

**Minutes of the Governing Body meeting
held in public**
Thursday, 26 May 2016, 1.30pm – 3.30 pm
Danson Room, 221 Erith Road, Bexleyheath DA7 6HZ

PRESENT:

Dr Nikita Kanani	Chair
Sarah Blow	Chief Officer
Dr Varun Bhalla	GP Locality Lead, North Bexley
Dr Sonia Khanna-Deshmukh	Locality Representative, Frognal
Tina Khanna	Locality Representative, North Bexley
Theresa Osborne	Chief Financial Officer
Dr Graham Rehling	Secondary Care Specialist
Lisa Wilson	Locality Representative, Clocktower
Keith Wood	Lay Member Governance
Mary Currie	Nurse Member
Katie Perrior	Lay Member Patient and Public Involvement
Sarah Valentine	Director of Commissioning
Anne Douse	Director of Quality, Performance and Business Services (Interim)

IN ATTENDANCE:

Mary Stoneham	Board Secretary
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APOLOGIES:

Apologies received from Dr Sid Deshmukh, Dr Nada Lemic and Lionel Eastmond.

Item No	
STANDING ITEMS	
54/16	WELCOME AND APOLOGIES FOR ABSENCE
54.16.1	Dr Nikita Kanani welcomed everyone to the first Governing Body meeting in public of the new financial year. Apologies noted.
55/16	DECLARATIONS OF INTEREST
55.16.1	None.
56/16	MINUTES OF THE GOVERNING BODY MEETING (HELD IN PUBLIC) DATED 24 MARCH 2016
56.16.1	Minutes of the Governing Body meeting (held in public) dated 24 March 2016 were agreed with the following amendments: 33.16.2 NHS Bexley CCG – Commissioning Intentions 2016+ Dr Kanani thanked Sarah Valentine’s commissioning team for this piece of work. Action: To amend Ref 2 of the Index to “Chairperson” instead of “Chairman”.

	<p>34.16.7 Operating Plan NHS Constitution and other Standards for 2016/17 - delete paragraph.</p> <p>41.16(iii) Consolidated Contractors Report Month 9 and 10</p> <p>3. MSK is continuing to achieve. Capacity is being addressed, but King's has taken over the referral system because they have access to more concise data. In addition, they are monitoring patients who opt not to take up available exercise slots.</p> <p>45.15.1 End of Life Care Services Updated</p> <p>Sarah Valentine stressed the importance of acknowledging how much progress has been made and how quickly. In 2014, the governing body received both a paper for re-design and investments with regard to End of Life care (EOLC) services and also a paper about the Primary Care Innovation Fund (PCIF) outlining where we could dovetail one of those investments.</p>
57/16	MATTERS ARISING/ACTION NOTES
57.16.1	None.
58/16	CHAIR'S UPDATE REPORT
58.16.1	<p>Dr Kanani welcomed everyone to the meeting and thanked them for attending the meeting and announced the following changes to the membership of the Governing Body:</p> <ul style="list-style-type: none"> Anne Douse is the CCG's Director of Quality Performance & Business Services (Interim). Anne brings with her a wealth of experience from a range of NHS organisations, including Head of Clinical Governance at NHS London Strategic Health Authority, Director of Nursing at NHS Direct (Kent, Surrey and Sussex) and more recently an independent healthcare consultant, supporting a number of NHS organisational reviews and improving their clinical governance systems and processes. The meeting marks the last meeting for the CCG's Secondary Care Doctor, Dr Graham Rehling who has been with the CCG since it was established and is moving on to pastures new. Dr Kanani, on behalf of governing body members, thanked Graham for all his help, support and dedication over the years and wished him all the best in the future. The recruitment process to appoint a new secondary care doctor is nearly completed with a number of strong applicants considered. The candidate selected and, following completion of the appointment process will be welcomed to the July Governing Body meeting. Katie Perrior is the CCG's new lay member for Patient and Public involvement. Today is her first official meeting as the new Patient and Public Lay member of the Governing Body. Dr Sid Deshmukh who, as well as the CCG's Frognal locality lead is officially now the clinical-vice chair.
58.16.2	NHS England's annual national 360 Survey is very detailed and will be analysed fully with recommendations to the July Governing Body public

	<p>meeting. This was an opportunity for the CCG's key stakeholders to provide feedback on the CCG's performance with some very positive feedback highlighted below:</p> <ul style="list-style-type: none"> • The CCG scored an overall response rate of 74% – which was the fourth best response rate in London • The CCG is pleased to see that: <ul style="list-style-type: none"> ○ We have improved year-on-year from our first year, with some really significant increases this year ○ We have gone from being below average against national and cluster benchmarks to being above them for nearly every aspect of the survey ○ Examples of the many areas we are particularly pleased to see include: <ol style="list-style-type: none"> 1. 93% rated their overall relationship with the CCG as fairly or very good (20 per cent points above the national average) 2. 87% said they were fairly or very satisfied with how the CCG has engaged with them 3. 80% strongly or tended to agree that they had confidence in the clinical leadership of the CCG to deliver on its plans and priorities 4. 80% strongly or tended to agree that they were confident in the CCG commissioning high quality services (15% above the national average) 5. 69% tended to agree or agreed that the CCG had taken their comments on board on our plans and priorities (over 20% above the national average).
58.16.3	<p>The six CCGs in south-east London have signed off the service specification and key performance indicators for the new NHS 111 service and the procurement panel is in place with the roles and responsibilities confirmed. The procurement documents will be published following clarification from NHS England on a detailed description of functional integration with GP out-of-hours services and agreed deadlines for the implementation of the re-designed services has been completed. Further updates will be brought to the Governing Body as the process proceeds towards procurement.</p>
58.16.4	<p>The April Health and Wellbeing Board discussed GP performance, the Healthy London, suicide prevention, access to dentistry, the Better Care Fund plan for 2016/17, pharmacy applications, obesity and care for people with dementia. Further information is available from the meeting minutes available in the CCG board papers.</p>
58.16.5	<p>NHS England has published a general practice forward view setting out a plan, backed by a multi-billion pound investment, to stabilise and transform general practice and commits to an investment of £2.4 billion by 2020/21 into general practice service with increased spending to rise from £9.6 billion in 2015/16 to over £12 billion by 2021. This investment</p>

<p>58.16.6</p> <p>58.16.7</p>	<p>includes £900 million for premises and IT (estates and transformation fund), £500 million national sustainability and transformation package to support GP practices and £500 million for supporting extended access.</p> <p>Last week marked dementia awareness week, an annual event organised by the Alzheimer’s Society to raise awareness of dementia and the support available to patients, their families and carers both locally and nationally. In Bexley, 2,960 people are currently living with dementia; approximately 1.25% of the borough’s population with around 144 residents under the age of 65 living with dementia. Dr Sid Deshmukh is the CCG clinical lead for dementia and whilst there is no cure for dementia, providing the right support and treatment options can help to ensure that people living with the condition are able to enjoy the best possible quality of life. We’ll be talking more about dementia and the work underway in the borough to help increase dementia diagnosis rates later in the meeting.</p> <p>Dr Kanani provided an insight to her recent volunteer visit to Calais to support refugees last month where there are nearly 5,000 people still living in the ‘demolished’ camp which include a large number of unaccompanied children. She thanked the GP practices and CCG staff who donated goods which she distributed and stated that further information about her visit to Calais was available on her video blog on the CCG website.</p>
<p>58.16.8</p> <p>58.16.9</p>	<p>DECISION FROM OTHER FORA</p> <p>The Governing Body Noted decisions made since the Governing Body (public) meeting held on 24 March 2016.</p> <ul style="list-style-type: none"> • Chair’s Action No.1 2016/17 23.04.2016 - Better Care Fund Submission May 2016 • Chairs Action No.2 2016/17 29.04.2016 - EOC Evaluation Criteria <p>Governing Body meeting in private 24 March 2016</p> <ul style="list-style-type: none"> • The award of the contracts for the provision of Audiology Services on an AQP basis was approved. • The award of the contracts for the provision of termination of pregnancies on an AQP basis to the 3 bidders was approved
<p>59/16</p> <p>59.16.1</p>	<p>UPDATE FROM PATIENT COUNCIL</p> <p>Katie Perrior summarised some of the issues from the well attended recent Patient Council Meeting. Alison Rogers, Assistant Director of Integrated Commissioning (joint post with NHS Bexley CCG and Bexley Council) provided information on end of life care with detail on choices available and how to enable personal choices. The withdrawal of public transport bus access to the Princess Royal University Hospital (PRUH) for Bexley patients was raised. It was highlighted that the recent Transport for London consultation did not include Age Concern or Bexley residents as it was considered a Bromley bus service. Katie has</p>

	emailed Bexley Cllr Gareth Bacon, Transport for London and the Mayor for London for further discussion on the current change of the R11 bus route which will mean there is no public access for Bexley residents to the PRUH. A gap in Child Protection was raised and Katie will be meeting with the person who heads Child Protection at Bexley Council.
ITEMS FOR DECISION	
60/16	AUDIT PROCUREMENT UPDATE
60.16.1	Theresa Osborne requested the Governing Body to approve two separate items relating to Audit:
60.16.2	Item 1 Further to the approval to delegate responsibility for the audit panel to the Audit & Integrated Assurance Committee (AIAC), the Governing Body is now requested to approve the Terms of Reference for the Audit Panel. These were agreed at the AIAC meeting on the 17 March and the Terms of Reference are attached to the meeting paper at Appendix 1. Following Governing Body approval the Audit Panel will be able to meet to start the various audit procurements required in preparation for April 2017.
60.16.3	Item 2 The current contracts for Internal Audit, Local Counter Fraud Services and Local Security Management Services all expire on 31/03/2017. The Governing Body is asked to approve the re-procurement of these services as there is no provision in the existing contracts for any extensions. The CCG will, in collaboration with the other 5 south east London CCGs, undertake these procurements. A decision will be taken on whether these will be issued as two separate lots, Internal audit and LSMS/LCFS or one lot. The procurement is being led by Lambeth CCG and SE London CSU procurement team. In the same way that the external audit procurement is to be managed via the audit panel, it is envisaged that this will also apply to these procurements, including if required for a panel member to be part of the evaluation panel. It is expected that the procurement will use one specification and that there will be collaboration across south east London.
60.16.4	Keith Wood stated that the Terms of Reference for the Audit Panel was based on HMRC guidance and it was important for the CCGs to consider the staff capacity of the nominated external auditor to ensure the appropriate audit representation was available at meetings.
60.16.5	The Governing Body: <ol style="list-style-type: none"> 1. Approved the terms of reference of the Audit Panel. 2. Approved the procurement of Internal Audit, Local Counter Fraud Services and Local Security Management Services.
61/16	NON-MEDICAL PRESCRIBING POLICY
61.16.1	Anne Douse stated that three of the medicines management team were

	<p>training to become non-medical prescribers. Once qualified they will be able to write prescriptions for medications within their area of competency. The draft of the non-medical prescribing policy covers the work of these pharmacists and any further non-medical prescribers who may qualify and are employed by NHS Bexley CCG. This policy has been amended following comments from the initial people consulted as listed in the document.</p>
61.16.2	<p>Keith Wood asked for clarification on where and how these services of the non-medical prescribers will be used. Anne Douse stated in care/nursing homes patients will be able to change their medication much quicker as they will not need to wait for a doctor to sign off. Dr Kanani stated it would provide greater flexibility in the home care settings and enable GPs to focus on the patient.</p>
61.16.3	<p>Action: Further details were requested as to the circumstances as to when NHS Bexley CCG employed pharmacists would be able to use their independent prescribing qualification. Anne Douse to take this action forward and present outcome to the Executive Management Committee and the Governing Body. Anne Douse</p>
61.16.4	<p>The Governing Body approved the Non-Medical Prescribing Policy.</p>
62/16	<p>BETTER CARE FUND: QUARTER 4 REPORT 2015/16 PLAN AND BEXLEY'S BETTER FUND CARE FUND PLAN FOR 2016/17</p>
62.16.1	<p>Sarah Valentine advised the Better Care Fund (BCF) aims to support transformation and integration of Health and Social Care and has been developed from national guidance. The deadline for submission of the final plan, having been approved by the Bexley Health & Wellbeing Board, was submitted on 3 May 2016. The draft Bexley BCF Plan was 'approved with support' by NHSE and further amendments were required in order to be fully 'approved'. The Governing Body (via Chair's Action) gave approval for delegated authority to be given to the Chief Officer of the CCG, in conjunction with the Interim Director of Adult Social Care, LBB, to effect such changes, where required. The revised plan was submitted to NHSE on 3 May (with changes highlighted). This is included in the meeting paper for Governing Body information.</p>
62.16.2	<p>It should be noted that the non-elective chart on admissions and numbers in the BCF Planning Template (Appendix B) remain subject to change. The Non-Elective admissions (NEA) metric in the template is pre-populated with nationally derived activity data from CCG Operating Plan submissions, which has then been mapped to the HWB footprint to provide a default HWB level NEA activity plan for 2016/17. In the submission the CCG has reiterated that a) the number will change and b) it does not reflect contractual arrangements with our acute trusts.</p>

62.16.3	One of the key developments in the plan since the previous submission has been further analysis of Delayed Transfers of Care (DToCs) which has identified that a significant proportion of the increase in these during 2015/16 has been from the CCG's community/mental health trust and the proposed distribution of the target reduction has been changed.
62.16.4	<p>Secondly the Governing Body is asked to approve the final quarterly return for 2015/16 to enable it to be signed off by the Bexley Health & Wellbeing Board and submitted to NHSE by 27 May 2016. The Q4 return follows the familiar format in terms of updates on:</p> <ul style="list-style-type: none"> • Budget arrangements • National conditions • Income and expenditure • Non-elective admissions – target not achieved (plan of 4889 admissions, actual 5135 admissions) • Supporting metrics • New integration metrics • A year end feedback section in which the CCG and LBB is asked about our greatest successes and challenges.
62.16.5	Members noted that Oxleas has the largest number of DToCs and the proposed distribution of the target reduction of 479 days has been changed.
62.16.6	Another submission was due today and members were asked to note that the 15/16 submission would not reconcile to the contracts negotiated (due to the data sources).
62.16.7	Sarah Blow stated the BCF was a different way of working for the CCG and Local Authorities to achieve joint objectives.
62.16.8	Dr Kanani stated that the level of detail was very complex but BCF had achieved rewarding outcomes.
62.16.9	<p>The Governing Body:</p> <ol style="list-style-type: none"> 1. Noted the final version of the BCF plan for 2016-17, as submitted to NHSE on 3 May 2016 comprising: (i) revised narrative plan (Appendix A); (ii) BCF Planning Template (Appendix B); (iii) revised DToC Action Plan (Appendix C), iv) BCF Risk Register (Appendix D), v) LA Risk to Delivery Assessment (Appendix E), vi) DTOC Dashboard (Appendix F). 2. Noted that The Chief Officer of Bexley CCG, in conjunction with the Interim Director of Adult Social Care London Borough of Bexley was required to make changes to the Bexley BCF Plan (as approved by Chairs Action on 25 April 2016) in order to secure plan approval from NHS England. 3. Approved the Better Care Fund Report & Submission for Quarter

	4 2015/16.
63/16 63.16.1	QUESTIONS FROM THE PUBLIC (PLEASE SEE NOTES UNDER SECTION 4) None.
ITEMS FOR DISCUSSION	
64/16 64.16.1	DRAFT ANNUAL ACCOUNTS FOR 2015/16 Theresa Osborne stated that the audit of the draft Annual Accounts for 2015/16 had been submitted to NHS England on 26 May 2016 in line with the national timetable. All statutory duties had been met with a reported surplus of £169k for 2015/16. Keith Wood, Chair of the Audit & Integrated Assurance Committee, confirmed that the accounts had been signed off by the auditors and the CCG had received both an unqualified opinion and an unqualified value for money conclusion which was a positive outcome
64.16.2	The Chair and Chief Officer thanked the Chief Financial Officer and her team for their contribution to this achievement.
64.16.3	The Annual Report would be presented to the CCG's Annual General Meeting in September for approval.
64.16.4	The Governing Body NOTED the draft Annual Accounts for 2015/16 which have been submitted in accordance with the NHS national timetable; and the process for their final submission post audit.
65/16 65.16.1	NHS Bexley CCG 2016/17 Financial Recovery Plan Theresa Osborne stated that as a result of the CCG submitting a financial position less than 1% surplus in 2016/17, the CCG was now required to prepare and submit a financial recovery plan. The draft plan was discussed and approved at the March Governing Body meeting and the final plan is attached at Appendix 1 of the meeting paper.
65.16.2	The final plan has been updated for the CCG's final planning submission which plans for a surplus of £169k in 2016/17 rising to a 1% surplus over the 5-year planning period. This has been submitted to NHS England in line with national planning requirements.
65.16.3	The document sets the financial scene within the CCG, then discusses the 2016/17 financial position and planning assumptions, benchmarking and financial management within the organisation before moving on to the recovery plan.
65.16.3	Sarah Blow confirmed that it was the CCG's statutory duty to breakeven at year end and that the 1% surplus target had been implemented by NHS England as a planning rule. Theresa Osborne confirmed that the audit reviewed achievement against breakeven.

65.16.4	Keith Wood stated that the 2016/17 financial recovery plan represented a significant challenge and the CCG's financial position was fragile.
65.16.5	The Governing Body Discussed and Noted the final Financial Recovery Plan submitted to NHS England.
66/16	2016/17 Operational and Planning Update: a) Activity and finance b) Constitutional and other standards c) Quality premium d) Contracts update on contracts in excess of £1million e) Better Care Fund
66.16.1	Sarah Valentine explained that each year every CCG in England is required to submit their projected performance against a range of Operating Plan targets. These submissions form part of the assurance framework against which each CCG is monitored in year.
66.16.2	This report is designed to provide an update on different components of the operational and planning submissions by the CCG for 2016/17. a) Activity and finance The financial position for 2016/17 has already been discussed earlier in the meeting agenda. The reporting process for activity was very complex and it was currently under review to simplify it. The collation of finance and activity are problematic and there are issues with the collation of data from different sources. There is a higher QIPP target to meet with £1.5m unidentified QIPP. There remains a risk within the plan, which include the following: <ul style="list-style-type: none"> • That acute over-performance can be managed and contracts do not overspend • That additional QIPP schemes are identified (re: £1.5m unidentified above) and that QIPP is delivered • That prescribing does not overspend • That the CCG is not required to make any contribution to the £10.5m residual TSA costs with Lewisham & Greenwich NHS Trust • Additional funding has been requested by the London Ambulance Service following a CQC inspection – final costs are not yet known.
66.16.3	b) Constitutional and other standards The CCG submits their projected performance against a range of Operating Plan targets annually which are driven by both the NHS Constitutional Standards and then other national initiatives (e.g. 5 Year Forward View). These submissions form part of the assurance framework, against which each CCG is monitored in year. The Governing Body has been asked to approve submissions made for 2016/17 and to note key risks detailed on page 3 of the meeting paper.
66.16.4	1. Referral to treatment (RTT) is an emerging issue at King's

66.16.5	<p>College hospital (KCH). The existing trajectory shows a planned improvement from 79.9% in April 2016 to 88.1% in March 2017. Full details of the impact of this for the CCG are being calculated but this will affect our ability to meet the target in 2016/17.</p> <p>2. Cancer: Guy's and St Thomas' Hospital (GSTT) have a partially assured recovery trajectory as they currently have no compliance date in 2015/16. Performance has diverged from trajectory and the Trust significantly under delivered compliant pathways in January and February 2016. However, the trust has been working to clear the backlog throughout these months. According to weekly data collection published week commencing 18 April in the Cancer 62 day wait weekly dashboard for the London Region, the trust is not forecasting compliance in March 2016 and their Service Trajectory Forecast (STF) suggests the trust will not be compliant for the entirety of 2016/17. Lewisham & Greenwich trust have had a cancer recovery plan since Q3 of 2015/16 and have been forecasting compliance of the 62 day standard from 1st April.</p>
66.16.6	<p>c) Quality Premium</p> <p>In 2016/17 NHS England has designed the Quality Premium (QP) taking into account the regulations and promoting the objectives in the 5 Year Forward View and the NHS Mandate. The CCG Improvement and Assessment Framework is the mechanism by which progress will be monitored and therefore the national QP indicators are aligned with those in the CCG Improvement and Assessment Framework.</p>
66.16.7	<p>This year, the local element of the QP focuses on the Commissioning for Value/ Right Care programme providing an opportunity to drive more localised health improvements. This element is worth 30% of the QP. CCGs were asked to identify three measures from Commissioning for Value packs, each worth 10%. The 3 local priorities submitted are:</p>
66.16.8	<ol style="list-style-type: none"> 1. Cancer – 62 days to first treatment 85% - not achieved during 2015/16 as a whole (in line with Constitutional standard) 2. Dementia Diagnosis - 67.7% (a 1% stretch on Constitutional standard) number of patients with dementia on GP registers as a percentage of estimated prevalence. 3. IAPT - 89% (a 14% stretch on Constitutional standard) - Referral to first course of treatment (less than 6 weeks).
66.16.9	<p>d) Update on contracts in excess of £1million</p> <p>All contracts over £1m have been signed and weekly national reports are made and problems are closely monitored.</p>
66.16.10	<p>e) Better Care Fund</p> <p>The Better Care Fund has previously been discussed under meeting agenda item 62/16.</p>

66.16.11	Dr Kanani stated that the south east London CCGs were working closely together to co-ordinate work streams to improve performance and achieve targets set in the quality premiums.
66.16.12	<p>Sarah Blow confirmed that the CCG's focus would remain on improving patient services in Bexley and feedback from patients was a very important part of the programmes. Targets would be closely monitored and linked into the Board Assurance Framework and focus on the impact of not achieving targets.</p> <p>The Governing Body NOTED the latest developments in respect of the operational and planning submissions by the CCG for 2016/17.</p>
<p>67/16 67.16(i).1</p> <p>67.16(i).2</p> <p>67.16(i).3</p> <p>67.16(i).4</p> <p>67.16(i).5</p>	<p>INTEGRATED QUALITY, SAFETY AND PERFORMANCE REPORT MAY 2016</p> <p>Anne Douse highlighted the headlines in the report:</p> <ul style="list-style-type: none"> • 75 cases of C.Diff were reported between Apr15-Mar16 (target 56). The infection prevention nurse at the Local Authority is working with the CCG and providers to analyse gaps and identify possible solutions. • A&E targets were not achieved – all providers have action plans in place to mitigate risks to patients. • Cancer 62 days for screening and consultant upgrade were both at 100% for February. • 76 Serious Incidents were reported in Quarter 4 across our main providers. • RTT: 18 weeks not met. • Improving Access to Psychological Therapies (IAPT) remains below target. • Safeguarding children training has continued to improve with DGT and LGT both now compliant. <p>An action plan has been put in place to improve good practice to enable child protection medicals to be completed within 24 hours of a request being received from children's social care for acute presentations.</p> <p>Public Health and the Safeguard Board have put plans in place to raise awareness to the increase in young people's suicide rates reported. There have been 3 sudden infant deaths in Bexley since 2015 and the designated nurse is working with the Safeguarding Board to develop a leaflet to share with GPs/nurses/Social Services and to look at using other communication platforms e.g. social media for wider engagement for this programme.</p> <p>Katie Perrior stated that the patient feedback was very important as the information was current and real changes could be made to improve patient care services quickly.</p> <p>Dr Kanani confirmed that the GP quality alerts were working very well in highlighting quality concerns very quickly.</p>

67.16(i).6	The Governing Body Noted the Integrated Quality, Safety and Performance Report.
<p>67/16 (ii) 67.16(ii).1</p> <p>67.16(ii).2</p> <p>67.16(ii).3</p>	<p>CONSOLIDATED CONTRACTS REPORT MONTHS 11 AND 12</p> <p>Sarah Valentine summarised the highlights from the meeting paper:</p> <ul style="list-style-type: none"> • Oxleas' April Care Quality Commission inspection report will be analysed and shared with the Governing Body when available. • The DXS e-referral system pilot has been successful and will be rolled out to all practices to improve the referral process to the Oxleas' District Nursing services. • GSTT notice of termination as cardiology prime contractor under discussion with GSTT requesting that the services for community and acute services to remain at GSTT. • The Mental Health Stocktake with NHS England and the CCG's neighbouring CCGs to transform care and implementation of the physical disability procurement is on-going. • The Urgent Care Centre Streaming Policy has been implemented to re-direct non-urgent cases safely to more appropriate settings with discussions taking place with NHS 111 to support this work. • Procurement for the Independent Mental Health Advocate (IMHA) Services, Improved Access to Psychological Therapies (IAPT) Services and the 20 beds for older people with dementia are all underway. • Main acute contracts continue to over-perform by between 2%-3% of the contract values. Final year positions have been negotiated and settled for most contracts. • Community clinics the CCG is working with providers to expand the capacity available. <p>Dr Kanani referred to the NHS 111 report which detailed below agreed performance activity and detail of improved performance should be provided before additional investment was made by the CCGs.</p> <p>The Governing Body Noted the performance of the Acute, Community & Mental Health contracts shown in the report.</p>
<p>68/16 68.16.1</p>	<p>SOUTH EAST LONDON TRANSFORMING PARTNERSHIP HIGH LEVEL PLAN</p> <p>Sarah Valentine stated that there is a local plan linked to the south east London programme, led by Annabel Burn, to develop and implement new improved services for people with learning disabilities, autism and behaviour that challenges. Page 3 of the meeting papers details the high level plan and the agreed work for the 3 work streams over the next 3 years with information on commissioning of services and framework reviews.</p>

68.16.2	Sarah Blow stated that the south east London CCGs would continue with their good work to date and now needed to engage specialist support to ensure patients were supported in the right place with further integration of services.
68.16.3	The Governing Body Noted the plan produced by the South East London Transforming Care Partnership (TCP) in relation to services for people with learning disabilities, autism and behaviour that challenges.
69/16	ESTATES STRATEGY UPDATE
69.16.1	Theresa Osborne stated that, following the draft brought to the January meeting, the final Estates Strategy had been submitted to NHS England and would be used as the basis for the CCG's Estates & Technology Fund (ETTF) bids, which needed to be submitted by the end of June. Theresa confirmed that there had been good engagement with all stakeholders concerned and Sweet were working with the CCG on bids to submit. Further estate expertise was needed to progress the work on an ongoing basis and options were being considered.
69.16.2	Keith Wood stated that there needed to be clear links between the strategy documents and bids and questioned why there was no patient forum engagement in this programme. Theresa Osborne responded that patients would be engaged in specific projects as they were taken forward.
69.16.3	Action: Theresa Osborne to prepare document detailing process and links to bids for the Primary Care Co-Commissioning Board, which could also be used for patient engagement.
69.16.4	The Governing Body: <ul style="list-style-type: none"> 1. Noted the progress to date on the CCG's Estates Strategy and that the final strategy has now been submitted (Appendix 1); 2. Noted the proposed Primary Care Transformation Fund (PCTF), now the Estates & Technology Transformation Fund (ETTF) bids (pages 102-106); and that final bids will be discussed and approved by the Primary Care Co-Commissioning Board (PCCB), and reported to the Primary Care Joint Committee (PCJC).
70/16	BOARD ASSURANCE FRAMEWORK
70.16.1	The Board Assurance Framework (BAF) is made up of all risks with a residual risk rating of 15 and above. In this report, there are 8 risks that meet the criteria, with several high-level red rag ratings.
70.16.2	Anne Douse stated that there were some transitional risks from 2015/16 which needed to updated for 2016/17. Anne confirmed that choice is given to patients through the Bexley

70.16.3	Health Limited team when appointments are made. Mary Currie stated that more information was needed on the delivery of constitutional risks with assurance in place that mitigating actions were agreed and whether GPs were sited on some clinical issues.
70.16.4	Action: Agreed to re-assess all risks and ensure that all risks were updated in the BAF were correct. Anne Douse.
70.16.5	The Governing Body Noted risks on the corporate risk register with a residual risk rating of 15 and above on the Board Assurance Framework.
ITEMS FOR INFORMATION	
71/16	DEMENTIA DIAGNOSIS RATE: CCG IMPROVING IDENTIFICATION ACTION PLAN
71.16.1	The Governing Body Noted the background and proposal for a Dementia action plan.
72/16	ANNUAL REPORT OF THE AUDIT & INTEGRATED ASSURANCE COMMITTEE(AIAC)
72.16.1	Keith Wood stated that the AIAC Annual Report provided assurance that the AIAC is fit for purpose and includes the AIAC annual self-assessment. For the first time the AIAC engaged in a benchmarked self-assessment with 16 other CCGs carried out by our Internal Auditors, KPMG. Two areas were highlighted as red rated: in relation to appropriate succession planning in place and focus of work and these issues have been discussed with the CCG Chair. The AIAC sets itself very high standards and compares very favorably with its peers.
72.16.2	The Governing Body: <ul style="list-style-type: none"> 1. Noted the attached report and self–assessment. 2. Considered when reviewing the committee’s terms of reference to include the requirement for the committee to produce an Annual Report to the Governing Body. 3. Noted the need to appoint a fifth committee member.
73/16	SOUTH EAST LONDON 2016/17 COMMISSIONING INTENTIONS NEURO-REHABILITATION LEVEL 2B BEDS
73.16.1	Sarah Valentine stated that the King’s Health Partnership Expression of Interest submitted to the South East London CCGs in relation to the commissioning of a South East London level 2b neuro rehabilitation pilot for 2016/17 has been agreed with a proposed start date for the service of 1 July 2016. The commissioning of the pilot service is in line with the national service specification requirements. The south east London CCGs will work with King’s Health Partnership over the pilot period to

73.16.2	<p>evaluate the service and further test demand to inform the commissioning of a substantive south east London service. The pilot service will be funded on a block contract basis and the four level 3 neuro-rehabilitation beds at the Oxleas NHS Foundation Trust will be decommissioned and moved from Queen Mary's Hospital to King's College Hospital.</p> <p>The Governing Body NOTED the developments in the commissioning and provision of level 2b neuro-rehabilitation beds across south east London.</p>
74/17	OUR HEALTHIER SOUTH EAST LONDON PROGRAMME UPDATES NEWSLETTERS ISSUE 7 MARCH 2016 & ISSUE 8 APRIL 2016
74.16.1	The Governing Body Noted the contents of the January and February editions of the new <i>Our Healthier South East London</i> programme update for stakeholders, entitled <i>Healthier</i> .
75/16	MINUTES FROM BEXLEY HEALTH & WELLBEING BOARD – 19 APRIL 2016
75.16.1	The Governing Body Noted the minutes of the Bexley Health & Wellbeing Board meeting held on 19 April 2016.
76/16	EXECUTIVE SUMMARY OF HEALTH AND SOCIAL CARE INTEGRATED COMMISSIONING BOARD MEETING 3 MAY 2016
76.16.1	The Governing Body Noted the executive summary of the Integrated Commissioning Board held on 3 May 2016.
77/16	Minutes/Summary Notes
77.16.1	Minutes of Primary Care Joint Committees (PCJC) – 11 February 2016
77.16.2	Minutes of Bexley Patient Council 21 January 2016
77.16.3	Executive Summaries For Committees/Sub-Committees For The Governing Body To Note:
	<ul style="list-style-type: none"> • Audit and Integrated Assurance Committee 17 March 2016 • Finance Sub-Committee 8 March & 12 April 2016 • Medicines Management Sub- Committee 16 December 2015 & 20 January 2016 • Quality & Safety Sub-Committee 10 March 2016 • Information Governance Sub-Committee 8 March 2016
77.16.4	The Governing Body Noted the above minutes and summaries.
78/16	ANY OTHER BUSINESS
78.16.1	None.
79/16	PUBLIC FORUM
79.16.1	<ol style="list-style-type: none"> 1. Email question received - I would like to ask the Bexley CCG board how the CCG plans on meeting the aims of their local digital roadmap?

79.16.2	Bexley CCG are collaborating on a wider scale with SEL CCGs to make sure that our Local Digital Road Map (LDRM) aligns with the other CCGs in SEL to enable our patients to have a seamless journey if they find themselves in health or care organisations outside of Bexley. We are currently drafting and finalising the LDRM and benchmarking where we are in terms of the Core Universal Capabilities that have been identified for all organisations to work to. Based on the gaps identified, a collaborative approach will be taken in terms of ensuring that the CCGs determine how best to fulfil these areas within a projected timeframe.
79.16.3	2. Email question 2 Received 24 May 2016 Bromley CCG have allocated a substantial sum of money to Oxleas NHS Trust for a SEQUIN on supporting carers. In view of the co-commissioning arrangements are Bexley CCG going to do the same? There is currently some confusion over whether this covers only carers living in Bromley, or carers of patients living in Bromley, or carers of patients receiving treatment in Bromley.
79.16.4	Sarah Valentine confirmed that Bromley Healthcare – as an associate to the main contract (lead by Bromley CCG) we too are investing CQUIN monies in carers (adults and children). Oxleas – we are also offering the same CQUIN to Oxleas within their contract with the CCG.
79.16.5	3. Concerns were raised regarding the level of podiatry care and waiting lists for Bexley residents, and amputation rates for diabetes patients based on a Diabetes UK report. It was agreed that the information referred to above would be sent to the CCG with questions which the CCG could then investigate.
79.16.6	Action: The CCG would investigate these matters. Sarah Valentine/Anne Douse to take this work forward.
79.16.7	4. Clarity was sought on the process to prioritise estate bids and what happens when NHS organisations rent property.
79.16.8	Theresa Osborne confirmed that the Bexley Estate Strategy has concentrated on the growth areas, mainly in North Bexley, where the need for more services is a priority. However, the Estates Working Group had reviewed all areas of need and there is also a planned relocation of services in Clocktower locality and record digitalisation across the borough, amongst others. Consideration is given on a needs basis and in line with available funds. The ETTF is looking for large transformational bids to improve primary care patient services, not for refurbishment in individual practices.

79.16.9	5. It was commented that the glossary was very useful for the written reports but when speakers in the meeting were discussing papers abbreviations were continually used which made it very hard to follow the meeting conversation.
79.16.10	Dr Kanani stated this was a very important point to raise and asked the Governing Body members to be mindful to make sure abbreviations were not used where possible.
79.16.11	6. Dr Kanani reminded the public that questions sent in advance of the meeting would be beneficial and would enable full answers.
DATE OF NEXT MEETING	
80/16 80.16.1	Governing Body meeting (held in public) Thursday, 21 July 2016 from 1.30pm – 3.30 pm in the Danson Room, 221 Erith Road, Bexleyheath, Kent DA7 6HZ
CLOSURE OF THE PUBLIC MEETING	