assessment in terms of quality and finance as the CCGs need to know what to change in their contracts before signing. Dr Lemic will liaise with the IFR Manager. Dr Varun Bhalla said the referral to vascular surgeon is particularly important. This can be found both on GP Zone and DXS, but the CCGs can circulate to GPs in a way they think is appropriate. Theresa Osborne pointed out a reference to the Care Trust, which Dr Lemic will remove. Simon Evans-Evans would like to see the font in this report changed to Aerial. The report will be finalised and circulated. It was noted that an impact assessment is required.

51.15.2	<p><b>Action:</b> Sarah Valentine requested an impact assessment in terms of quality and finance as the CCG s need to know what to change in their contracts before signing. Dr Nada Lemic to action.</p> <p>The Governing Body <b>APPROVED</b> the revised South East London Treatment Access Policy (SEL TAP) for 2015.</p>
<b>52/15</b>	<b>PROCUREMENT CHANGES TO THRESHOLDS</b>
52.15.1	Sarah Valentine advised that this report includes the new public procurement regulations that came into force from 26 February 2015 and is currently checking its impact with solicitors. She will revert with an update of what the implications are and how these should be implemented.
52.15.2	The Governing Body <b>NOTED</b> the new public procurement regulations that came into force from 26 <sup>th</sup> February 2015, the implications and actions required are laid out the attached report.
<b>53/15</b>	<b>LONDON AMBULANCE SERVICES (LAS) BUSINESS CASE</b>
53.15.1	Sarah Blow advised that this paper is not finalised and should be removed from the pack.
53/15.2	The Governing Body <b>AGREED</b> to the removal of Enclosure L.
<b>54/15</b>	<b>RE-DESIGN OF COMMUNITY MENTAL HEALTH SERVICES</b>
54.15.1	Sarah Valentine advised that the proposed Re-design is aimed at simplifying the Community Mental Health services for Bexley patients in order to make it easier for service users and carers to navigate. The main concern is whether there is sufficient manpower within Mental Health to deliver these services. Once approved, implementation of the plan will commence in September 2015. Sarah Valentine has requested additional funding at an agreed rate of 4% per year over the next 3 financial years. She thanked Dr Graham Rehling for his involvement.
54.15.2	The Governing Body <b>APPROVED</b> the Oxleas NHS Foundation Trust plan as laid out in the attached report for the re-design of Community Mental Health services for Bexley patients.
<b>55/15</b>	<b>CONFLICTS OF INTEREST (INCLUDING GIFTS AND HOSPITALITY) POLICY</b>
55.15.1	Simon Evans-Evans stated that this paper reflects updates to conflicts or potential conflicts discussed at the last Governing Body meeting in public. This policy will be reviewed and discussions held on a regular basis, both inside and out of the Governing Body meetings.
55.15.2	The Governing Body <b>APPROVED</b> the Conflicts of Interest (including Gifts and Hospitality) Policy.

<b>56/15</b>	<b>QUESTIONS FROM THE PUBLIC</b>
56.15.1	Please see notes under Section 6.
<b>ITEMS FOR DISCUSSION</b>	
<b>57/15</b>	<b>OUR HEALTHIER SOUTH EAST LONDON: PROGRAMME UPDATE</b>
57.15.1	Sarah Blow advised that this briefing is for CCGs to share with their Governing body members as an update on the programme.
57.15.2	The Governing Body <b>NOTED</b> the progress of the Our Healthier South East London programme.
<b>58/15</b>	<b>PRIMARY CARE INNOVATION FUND (PCIF) 2015/16</b>
58.15.1	Sarah Valentine advised that last year, in conjunction with GPs, the use of the PCIF was debated and 4 schemes were agreed – namely, Medicines Management, Improving Access to Primary Care, Obesity in Children and End of Life Care. At the time, the Access Scheme was deemed as a priority over the Dementia and IAPT schemes. However, as this has since been recognised as a duplication of the improving access schemes within the Challenge Fund bid, Sarah Valentine has asked for the Governing Body’s approval to use the funding for the Access Scheme be allocated to Dementia for the next year in order to achieve the national target for Dementia diagnosis and this was <b>APPROVED</b> . Dr Kanani welcomes the focus on the local Dementia population. Dr Peter Fish pointed out that NHS England already have what is known as the Primary Care <b>Infrastructure</b> Fund, Sarah Valentine will re-name the PCIF. Once agreed and implemented, the PCIF will be monitored through the Primary Care Team.
58.15.2	Keith Wood requested regular updates to the Governing Body on progress on the PCIF commencing in July 2015.
58.15.3	The Governing Body <b>NOTED</b> the update on Primary Care Innovation Fund (PCIF) 2015/16.
<b>59/15</b>	<b>UPDATE ON REFERRALS AND PRIMARY CARE</b>
59.15.1	Sarah Blow said this paper is an update on the paper presented at the Governing Body meeting on 27 January 2015 which described the work within the CCG to support practices to review and examine any underlying high or low variance in their referral rates. There has been a continued increase in GP referrals, now reported to be approximately 15% overall. To support best practice, the CCG has decided to create a new data dashboard so that all parties will have clear sight of their referral levels. Some increases in data are due to new services and changes. The CCG does not make any decisions regarding referrals without input from its practices and there will be a GP Summit to put forward ideas for decision. Dr Fish said there is a link between referrals for primary care and other work, such as Prescribing, and said the practices deliver high quality around unplanned care and asked if there

59.15.2	<p>should be a variation for unplanned admissions. The Primary Care Team is working in all localities and reviewing different data sources.</p> <p>The Governing Body <b>NOTED</b> the development of a GP data dashboard and continued research of best practice methods to work with practices to address variation and ensure high quality referrals.</p>
<b>60/15</b>	<b>PRIMARY CARE DEVELOPMENT TEAM UPDATE</b>
60.15.1	<p>Theresa Osborne said a new team (PCDT) had been created to work with practices. A practice manager has been appointed in each locality (although one has since resigned). Dr Kanani leads for GPs and Theresa Osborne is the Executive lead. The team has visited all practices and initiated a new data pack showing the four specific areas of spend/activity – namely Prescribing spend, GP referrals, A&amp;E attendances and Individual Funding Requests. It is supporting practices on a variety of workstreams and is looking at data-sharing. In addition, the CCG purchased the Blue Stream Academy through which all practices can access relevant training modules either from work or remotely. Dr Kanani said they underwent a “storming and forming” process in order to form the team whom she thanked for all the work that has been carried out. Keith Wood requested regular feedback to the Governing Body on this work. Dr Fish requested that an additional workstream should be more patient access to GPs in the form of an online booking system for appointments. This will be looked at by the group.</p>
60.15.2	The Governing Body <b>NOTED the</b> Primary Care Development Team Update.
<b>61/15</b>	<b>BETTER CARE FUND UPDATE</b>
61.15.1	Sarah Valentine advised the Fund is an End Of Life Care scheme which is progressing well. Sarah Valentine will be producing a report on the position so far with the Better Care Fund.
61.15.2	The Governing Body <b>NOTED</b> the Better Care Fund Update.
<b>62/15</b>	<b>BUSINESS CONTINUITY PLAN TEST REPORT</b>
62.15.1	Simon Evans-Evans stated that the CCG has been rated “assured” by NHS England, following its successful second Disaster Recovery test on Thursday, 5 March 2015. The results highlighted that all staff within the CCG on the day received notification of the test, that all of the critical systems were working and how systems were accessed remotely.
62.15.2	The Governing Body <b>NOTED</b> the outcomes of the CCG’s second Disaster Recovery Test that took place on the 5 <sup>th</sup> March 2015 as detailed below.
<b>63/15</b>	<b>UPDATE ON SYSTEM RESILIENCE IN BEXLEY, GREENWICH AND</b>

63.15.1	<b>LEWISHAM</b> Sarah Blow said that work on the plan with LGT is still being carried out and that she would bring back a full report to the next meeting.
63.15.2	The Governing Body <b>NOTED</b> the update on system resilience in Bexley, Greenwich and Lewisham.
<b>64/15</b>	<b>BOARD ASSURANCE FRAMEWORK REPORT</b>
64.15.1	Simon Evans-Evans said that the 2 highest forecast risks highlighted in the report are the A&E service at Queen Elizabeth Hospital and an significant overspend in the prescribing budget. However, Theresa Osborne commented that the impact of this will not affect the CCG. Apart from these, the CCG has relatively low risks. At year end, there will be a thorough review of both the Risk Register and Board Assurance Framework. There have been changes in the way the risks have been rated based on potential consequence and final outcome.
64.15.2	The Governing Body <b>NOTED</b> the Board Assurance Framework Report.
<b>ITEMS FOR INFORMATION</b>	
<b>65/15</b>	<b>LONDON BOROUGH OF BEXLEY BUDGET CONSULTATION</b>
65.15.1	Sarah Blow advised that the CCG has been in consultation with London Borough of Bexley regarding budget savings for 2015/16. The CCG wrote to the Chief Executive on 6 February 2015 raising concerns regarding reductions in public health spend and the subsequent impact on social care and requesting a formal response to be presented to Governing Body members. This was received on 16 February 2015.
65.15.2	Dr Stoate is concerned as Bexley has one of the lowest spends in the country on public health. Dr Lemic said there have been efficiency savings, such as sexual health and preventative services, but also a reduction in certain areas. The aim is to ensure implementation of new services which are clinically health-effective. Dr Stoate commented that Bexley has high HIV and alcohol abuse rates, as well as the most obese in South East London. Resources for these critical areas were found, but now cut backs have to be made. He believes that any spare funding should be directed into public health. Dr Kanani feels that an internal audit should be fed into the Risk Register as to how the Council's savings proposals will directly affect the services provided by the CCG. Sarah Valentine said that Bexley have not cut services, but found alternative ways to improve those services and is concerned that pure cutting is not necessarily the answer. She recommended that quality and cost of services should be discussed at the next Health & Wellbeing Board.
65.15.3	Sarah Blow would like clarification on what the re-allocation is and which Council services it is being re-allocated to. Dr Lemic said it has not yet been decided as they are currently looking at some possible funding for

	diabetes. Dr Stoate will write to Cllr O'Neill asking for this to be discussed at the next Health & Wellbeing Board Meeting on 30 April 2015.
65.15.4	The Governing Body <b>NOTED</b> London Borough of Bexley Budget Consultation documentation.
<b>66/15</b>	<b>QUALITY ALERT MANAGEMENT SYSTEM</b>
66.15.1	Simon Evans-Evans advised that the Governing Body had asked for further details on the new system that has been put in place. There has been a 46% increase in the number of GP alerts partly, because the system is more user-friendly. The alerts are received by the Patient Experience Team who can then directly approach providers and feed back to GPs. A pilot is currently being carried out across 3 care homes. The breakdown of trends shows that the majority of alerts are in relation to poor discharge information and poor communication and information process. Dr Kanani gave thanks for the work carried out which has had good user feedback so far.
66.15.2	The Governing Body <b>NOTED</b> the progress in the development and implementation of an electronic Quality Alert Management System.
<b>67/15</b>	<b>USE OF NHS BEXLEY CCG SEAL</b>
67.15.1	Simon Evans-Evans advised that the CCG seal has not been used since 1 April 2014.
67.15.2	The Governing Body <b>NOTED</b> the CCG Seal has not been used since 1 April 2014.
<b>68/15</b>	<b>NHS BEXLEY CCG GIFTS AND HOSPITALITY REPORT</b>
68.15.1	Simon Evans-Evans advised there were two records of gift/hospitality received from 1 April 2014 to date.
68.15.2	The Governing Body <b>NOTED</b> there were two records of gift/hospitality being received over £25 or equivalent recorded in the NHS Bexley CCG Register from 1 April 2014 to date.
<b>69/15</b>	<b>CLINICAL STRATEGY COMMITTEE 20 NOVEMBER 2014 NOTES</b>
69.15.1	The recommended action for the Governing Body was to note the Clinical Strategy Committee minutes for 20 November 2014.
69.15.2	The Governing Body <b>NOTED</b> the Clinical Strategy Committee minutes for 20 November 2014.
<b>70/15</b>	<b>MINUTES OF COMMITTEES/SUB-COMMITTEES OF GOVERNING BODY TO NOTE:</b>
	<ul style="list-style-type: none"> <li><b>PATIENT COUNCIL 17 DECEMBER 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>EXECUTIVE MANAGEMENT COMMITTEE 8 JANUARY &amp; 5 FEBRUARY 2015</b></li> <li>• <b>FINANCE SUB-COMMITTEE 13 JANUARY &amp; 10 FEBRUARY 2015</b></li> <li>• <b>MEDICINES MANAGEMENT SUB-COMMITTEE 14 JANUARY &amp; 18 FEBRUARY 2015</b></li> <li>• <b>INFORMATION GOVERNANCE SUB-COMMITTEE 13 JANUARY 2015</b></li> <li>• <b>QUALITY AND SAFETY SUB-COMMITTEE 12 FEBRUARY 2015</b></li> </ul>
70.15.1	The Governing Body <b>NOTED</b> the minutes and the executive summaries of the above mentioned meetings.
<b>71/15</b>	<b>UPDATE FROM PATIENT COUNCIL</b>
71.15.1	Sandra Wakeford said that, following the Patient Council report regarding the re-procurement of the 111 service, there will now be a Patient Council representative on that particular process, as well as a Patient Council representative on Cardiology Board. She said that the Patient Council is useful in picking up “soft” information around the various localities. An action log is kept to ensure that information is recorded and followed up. The Patient Council members have regular discussions and updates on the procurement work going on and would like to include other agencies. There is a meeting next week to agree their work plan for the following year. Sarah Valentine said it was valuable that patients are on the board, in particular relating to MSK and Cardiology. Sandra Wakeford said that the patient voice within Bexley CCG is not just represented through the Patient Council, but via other communications such as the Mystery Shopper scheme which gains insights from patients around real-life experience. Lionel Eastmond commended Sandra Wakeford for her work since her recent bereavement.
<b>72/15</b>	<b>ANY OTHER BUSINESS</b>
72.15.1	None.
<b>73/15</b>	<b>PUBLIC FORUM</b>
73/15.1	Q1. The figures published on the website for expenditure over £25K for February 2015 are the same as those published for January 2015. Please explain?
73.15.2	The contract lease for February has now been updated/wrong file. Compliance in achieving time targets/turnaround for January was 94%. Compliance for February was 97.8%.
73.15.3	<b>Action: SV to obtain more precise details/statistics.</b>
73.15.4	Q2. In MoM 27 November item 128.14.4 - NOTED that the options presented by Oxleas NHS FT for the future of the (North House)

	buildings are at present limited and that further options, should closure be approved, need to be explored to reduce or remove any risk of cost pressure to the CCG or the London Borough of Bexley. Bearing in mind that all patients were moved out in December can you detail what further options have been explored and what conclusions have been reached?
73.15.5	Currently North House is unoccupied. The CCG and Oxleas NHS FT will be discussing the options for the use of North House early in the new financial year. No further discussions have taken place regarding the future of the building at present and no options have been presented or considered at present by either the CCG or the Trust.
73.15.6	Q3. When are the minutes of the AGM held on 11th September 2014 going to be published?
73.15.7	The notes are on the website under a new section “Annual General Meeting”.
7.3.15.8	Q4. In MoM 27 November item 135.14.1 says:
73.15.9	“A number of actions have been completed and include a discharge lounge at QEH and moving the stroke unit from QEH to Lewisham. The recent changes have seen significant improvement in achievement of targets, noticeably the A&E target and the London Ambulance Service turnaround at QEH”.
73.15.10	I have been unable to get period based figures from LAS, but ambulance crews tell me they are still, on occasions, being diverted to other hospitals because QEH cannot cope. The figures I have obtained from LAS show that Lewisham A&E has better ambulance turnaround times than QEH or PRU. Can you please provide the period based turnaround figures for QEH?
73.15.11	Sarah Blow receives a daily report. QEH turnarounds have improved and both QEH and QMH diverts have improved since Christmas.
73.15.12	Q5. The papers for the public meetings are voluminous. It is a problem for busy people to adequately study these in the day or two before the meeting. Do the members of the CCG see these papers before they are published on the website?
73.15.13	Governing Body members (and any other individual who has requested a full/summarised set of Governing Body public meeting papers) receive a set of GB papers five working days in advance of the meeting. The GB public meeting papers are available on the CCG website five days in advance of the meeting.
73.15.14	Verbal questions received:
73.15.15	Q1. Peter Adams asked if the Governing Body meetings could be held at

	different venues as he felt said that the Danson Room was not large enough and quite claustrophobic.
73.15.16	Dr Stoate responded that we have previously held the meetings at other venues previously, but the acoustics were poor and he questioned whether the CCG should be using public money to fund the meetings.
73.15.17	Q2. Peter Adams asked if we would be having more Ophthalmology centres in the Borough, as there is currently only one in Sidcup.
73.15.18	Sarah Valentine has been liaising with the Lead Contract Provider at King's and a new Ophthalmology centre will be opening at Erith.
73.15.19	Q3. Peter Adams mentioned that the UCC unit within the building is too small.
73.15.20	Sarah Valentine is in discussions with Oxleas regarding changes to the site and extending the waiting area.
73.15.21	Q4. It is required that medical certificates for patients with long-term conditions should be renewed every 3 years, but this information is not passed on to patients who are fined if certificates are not up to date.
73.15.22	<b>Action: This will be highlighted to NHS England.</b>
73.15.23	Q5. A patient representative has still not been invited to join the Ophthalmology Group.
73.15.24	<b>Action: Sarah Valentine will follow up.</b>
73.15.25	Q6. Is there additional funding going into the CAMHS service in 2015/16?
73.15.26	Sarah Valentine said that she is working with Oxleas to provide specialised services for children and adolescents and looking at how to integrate the two services at both QMH and the Erith site. Oxleas has developed an online Mental Health app for children's mobiles which gives advice. It has been launched in Greenwich, and will be launched in Bexley shortly. Work is being carried out on an acute pathway to link to that. Theresa Osborne said that the Government made an announcement today that £1m had been put aside for Child and Adolescent Mental Health services, but she is not clear as to what will be the split in each area.
<b>DATE OF NEXT MEETING</b>	
<b>74/15</b>	Governing Body Public Meeting, Thursday 21 May 1.30-3.30pm in the Danson Room, 221 Erith Road, Bexleyheath, Kent DA7 6HZ
74.15.1	