

Minutes of the Governing Body meeting in public

Thursday, 24 September 2015, 1.30pm-3.30pm
The Angelus Centre, Bexley Road, Erith, Kent DA8 3HQ

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 Sonia Khanna-Deshmukh	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
Mary Currie	Nurse Member
Keith Wood	Lay Member
Sandra Wakeford	Lay Member, PPI
Dr Nada Lemic	Director of Public Health NHS Bexley CCG & NHS Bromley CCG

IN ATTENDANCE:

Mary Stoneham (notes)	Board Secretary
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APOLOGIES:

Dr Peter Fish	GP Locality Lead, Clocktower
Tina Khanna	Locality Representative, North Bexley
Lionel Eastmond	Bexley Patient Council Vice-Chair

Item No	
STANDING ITEMS	
132/15 132.15.1	WELCOME AND APOLOGIES FOR ABSENCE Dr Howard Stoate welcomed everyone. Apologies from Dr Peter Fish, Tina Khanna and Lionel Eastmond.
133/15 133.15.1	DECLARATION OF INTEREST Mary Currie asked the meeting to note that she had advised NHS Bexley CCG of her work at NHS Bromley CCG as the Interim Director of Quality and Governance. Dr Nada Lemic advised that she also held

<p>133.15.2</p> <p>133.15.3</p>	<p>positions with Bexley Council and Bromley Council as Director of Public Health which needed to be added to her DOI form. Amendments to meeting paper required for Dr Sid Deshmukh, Dr Sonia Khanna-Deshmukh and Dr Varun Bhalla.</p> <p>Action: Mary Stoneham to advise Elinam Attipoe who would liaise with Governing Body members directly.</p> <p>141/15 Bexley Primary Care Strategy and 142/15 Primary Care Improvement Fund 2016/17 – all GPs conflicted – they can take part in the discussions but not the decisions. Keith Wood to Chair these items.</p>
<p>134/15</p> <p>134.15.1</p>	<p>MINUTES OF THE GOVERNING BODY PUBLIC MEETING DATED 30 JULY 2015</p> <p>The minutes of the Governing Body public meeting dated 30 July 2015 were agreed with the following amendments:</p> <p>P5 111.15.8 Finance Performance Update as at Month 2 2015 Delete running costs remain within the budget which has been set £477k.</p> <p>P12 119.15.6 Primary Care Development Working Group (PCDWG) Update Dr Graham Rehling asked about the progress of transforming NHS estates by NHS Property Services in partnership with the community. Theresa Osborne confirmed that this work was in the development stage and an Estates Strategy is being developed by Bexley.</p> <p>120.15.1 Development of the Commissioning Intentions 2016-18 Sarah Valentine stated that a CCG task and finish group has been established with a lead representative from each Directorate to oversee the completion of a robust action plan for the development of the Commissioning Intentions 2016/18 and an update will be brought back to the Governing Body.</p>
<p>135/15</p> <p>135.15.1</p>	<p>MATTERS ARISING/ACTION NOTES</p> <p>The meeting noted that the outstanding issues on the action log:</p> <p>51.15.1 South East London Treatment Access Policy (SEL TAP) 2015 – Sarah Valentine/Nada Lemic to discuss outside meeting – action open.</p> <p>108.15.1 Minutes of Governing Body Public Meeting approved and would be uploaded to the CCG website shortly – action to be closed.</p>

136/15	CHAIRMAN'S UPDATE REPORT
136.15.1	Dr Stoate welcomed everyone to the meeting and explained that he has come to the end of his tenure as Chair and this is would be his last Governing Body meeting in public. He thanked the Governing Body members for helping to make such a positive impact on the improvement in local health services which had had a significant impact in patient's lives.
136.15.2	Dr Stoate announced that the new Chair would be Dr Nikki Kanani, who would be one of a few female CCG Chair's nationally and would officially start her new role on 1 October 2015.
136.15.3	The results of the CCG's locality lead and chair elections were officially announced at our quarterly GP engagement event on 10 September when 26 of Bexley's 27 GP practices voted in the election. Dr Stoate congratulated the successful candidates: <ul style="list-style-type: none"> • Dr Nikita Kanai, elected as Chair with 97% 'yes' votes • Dr Peter Fish, elected as Locality Lead Clocktower with 100% 'yes' votes • Dr Sid Deshmukh, elected as Locality Lead Frognal with 100% 'yes' votes • Dr Varun Bhalla, elected as Locality Lead North Bexley with 77% 'yes' votes.
136.15.4	Dr Stoate thanked everyone who had attended the second annual general meeting on Thursday 10 September of NHS Bexley CCG when there had been an opportunity for members of the public and stakeholders to find out more about the progress the CCG made in 2014/15 as well as future plans such as the Our Healthier South East London strategy and primary care development.
136.15.5	At the GP Engagement Day on Thursday 10 September there had been more than 60 GPs, practice managers and nurses present to learn more about the development of local care networks which will help to deliver the Our Healthier South East London strategy, as well as primary care developments
136.15.6	Dr Winnie Kwan, Dr Brendan O'Neill and Dr Caroline Hollington held an End of Life seminar for Bexley and Greenwich healthcare specialists from primary, community and secondary care at Queen Elizabeth hospital to explore how end of life care practices could be better integrated for patients who are frail and reaching the end stages of their life. Feedback from this session will be used to help inform and shape an integrated end of life care strategy.



136.15.7	On Thursday 1 October, the CCG will be holding one of its older people's days with the 'VE Day memories' theme which is always very popular and a great opportunity to engage with Bexley's older residents. Dr Nikki Kanani will be attending this event as Chair.
136.15.8	The CCG is in the process of recruiting to a youth health ambassadors' scheme which provides an opportunity for residents aged 13 to 17, who are interested in sharing their views on what matters to young people using the NHS in the borough.
136.15.9	<p>Decision Log from other Fora</p> <p>The Governing Body Noted decisions that have been made by the Governing Body in different fora or on behalf of the Governing Body.</p> <ol style="list-style-type: none"> 1. Approved Financial Control Environment Assessment For NHS England (Chairs Action). 2. Diabetes Pathway – Approved the proposed timelines and governance structure for the development of a redesign proposal for the Diabetes Service. It was agreed that the current contracts would remain in place until a revised service model could be agreed (to maintain the "status quo"). (GB private meeting 30.07.15) 3. Ratified the Accountable Officer's Action for the Better Care Fund Submission (included in meeting papers).
ITEMS FOR DECISION	
137/15 137.15.1 137.15.2	<p>Financial Control Environment Assessment (FCEA) for NHS England</p> <p>Theresa Osborne stated that the CCG had submitted the Financial Control Environment Assessment to achieve financial resilience and sustainability on 27 August in line with discussions at the Governing Body meeting in private on 30 July 2015. The CCG received comments from NHS England which were reviewed and the responses are detailed in the meeting paper at Appendix 4 (no changes made to the ratings for the comments made).</p> <p>The Internal Audit paper on evidence to support the financial control environment assessment was tabled for Governing Body members to consider. The Auditor's stated that they have reviewed the evidence provided by the CCG to support its submission of the Financial Control Environment Assessment (FCEA) and have reached an overall assessment of 'significant assurance' (green) which is in line with Management forecast.</p>

137.15.3	Keith Wood stated that he felt the CCG's financial environment was very good and recommended that the CCG approve the FCEA submitted to NHS England.
137.15.4	The Governing Body Approved the Assessment submitted to NHS England, on the CCG's financial control environment.
138/15	GOVERNING BODY MEMBERSHIP
138.15.1	Simon Evans-Evans stated that as a result of the CCG Governing Body elections held on 10 September 2015 vacancies had been created for a Clinical Vice-Chair and a Locality Representative for Clocktower.
138.15.2	The Governing Body Agreed to delay electing a Clinical Vice-Chair until after the Clocktower Locality Representative has been appointed
139/15	COMMISSIONING INTENTIONS
139.15.1	Sarah Valentine stated that the Clinical Leads group, Bexley Council and the Bexley Voluntary Service Council had met over the last two months to discuss the Our Healthier South East London and discussed items specific to Bexley. Further discussions on the Commissioning Intentions would take place with GPs and stakeholders in November to inform a focussed paper to be presented to the January Governing Body meeting.
139.15.2	The Governing Body Noted the update on commissioning intentions.
140/15	BEXLEY CCG COMMISSIONING INTENTIONS FOR COMMISSIONING SUPPORT SERVICES
140.15.1	Sarah Valentine stated that the CCG currently purchases its commissioning support services through a collaborative agreement from South East Commissioning Support Unit, with the other South East London CCGs. The South East London CCGs/CSU service level agreements will be coming to an end March 2016 and the South East London CCGs have now requested an extension of the SLAs to 30 June 2016.
140.15.2	The SEL CCGs collectively agreed the need to test the market using the national framework for Commissioning Support Services, to ensure that we have robust services to support us in the future with each CCG defining the range of services they require (see Appendix A meeting paper) with collective agreement on the core components for each service specification and the key performance indicators.
140.15.3	The services will be divided into four "Lots" (Lot 1a Contracting and Performance Management, Finance, Business Intelligence and Data



<p>140.15.4</p> <p>140.15.5</p>	<p>Warehousing, Non Clinical Purchasing (transactional procurement), 111 Contract Management; Lot 1b GPIT and CCG IT; Lot 1c Human Resources, Communications and Governance, Lot 2 IFR Case Management). This will allow each CCG to commission the services they require individually.</p> <p>During discussion it was confirmed that TUPE may apply and current contractual arrangements will ensure that any hand over of services will be facilitated by NHS England. There is no requirement for the CCG to market test internal services and there will be risk assessments carried out across the areas. SEL CCGs will assess the potential go-live for the services and ensure that if a service provider transfer is needed it will be undertaken in a safe and timely manner to avoid service disruption.</p> <p>The Governing Body Agreed the Bexley CCG commissioning intentions for commissioning support services to take forward into procurement of new services commencing from July 2016. The CCG plans to test the market (procure) with the other SEL CCGs using the national framework of providers for these services: Lead Provider Framework (LPF).</p>
<p>141/15</p> <p>141.15.1</p> <p>141.15.2</p> <p>141.15.3</p> <p>141.15.4</p>	<p>BEXLEY PRIMARY CARE STRATEGY</p> <p>Keith Wood chaired this item as all GPs were conflicted.</p> <p>Theresa Osborne stated that the meeting paper provides an update to the previous primary care strategy approved by the Governing Body in May 2014. The meeting document reflects co-commissioning and the primary care improvement fund (PCIF). Engagement with stakeholders, practices, patients, London Borough of Bexley, Oxleas and NHS England has taken place. Theresa Osborne referred to the meeting paper which illustrates how the Primary Care Strategy & Development Programme (centred around our Local Care Networks) will provide quality and equality of services to the population, wrapped around the person as an individual through six focus areas.</p> <p>During discussion it was acknowledged that the next version of the Bexley Primary Care Strategy would consider the best way to communicate the Bexley community based care implementation milestones so that the targets are easier to understand.</p> <p>During discussion it was clarified that although Bexley currently has a shortage of GPs this is a national problem and Bexley are currently addressing this issue by providing additional training to GPs. Practices work differently, some practices choose to employ less GPs and more</p>



<p>141.15.5</p> <p>141.15.6</p>	<p>nursing staff. Practice pharmacists are also being considered. Dr Stoaate stated that there was a national problem with many GPs retiring in the next 10 years and very few GP recruits coming through training and that the NHS needed to plan for the future. Keith Wood asked if there was any detailed information/timescales for the 5 year milestone plan. Theresa Osborne confirmed that this was yet to be developed. The agenda was so large that at present projects were being developed where there was a high likelihood of success. Sarah Blow confirmed that this was a direction of travel for Bexley.</p> <p>Action: P16 4th bullet point under Driver for Change 3 Change affordability gap to funding gap. TO</p> <p>The Governing Body Approved the Bexley Primary Care Strategy.</p>
<p>142/15</p> <p>142.15.1</p> <p>142.15.2</p> <p>142.15.3</p> <p>142.15.4</p>	<p>PRIMARY CARE IMPROVEMENT FUND 2016/17</p> <p>Keith Wood chaired this item as all GPs were conflicted.</p> <p>Sarah Valentine confirmed that the Governing Body had previously agreed the four areas for implementation through the Primary Care Improvement Fund 2016/17 (PCIF): management; dementia identification; end of life care; and childhood obesity. She summarised work/progress to date on each area.</p> <p>The meeting discussed the need to roll the medicines management budget forward to maximise the benefit already achieved through greater discussion with pharmacists/GPs/localities. Work on recording and monitoring dementia patients needed to progress alongside reviewing services available to dementia patients, the involvement of the voluntary services to support dementia patients and carers. End of life care work has increased the number of patients able to die at home through choice and further development is needed to improve current targets.</p> <p>Lengthy discussion took place on childhood obesity and the need to prioritise work to address this issue in Bexley. Dr Nada Lemic stated that currently there is work on-going with 7 year olds for tier 2 and 3 with obese children referred to GPs for weight measurement and referral to family activity programmes. Members felt that Bexley needed to plan and provide more preventative programmes of work to improve children's lives and reduce future health problems. Discussion took place on the need for more work by Public Health in schools to address this problem and this work could be taken forward</p>



142.15.5	<p>through the Bexley Health & Wellbeing Board. Plans were in place to ensure GP practice had trained staff in this area of work in the near future.</p> <p>The Governing Body</p> <ol style="list-style-type: none"> 1. Approved that the existing schemes roll forward into 2016/17. 2. Agreed the delegation of the concept to the PCIF Leadership Group (with GB members' involvement).
143/15	ORGANISATIONAL DEVELOPMENT PLAN
143.15.1	Simon Evans-Evans stated that the 2015/16 Organisational Development Plan was designed to build on the successes achieved since 2012. The plan will help the CCG to ensure that the CCG has the best people and processes for the delivery of excellent services for patients within the finances available.
143.15.2	The Governing Body Approved the organisational development plan for 2015/16.
144/15	SAFEGUARDING CHILDREN ANNUAL REPORT 2014/15
144.15.1	Simon Evans-Evans stated that Bexley has circa 70,000 children and there has been an increase in the number of Bexley children subject to a child protection plan (282 at 31 March 2015). The CCG are key partners and play an active role in the Local Safeguarding Children's Board and various Sub-Committees. Training within acute services remains an issue and providers confirm that they will be compliant by December 2015 and have completed action plans following the Saville and Lampard Review. Work is on-going with Oxleas to ensure the Multi Agency Safeguarding Hub (MASH) role is covered at all times. Child Sexual Exploitation (CSE) is a national challenge with Bexley classified with a medium level of prevalence of CSE based on a research paper by Barnardo's (Meeting the needs of Sexually Exploited Young People in London). Bexley Safeguarding Children Board (BSCB) has established a Multi Agency Sexual Exploitation group (MASE) which has received notifications of 21 cases. Female Genital Mutilation (FGM) Identification Programme across Bexley is led by health agencies with national risk assessment tools circulated to health providers. Oxleas are proceeding with work to ensure local arrangements for robust identification and information sharing with local hospitals, maternity services and GPs. The Child Protection Information Sharing (CP-IS) work is continuing to develop an information sharing solution for unscheduled care settings to access key social care information in relation to children at risk.
144.15.2	Simon Evans-Evans advised that Internal Audit had audited

144.15.3	Safeguarding Children and “significant assurance”, the highest category, had been awarded. The Governing Body Approved the Safeguarding Children Annual Report 2014/15 and Noted priorities for 2015/16 as laid out in section 7 of the attached report.
145/15	HEALTH OF LOOKED AFTER CHILDREN ANNUAL REPORT 2014/15
145.15.1	Simon Evans-Evans stated that it is a statutory requirement for the CCG and the Local Authority to ensure the effective commissioning and delivery of services for Looked After Children (LAC). There has been an increase in 2014/15 in the number of LAC, 275 compared to 254 in 2013/14, with over 50% looked after outside Bexley, but within a 20 mile radius. The increased number of LAC was causing capacity issues for the LAC Nurse and Oxleas had been asked to review staffing arrangements. A lot of work had been done with Oxleas to ensure that children who leave care have a health passport. Progress of work continues to be monitored in line with agreed action plans which include the needs of unaccompanied asylum seekers are addressed appropriately.
145.15.2	The Governing Body Approved the Health of Looked After Children Annual Report 2014/15 and Noted priorities in section 12 of the attached report.
146/15	SAFEGUARDING ADULT ANNUAL REPORT 2014/15
146.15.1	Simon Evans-Evans stated the Care Act of 2014 was designed to reform the law relating to support for carers and to make provision for safeguarding adults. In 2014/15 there were 952 safeguarding adults concerns raised in Bexley, 724 of which were accepted as formal referrals requiring multi agency safeguarding adult interventions. There were 760 Deprivation of Liberty Safeguard cases during 2014/15. Provider Trusts report on their safeguarding adults’ performance via Clinical Quality Review Groups on a quarterly basis. Providers also report safeguarding training data. The Quality Alert Monitoring System is being piloted in three Bexley Care Homes and the London Borough of Bexley and the CCG are working together to ensure quality of care in Care Homes. Safeguarding Adults training had taken place with 30 staff within the CCG and 30 GPs. GPs also have access to online training.
146.15.2	Dr Howard Stoaite commended the excellent safeguarding work taking place and Mary Currie acknowledged the high level of reporting in this area.

146.15.3	The Governing Body Approved the Safeguarding Adult Annual Report 2014/15 and Noted priorities for 2015/16.
147/15 147.15.1	NHS 111 PROCUREMENT Sarah Valentine stated that the meeting paper provided an update on the NHS 111 procurement. The service specification has been developed from the NHS 111 procurement strategy through a series of workshops with commissioners and urgent care providers and learning from local and national providers from managing and monitoring service provision.
147.15.2	The Governing Body: 1. Noted the process and updated timetable. 2. Agreed the CCG's process for sign off of the service specification and the financial elements i.e. the Director of Finance to sign off the financial elements, with the Quality and Safety Sub-Committee to sign off the specifications.
148/15 148.15.1	QUESTIONS FROM THE PUBLIC 1. A member of the public stated that several Syrian refugees interviewed on national TV had stated that they were GPs and suggested that their employment as GPs in England would help to alleviate the current and future GP shortage.
148.15.2	Dr Stoate acknowledged this may be considered nationally going forward as part of the solution to the growing shortage of GPs.
ITEMS FOR DISCUSSION	
149/15 149.15.1	2015/16 • INTEGRATED QUALITY, SAFETY & PERFORMANCE REPORT SEPTEMBER 2015 Simon Evans-Evans referred members to the patient's story feedback at the start of the report on improvement to phlebotomy services at the Erith Hospital site and how the Patient Experience Team had assisted various patients to access patient services of their choice and improve current ophthalmology services.
149.15.2	There has been an increase in C.Diff cases reported (26 against a target of 15) reported in the non-acute settings and one case of MRSA in quarter one. The Local Authority are currently recruiting to fill the Infection control nurse vacancy with the NHS Bromley CCG Infection control nurse supporting Bexley leading on post infections reviews. Cancer wait targets continue to improve and 62 days target was achieved by June with the 2 weeks target not achieved which was

<p>149.15.3</p> <p>149.15.4</p>	<p>narrowly missed by 0.3%.</p> <p>Members discussed the meeting paper and Dr Sonia Khanna-Deshmukh stated that public health data suggested that the increase in C.Diff cases was due to the overuse of antibiotics and that GPs and Public Health needed to work together to educate the public on the appropriate use of antibiotics.</p> <p>The Governing Body Noted the Integrated Quality, Safety and Performance Provider Report.</p>
<p>149.15.5</p> <p>149.15.6</p> <p>149.15.7</p> <p>149.15.8</p>	<p>• FINANCE PERFORMANCE UPDATE AS AT MONTH 4 2015</p> <p>Theresa Osborne stated that at month 4 there was a surplus of £51k reported with the use of reserves to achieve this figure and that the planned £151k surplus was forecast for year end.</p> <p>Risks to the achievement of financial targets include over-performance of acute contracts, over performance of the prescribing budget and expensive continuing healthcare packages to meet the needs of some clients. Appropriate work is being undertaken by the CCG to address these risks as detailed in the meeting paper. The Quality, Innovation, Productivity & Prevention (QIPP) delivery forecast outturn is 100% and the Better Practice Payment Code (BPPC) is continuing to perform well with targets met in month 4.</p> <p>During discussion Dr Howard Stoate stated that due to more complicated prescribing being implemented further work was needed with acute providers to align their prescribing with the CCG's prescribing policy. Pharmacists were now assigned to practices and pharmacy discussion is taking place to enable improvements. Further discussions needed to take place with the Hurley Group to ensure prescribing was in line with Bexley methodology. Keith Wood raised concerns about the cap and collar (page 10) not being achieved by acute trusts and whether monitoring was taking place in line with agreed targets. Sarah Valentine confirmed that this issue was included as part of the next agenda item in the Consolidated Contracts report.</p> <p>The Governing Body:</p> <ol style="list-style-type: none"> 1. Discussed & Noted the Month 4 (July) and forecast outturn financial position in line with the plan submitted to NHS England; 2. Noted the details of the 2015/16 allocations (programme and running costs) received and expenditure to date; 3. Noted the returns made to NHS England reporting the Month 4 financial position, QIPP delivery, use of 1% transformation fund,



	<p>underlying position and the CCG's risks and mitigations (Appendix 1);</p> <p>4. Discussed & Noted the key risks, non-recurrent support and cost pressures identified to achieving the breakeven position in 2015/16 and the management actions being taken to address and mitigate these additional potential risks where possible;</p> <p>5. Noted the financial position for month 4 (July) for primary medical services as provided by NHS England;</p> <p>6. Noted the month 4 actual performance against the key national finance targets.</p>
149.15.9	<p>● CONSOLIDATED CONTRACTS REPORT MONTH 3 AND 4</p> <p>Sarah Valentine stated that concerns had been raised on the quality of data and that the Lewisham & Greenwich Trust (LGT) had requested a further extension on Q1 reporting on emergency activity so that an accurate position could be reported. Agreement on the full 24 hour District Nursing services has been agreed and was due to go live on 16 September 2015, but this has been delayed. The MSK series continues to receive positive patient experience feedback despite difficulties with reducing waiting times to achieve targets. The CCG is setting up a meeting with Guys & St Thomas' NHS Foundation Trust (GSTT), King's College Hospital NHS Foundation Trust (KCH) and Oxleas NHS Foundation Trust to agree a coordinated and transparent pathway to deliver their prime and sub-contractor reciprocal arrangements in the delivery of MSK and cardiology services. A deep dive is currently being undertaken on mental health demand and capacity with NHS England.</p>
149.15.10	<p>During discussion Sandra Wakeford suggested that a review of delayed transfers should be undertaken to assess the impact on community services and long term care services. Detail to be included on how many beds at Queen Elizabeth Hospital (QEH) and Darent Valley Hospital (DVH) delayed transfers impacted on. Following a question from Keith Wood regarding problems with the over performance in the Urgent Care services (page 30), Sarah Valentine confirmed that a review of demand management in the Urgent Care Centres (UCCs) is being undertaken with the Hurley Group.</p>
149.15.11	<p>Action:</p> <p>Sarah Valentine to update on go live date for 24 hour District Nursing services.</p>
149.15.12	<p>The Governing Body Noted the performance of the Acute, Community & Mental Health contracts shown in the attached.</p>

<p>150/15 150.15.1</p> <p>150.15.2</p> <p>150.15.3</p>	<p>BETTER CARE FUND UPDATE</p> <p>Sarah Valentine stated that the Better Care Fund submission in September confirmed that the targets for Q4 were not achieved and there was a small payment to End of Life Care (EOLC). There were concerns when the September submission was made as the SUS data was frozen and non- elective (emergency activity) is very complex to code. NHS England were advised that a performance payment would need to be made when all the data was available.</p> <p>Sarah Valentine confirmed that the BCF submission date could not be aligned to the Governing Body meeting dates and would require CCG Chairs Action following consideration by the Bexley Health & Wellbeing Board.</p> <p>The Governing Body Noted Better Care Fund Update.</p>
<p>151/15 151.15.1</p> <p>151.15.2</p>	<p>360 SURVEY</p> <p>Simon Evans-Evans stated that the 360 Survey commissioned by the NHS England provided valuable feedback from stakeholders regarding engagement and working relationships with the CCG. The overall results show a positive improvement with stakeholders and with GPs in particular. As part of the OD Plan agreed earlier in the meeting the CCG will send a separate survey to GPs in the near future to attain a greater understanding on how to develop future working relationships to deliver improved patient services in line with national guidance. It was highlighted that at the time the survey was undertaken the CCG and providers were in contractual discussions to agree financial arrangements for the coming year.</p> <p>The Governing Body Noted the contents of the 360° survey report and analysis.</p>
<p>152/15 152.15.1</p> <p>152.15.2</p>	<p>Our Healthier South East London</p> <ul style="list-style-type: none"> • Minutes of South East London CCGs' Clinical Strategy Committee – 20 August 2015 • Our Healthier South East London – Governing Body updates for July and August 2015 <p>Sarah Blow stated that the minutes of the South East London CCGs' Clinical Strategy Committee 20 August 2015 were for noting. The 'Our Healthier South East London Strategy' had been presented to the Governing Body in July and the Outer South East London CCGs were looking at options appraisal and updating the programme with the website being updated on a regular basis. The Governing Body would be kept updated on developments.</p> <p>The Governing Body Noted the Our Healthier South East London</p>

152.15.3	meeting papers.
ITEMS FOR INFORMATION	
153/15	MINUTES FROM MARCH BEXLEY HEALTH & WELLBEING BOARD ON 8 JULY 2015
153.15.1	The Governing Body Noted the minutes from Bexley's Health and Wellbeing Board (HWB) meeting on 8 July 2015.
154/15	MINUTES OF COMMITTEES/SUB-COMMITTEES OF GOVERNING BODY
154.15.1 154.15.2	Minutes of Primary Care Joint Committees (PCJC) – 11 June 2015 Executive Summaries for Committees/Sub-Committees for the Governing Body to note:
	<ul style="list-style-type: none"> • Executive Management Committee 2 July & 6 August 2015 • Finance Sub-Committee 9 June & 14 July 2015 • Medicines Management Sub- Committee 17 June 2015 • Quality & Safety Sub-Committee 14 May • Information Governance Sub-Committee 5 May 2015
154.15.3	The Governing Body Noted the minutes and the executive summary of the above mentioned meetings.
155/15	UPDATE FROM PATIENT COUNCIL
155.15.1	Sandra Wakeford thanked Dr Howard Stoaate on behalf of the Patient Council for his leadership and involvement in the creation of the Bexley Patient Council. Dr Stoaate had provided encouragement and support in the development of the work of Patient Council in their involvement to improve current services, design new patient services and monitor performances of services and enabled the Council to flourish in the centre of the important of the work of the CCG.
156/15	ANY OTHER BUSINESS
156.15.1	Simon Evans-Evans stated that the during the summer months the Governing Body meetings (July/September) had been located at different venues to mitigate the hot weather and the Governing Body meetings would now revert to the Danson Room at 221 Erith Road until next summer.
157/15	PUBLIC FORUM
157.15.1	Sarah Blow congratulated Dr Stoaate on his very positive work and commitment in leading the CCG during and since establishment in April 2013 and that he would be greatly missed at the CCG who would continue to work with him in his capacity as a local GP.

157.15.2	1. Meeting attendees thanked Dr Stoate for the marvellous work he had achieved during his term of office as Chair of the CCG.
157.15.3	2. Due to the success of the Urgent Care Centre (UCC) at Erith Hospital the CCG was asked if there was any possibility of further accommodation at the Erith Hospital being allocated for the use of UCC.
157.15.4	Sarah Valentine stated that the CCG was currently looking at the space at the Erith Hospital regarding allocating space to the services there.
157.15.5	3. A query was raised on whose responsibility it was to appropriately prescribe antibiotics.
157.15.6	Dr Stoate confirmed the prescription of antibiotics was the decision of GPs or appropriate clinical staff. Sarah Blow stated that doctors needed to be supported in communicating the correct use of antibiotics to the public.
157.15.7	4. A query was raised on the current situation regarding the redesign of diabetes services in Bexley.
157.15.8	Sarah Valentine stated that the diabetes redesign programme was very complex, however additional GP resources would be available within the next two months and discussions were in process with Diabetes UK and Age UK to look at different funding options.
157.15.9	5. A member of the public commended the excellent treatment his friend had received from Queen Elizabeth Hospital whilst in hospital but he had to wait a week for a visit from a district nurse. The patient was incontinent and this caused problems for his carers at home.
157.15.10	Simon Evans-Evans stated that this should be recorded through the Quality Alert System and a meeting had been arranged to take place in 8 weeks to discuss discharge issues and would be chaired by Dr Sonia Khanna –Deshmukh and attended by GPs from Bexley and Greenwich and members of Bexley and Greenwich CCGs.
158/15 158.15.1	DATE OF NEXT MEETING Governing Body Public & Private Meetings Thursday 26 November 2015 – 12.30 – 4.00 pm 221 Erith Road, Danson Room, Bexleyheath, DA7 6HZ