

**Minutes of the Governing Body meeting  
held in public**  
Thursday, 28 January 2016, 1.30 – 3.30 pm  
Danson Room, 221 Erith Road, Bexleyheath DA7 6HZ

**PRESENT:**

Dr Nikita Kanani	Chair
Dr Varun Bhalla	GP Locality Lead, North Bexley
Dr Sid Deshmukh	GP Locality Lead, Frognal
Dr Sonia Khanna-Deshmukh	Locality Representative, Clocktower
Tina Khanna	Locality Representative, North Bexley
Sarah Blow	Chief Officer
Theresa Osborne	Chief Financial Officer
Dr Graham Rehling	Secondary Care Specialist
Sandra Wakeford	Lay Member Patient and Public Involvement
Keith Wood	Lay Member Governance
Simon Evans-Evans	Director of Governance and Quality
Lindsey Coeur-Belle (on behalf of Sarah Valentine)	Deputy Director of Commissioning

**IN ATTENDANCE:**

Mary Stoneham	Board Secretary
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**APOLOGIES:**

Apologies received from Mary Currie, Sarah Valentine, Dr Nada Lemic and Lionel Eastmond.

Item No	
<b>STANDING ITEMS</b>	
<b>01/16</b>	<b>WELCOME AND APOLOGIES FOR ABSENCE</b>
01.16.1	Dr Nikita Kanani welcomed everyone to the meeting. Apologies noted.
<b>02/16</b>	<b>DECLARATIONS OF INTEREST</b>
02.16.1	Dr Sonia Khanna-Deshmukh stated that she was now working at the Cairngnall Surgery and would update her declaration of interest form.
02.16.2	Elected members conflicted potentially for Agenda Item 08/16 Estates Strategy Update Agenda Item 09/16 Information Management and Information <b>As elected members conflicted – Keith Wood to chair</b>
<b>03/16</b>	<b>MINUTES OF THE GOVERNING BODY MEETING (HELD IN PUBLIC) DATED 28 JANUARY 2016</b>

03.16.1	Minutes of the Governing Body meeting (held in public) dated 28 January 2016 were agreed.
<b>04/16</b>	<b>MATTERS ARISING/ACTION NOTES</b>
04.16.2	The action log would be updated in line with meeting discussions.
<b>05/16</b>	<b>CHAIR'S UPDATE</b>
05.16.1	Dr Nikita Kanani welcomed everyone to the meeting and wished everyone a happy new year. Sandra Wakeford was thanked for her work as the CCG's patient and public involvement lead. An announcement regarding the new the patient and public involvement lead would be made shortly. Recruitment processes had started for the Clocktower locality representative post and Clocktower locality lead.
05.16.2	The CCG had updated the Health & Wellbeing Board meeting on CAMHS transformational plans, OHSEL and CQC inspection reports.
05.16.3	The new mobile app called Health Help Now is now available (also .a web version can be accessed on computers, laptops or tables) to help people to find the right service for their health needs, especially when they need medical help fast but it is not a life-saving emergency. This programme has been launched across south-east London and implemented as part of the 'stay well this winter campaign'.
05.16.4	Local Care Networks (LCN) bring together all health and social care providers to develop and transform services for local populations and a programme board has been set up in Bexley with the CCG's Chief Officer as Chair. The Bexley LCN programme will focus on how to use the current localities as the foundation to build future LCNs to deliver improved integrated services locally.
05.16.5	The hot clinics pilot scheme is designed to provide frail and elderly patients who have complex and long term health needs with a comprehensive geriatric assessment, diagnostic and care support plan. Information has been shared with GPs and the pilot will end in April.
05.16.6	Several Bexley practices are trialling the Web GP E-consultation programme that enables patients to have an email consultation with their doctor and the service also provides self-care advice and search for their nearest pharmacist.
05.16.7	Phase one of the Bexley Linked Care project will be launched on 8 February 2016 to enable doctors and nurses working at both UCCs and Bexley's out of hour GP services to access a patient's GP record with patient consent. Phase two will be developed to expand this data sharing programme with other CCGs and providers who have signed up to the programme across the system. Dr Sid Deshmukh was thanked for his support in the implementation of this work.

05.16.8	<b>DECISION FROM OTHER FORA</b> There were no decisions from other for a presented to the meeting.
<b>06/16</b>	<b>UPDATE FROM PATIENT COUNCIL</b>
06.16.1	Sandra Wakeford confirmed that the patient council had been involved in the implementation work for the new health initiatives discussed above. She confirmed that the work of the patient council had included representation on the work of the Improvement Development Plan at Queen Mary's Hospital which included the new Kidney Treatment Centre and Cancer Centre to open later this year at a cost of £13 million investment.
06.16.2	The patient council chair was involved in the work of the Primary Care Joint Commissioning Board to look at how to make best use of available monies for the benefit of Bexley patients and looking at new GP contracts for Bexley GPs who the CCG are keen to retain during a period of a shortage of GPs.
06.16.3	A review of the patient council membership highlighted the need to recruit new members as some current members were no longer active in attending meetings etc in line with the agreed terms of reference.
<b>ITEMS FOR DECISION</b>	
<b>07/16</b>	<b>PLANNING FOR 2016/17</b>
07.16.1	Theresa Osborne presented slides on NHS Bexley CCG's 2016/17 Financial Planning (which would be included with the meeting papers on the CCG website).
07.16.2	A summary of CCG achievements was listed on the presentation and included high level of transparency on the financial position, detailed understanding of finance and activity, successful management of running costs within resource, breakeven target in 13/14 & 14/15 achieved with forecast achievement for 15/16 whilst the CCG has been clinically led with a quality based approach to driving efficiency and performance gains.
07.16.3	The Financial Planning process started in August 2015 and included Commissioning Intentions based on CCG service priorities and proposed service redesign/QIPP schemes. Planning guidance was received in January 2016 with the initial planning templates to be submitted on 8 February 2016, budget sign off and Governing Body discussion in March with the final submission on 11 April 2016. The SE London level plans (Strategic Transformation plans) will be submitted at the end of June 2016 and will reflect local plans. Submitted plans will include detail on two years with a summary on the following three years.
07.16.4	Theresa summarised the Bexley 16/17 planning considerations. She

	confirmed that all national planning assumptions had been included, with the exception of the 1% surplus. The prescribing budget was based on the Medicines Management 3 year strategy; budgets were based on 2015/16 forecast outturn plus notified cost pressures; 0.5% contingency was included and 1% transformational reserve for non-recurrent spend included.
07.16.5	However the Our Healthier South East London strategy & London Health Commission will provide an opportunity for cross CCG working and will improve services for longer term sustainability.
07.16.6	Risks for 2016/17 include 2016/17 acute contracts higher than planning and acute over performance above contracted levels in year, identification and delivery of 2016/17 QIPP, and a continued rise in prescribing costs. The investment required to implement the SEL strategy and transformational changes may not be available. Local government would also receive reduced funding which could lead to further cost pressures. The CCG is also concerned about additional CCG responsibilities impacting on running costs.
07.16.7	The CCG has no non-mandated reserves to mitigate the position. However, mitigations which may ease the financial situation for the CCG include the SEL risk share, 0.5% contingency and the uncommitted non-recurrent transformational reserve.
07.16.8	Opportunities for 2016/17 included SEL joint working and new models of care, the transformational approach to redesign, Primary Care Co-Commissioning and primary care development.
07.16.9	Sarah Blow stated that the CCG would continue with the SEL foot print through the transformational planning process and thanked Theresa Osborne for the level of detail presented to the Governing Body which would be further discussed at the March Governing Body meeting in public.
07.16.10	Dr Kanani thanked all staff for their continued work in the achievements of the CCG to date.
<b>08/16</b>	<b>ESTATES STRATEGY UPDATE</b>
08.16.1	<b><i>GPs conflicted potentially</i></b>
08.16.2	<b><i>Keith Wood Chaired this agenda item</i></b>
	Theresa Osborne provided an update on the progress reported at the November Governing Body meeting in public. She confirmed that the first draft of the Bexley Estates Strategy had been submitted and the final submission needed to be made by the end of March as requested by NHS England. Strategic Partnership Group and local meetings have taken place on a monthly basis. Bids for underspends on the 2015/16 Primary Care Infrastructure Fund have been submitted to further the

	<p>Strategy development. The CCG has commissioned eight utilisation reviews to understand current capacity in key health centres and major planned development and growth areas. Further development of the strategy would continue over the coming weeks to ensure that future bids for the Primary Care Transformational Funding (PCTF) would be supported. Appendix 1 of the paper detailed the criteria expected to be used by NHS England when assessing PCTF bids.</p>
08.16.3	<p>Sweet (UK) had been appointed to undertake work to assist with the finalisation of the strategy, working with Community Health Partnerships and Essentia, and to carry out an options appraisal for the CCG's headquarters.</p>
08.16.4	<p>Dr Kanani stated the development of the Local Care Networks (LCNs) would be fundamental to the strategy.</p>
08.16.5	<p>Keith Wood felt that further information and discussion was needed to understand how it links with other strategies before the final submission. Theresa Osborne stated that the strategy had been discussed across Bexley and referenced the CCG's Commissioning Intentions and Our Healthier South East London project/strategy, the CCG's Primary Care Strategy and Local Care Networks with detail included in the meeting paper. Further CCG discussion would take place before final submission.</p>
08.16.6	<p>Sarah Blow stated that the strategy would help the CCG to deliver on what is known and take the work forward positively. She asked that any further questions on the strategy be directed to Theresa Osborne with questions on the strategic vision directed to Theresa Osborne/Dr Kanani.</p>
08.16.7	<p>The Governing Body:</p> <ol style="list-style-type: none"> <li>1. <b>Noted</b> the progress to date on the CCG's Estates Strategy and that a draft has been submitted within required timescales;</li> <li>2. <b>Discussed</b> and <b>Commented</b> on the CCG's draft Estates Strategy;</li> <li>3. <b>Noted</b> the Primary Care Transformation Fund (PCTF) criteria and the intention to submit bids for all areas included within the Strategy;</li> <li>4. <b>Noted</b> and <b>Approved</b> the need for additional estates support to help finalise the Strategy, to submit Primary Care Transformation Fund (PCTF) bids by 28<sup>th</sup> February, carry out an options appraisal for CCG Headquarters accommodation and to deliver the Estates Strategy going forward (as the expertise and capacity is not available in-house).</li> </ol>

<b>09/16</b>	<b>INFORMATION MANAGEMENT AND INFORMATION TECHNOLOGY STRATEGY 2015-2020 (IIS)</b> <b><i>GPs conflicted potential</i></b> <b><i>Keith Wood Chaired this agenda item</i></b>
09.16.1	
09.16.2	Theresa Osborne stated that the Bexley CCG Information Management & Information Technology Strategy (IIS) 2015 – 2020 had been developed with the backdrop of a number of national and regional drivers, including the Five Year Forward View, Better Health for London, the Healthier London Partnership Interoperability Framework and the recently announced Local Digital Roadmap initiative.
09.16.3	In conjunction with the national and regional drivers, this Information Management & Information Technology Strategy (IIS) is aligned with the Healthy London Partnership and more locally with “Our Healthier South East London” strategy, and also aims to ensure that it is in alignment with the Information and IT strategies for the key stakeholders of Bexley CCG in line with the Government’s ambitions for a digital revolution and paperless NHS.
09.16.4	Collaborative work with the Healthy London Partnership and its interoperability programme is a key area that the CCG is linked in with and this strategy ensures that the work undertaken within Bexley Linked Care and the Connect Care programmes are fully aligned with the principles and standards that follow from the interoperability framework.
09.16.5	Additionally, the joint work with South East London on the Local Digital Roadmaps will provide for a holistic map of the digital capabilities across all six CCGs’ providers across South East London.
09.16.6	This strategy will also be used to inform the Estates Strategy which is currently in draft form.
09.16.7	Sarah Blow welcomed the IIS which would provide a focus on national and local priorities and thanked Nisha Wheeler and Michael Boyce for their work on the programme.
09.16.8	The Governing Body: <ol style="list-style-type: none"> <li>1. <b>Approved</b> The contents of the Information Management and Information Technology Strategy for Bexley CCG and</li> <li>2. <b>Approved</b> the action plan identified in Appendix 2 illustrating the various Information and IT activities that need to take place over the next 5 years to support the Five Year Forward View and Personalised Care and Health Framework 2020.</li> </ol>
<b>10/16</b>	<b>EQUALITY DUTY ANNUAL REPORT JANUARY 2015-16</b>
10.16.1	<b><i>Dr Nikita Kanani resumed Chair responsibilities.</i></b>
10.16.2	Simon Evans-Evans stated that the Equality Duty Annual Report January

	2015-16 provided assurance that the CCG has fulfilled its responsibilities for public bodies to publish information showing compliance with the Equality Duty on or before 31 January each year in line with the Equality Act 2010. The information demonstrates the CCG's commitment to commissioning for equal access to health care for vulnerable groups and for improving outcomes for everyone. The CCG is committed to reducing health inequalities, promoting equality and valuing diversity and is embedded as an integral part of CCG work and will continue to monitor progress against the Equality action plan and objectives and report on development work as detailed on Page 17 of the meeting paper.
10.16.3	Sarah Blow asked that the report include a breakdown of staff recruitment so that the CCG can be benchmarked against other SEL CCGs. <b>Action:</b>
10.16.4	SEE to ensure reporting of breakdown of staff recruitment to be included in future reporting.
10.16.5	Theresa Osborne asked if other providers could be added to the list on Page 16 of the meeting paper. Lindsey Coeur-Belle confirmed that the list of providers would be expanded in the reporting process by the end of January 2016.
10.16.6	The Governing Body <b>Approved</b> the Bexley CCGs Equality Annual Report, to be published by 31 January 2016.
<b>11/16</b>	<b>QUESTIONS FROM THE PUBLIC</b>
11.16.1	1. A question was raised on reporting on the progress on the treatment of diabetes and obesity.
11.16.2	Sarah Blow confirmed that at the Bexley Health & Wellbeing Board on 8 March 2016 from 2.30 pm at the Civic Offices the meeting agenda would include an update by Public Health on diabetes and obesity.
11.16.3	The January Health & Wellbeing meeting had focused on child and mental health issues.
<b>ITEMS FOR DISCUSSION</b>	
<b>12/16 (i)</b>	<b>INTEGRATED QUALITY, SAFETY AND PERFORMANCE REPORT JANUARY 2016</b>
12.16.1	Simon Evans-Evans summarised the Integrated Quality, Safety and Performance Report January 2016. The executive summary highlighted issues of concern which included update on the C.diff target which had been breached in the community. An infection control nurse was supporting practices on a rolling basis and advising on the use of antibiotics. Weekly meetings were taking place to improve patient service targets outlined in the meeting paper summary sheet. Actions agreed at the Bexley/Lewisham & Greenwich Trust Discharge Summit to

	<p>improve discharge arrangements were being implemented and closely monitored. Improvements continued in the implementation of the MSK service to raise achievement of targets. There were 15 breaches in the mixed sex accommodation target in October which occurred at D&amp;G and a detailed action plan had been agreed to improve this position. Concerns continued with Level 3 safeguard training at Dartford &amp; Gravesham Trust and the Lewisham &amp; Greenwich Trust.</p>
12.16.2	<p>Public Health England had notified all south east London healthcare providers that there had been a small but significant increase in suspected measles (14 laboratory confirmed and 12 probable cases across SEL). There had also been an increase in formal notification of scarlet fever, with 147 suspected cases compared to 86 in the same period in 2014.</p>
12.16.3	<p>The meeting considered how best the CCG and Public Health England could communicate on issues relating to infectious diseases etc. which could include data collection from GPs collated through the Primary Care Working Group.</p>
12.16.4	<p>Dr Deshmukh asked if GPs who look after care homes could be included in the membership of the Care Home Forum with Oxleas/Local Authority/Pharmacists and share best policy.</p>
12.16.5	<p><b>Action:</b> Simon to ensure GPs who look after care homes included in the membership of the Care Home Forum.</p>
12.16.6	<p>Keith Wood stated that the paper clearly reflected the assurance processes in place and clear monitoring processes whilst pushing providers for improvements to services.</p>
12.16.7	<p>The Governing Body <b>Noted</b> the Integrated Quality, Safety and Performance Report January 2016.</p>
<b>12/16 (ii)</b>	<p><b>FINANCE PERFORMANCE UPDATE AS AT MONTH 8 2015/16</b></p>
12.16.8	<p>Theresa Osborne explained that the report front sheet detailed how the CCG was performing against targets and that it was forecasting a £151k surplus in line with plan. Risks to the CCG financial position are detailed on page 18 of the meeting report and include acute over-performance, prescribing overspend and increasing continuing healthcare costs. Page 20 detailed the 2015/15 QIPP/Saving Plans with month 8 forecast QIPP outturn at 87%. The deterioration from plan is as a result of the slippage on the Children's Service scheme and the underperformance on the Prescribing and GP referrals schemes. The CCG continued to achieve the Better Payment Practice Code (BPPC) target. There was a £135K overspend for Bexley primary medical services largely due to the under-achievement of QIPP savings to date offset by a slight underspend on core services and a non-recurrent benefit from 2014/15</p>



	unused accruals and QOF discretionary payments.
12.16.9	Keith Wood stated that the month 9 Accounts had just been submitted and was a very fair reflection on the CCG's financial position.
12.16.10	That the Governing Body: <ol style="list-style-type: none"> <li>1. <b>DISCUSSED &amp; NOTED</b> that the Month 8 (November) and forecast outturn financial position are in line with the plan submitted to NHS England;</li> <li>2. <b>NOTED</b> the details of the 2015/16 allocations (programme and running costs) received and expenditure to date;</li> <li>3. <b>NOTED</b> the returns made to NHS England reporting the Month 8 financial position, QIPP delivery, use of 1% transformation fund, underlying position, mental health spend, information on penalties and Continuing Healthcare Retrospective claim cases and the CCG's risks and mitigations (Appendix 1);</li> <li>4. <b>DISCUSSED &amp; NOTED</b> 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 the risks where possible;</li> <li>5. <b>NOTED</b> the potential underlying position for 2016/17;</li> <li>6. <b>NOTED</b> the financial position for month 8 (November) for primary medical services as provided by NHS England;</li> <li>7. <b>NOTED</b> the month 8 actual performance against the key national finance targets.</li> </ol>
<b>12/16 (iii)</b>	<b>CONSOLIDATED CONTRACTS REPORT MONTH 5 AND 6 2015/16</b>
12.16.11	Lindsey Coeur-Belle highlighted some areas in the meeting paper and confirmed that the 'Hot Clinics' were now operational at QMH and were an integral part of the winter pressure work. A review of the comprehensive continence service provided assurance to the CCG on the introduction and quality of products supplied. Comprehensive training has been provided to care homes with CCG administrative processes streamlined to ensure correct point of delivery to Oxleas and this initiative has demonstrated improved quality outcomes at the initial review.
12.16.12	The planned review of the Service Specification for the District Nursing Service would be ready available for the stakeholder review during January 2016 with detail provided to the Governing Body when available. There had been a delay to the implementation of the DXS Electronic referrals from GP's to Oxleas. The review and development aligned to new investment with the Greenwich and Bexley Community Hospice was currently being undertaken. The MSK service will be producing monthly trajectories for all specialities in order to improve waiting times.
12.16.13	The CCG are in the process of arranging a further three way meeting

	<p>with prime contractors (GSTT and KCH) to help parties move forward in a coordinated and transparent manner on their prime and sub-contractor reciprocal arrangements.</p> <p>KCH Ophthalmology monthly board meeting's with are now in place with patient representatives present. Draft KPI's were presented to the December meeting. A new IT system is being considered by King's that will allow cohesive data capture. An update will be received from King's at the January meeting.</p>
12.16.14	<p>Work continues across the Mental Health Stocktake (with NHS England and our neighbouring CCGs), Transforming Care and implementation of the physical disability procurement. Care and Treatment plans have been completed for the three patients currently in MH services that fall in the scope of the Transforming Care program. An overspend with South London and Maudsley NHS FT (SLaM) continues to be forecast as a result of continued increases in referrals from primary and secondary care.</p>
12.16.15	<p>Sarah Blow confirmed that herself and Dr Kanani had arranged a meeting with the Greenwich &amp; Community Hospice the following week to discuss the review and development of investment.</p>
12.16.16	<p>Keith Wood referred to the Lewisham &amp; Greenwich NHS Trust Finance paper included in the Finance &amp; Activity Bexley CCG Integrated Report (page 15) and asked if the reduction in unresolved claims meant that the Trusts PAS issues had now been resolved.</p> <p>Lindsey Coeur-Belle agreed to investigate and it was agreed that a verbal update would be reported to the March Audit &amp; Integrated Committee.</p>
12.16.17	<p><b>Action:</b></p> <p>Lindsey Coeur-Belle agreed to investigate and ensure verbal updated on the clarification on what factors had contributed to a reduction in activity for unresolved claims at L&amp;G for the March Audit &amp; Integrated Assurance Committee</p>
12.16.18	<p>That the Governing Body <b>Noted</b> the performance of the Acute, Community &amp; Mental Health contracts shown in the meeting paper.</p>
<b>13/16</b>	<b>FINANCIAL CONTROL ENVIRONMENT UPDATE</b>
13.16.1	<p>Theresa Osborne advised that Paul Baumann had written to CCGs (appx 1 of the report) to express thanks for the financial control work requested by NHS England, completed earlier in the year. The letter highlighted four main areas where improvements are required nationally. Appx 2 details how the CCG compared to the national position of CCGs and that our main weakness is long term planning. However, Theresa explained that this was because of the CCG's inability to meet 1% surplus as opposed to a weakness in planning. The update submission</p>

	(appx 3) was approved by the Chief Officer and the Chair of the Audit & Integrated Assurance Committee before submission.
13.16.2	Keith Wood confirmed that the papers provided assurance to the CCG on its financial management.
13.16.3	That the Governing Body <b>Noted</b> <ol style="list-style-type: none"> <li>1. The letter from Paul Baumann, CFO of NHS England regarding the completion of the financial control environment assessments.</li> <li>2. Bexley CCG's position compared to the national picture for the assessment, where it fairs well.</li> <li>3. The updated iteration of the return which was submitted in December 2015 noting actions taken to date and actions which remain outstanding.</li> </ol>
<b>14/16</b>	<b>BOARD ASSURANCE FRAMEWORK</b>
14.16.1	Simon Evans-Evans asked the Governing Body to note the seven risks that have a residual risk rating of 15 and above.
14.16.2	Risk 199 has the highest residual risk rating of 25 and relates to the risk that the provider will not deliver constitutional standards for the local population. Four risks have a rating of 16 <ul style="list-style-type: none"> <li>• 167 failure by the providers at Lewisham &amp; Greenwich NHS Trust and Dartford and Gravesham Trust to deliver the recovery plan to achieve 95% A&amp;E 4 hour wait consistently during 2015-16</li> <li>• 201 that QEH and DVH are not compliant with Safeguarding Children training requirements and therefore not complaint with their statutory duty set out under Section 11 Children Act 1989) in 2015/16</li> <li>• 243 that the underlying acute position in 2015/16 (which is not visible in 2016/17 due to contracts being either block or cap and collar) may cause significant cost pressures in 2016/17 which may result in the CCG not breaking even in 2016/17</li> <li>• 256 that the recovery trajectory for Cancer performance will not be met by LGT</li> </ul> Two have a rating of 15 <ul style="list-style-type: none"> <li>• 187 current negotiations for an alliance contracting model for urgent and planned care for children and young people will not achieve the required financial or services outcomes in 2015-d16.</li> <li>• 251 2015/2016 DVH has had two serious incidents during November 2015 related to services provided at E/D. Staffing issues at E/D that include poor performance.</li> </ul>
14.16.3	Dr Kanani confirmed that all CCGs risks are discussed at appropriate committees e.g. Quality sub-committee, Finance sub-committee, Audit & Integrated Assurance Committee and the Executive Management Committee to ensure the Board Assurance Framework captured all high level risks.

14.16.4	The Governing Body <b>Noted</b> the Board Assurance Framework.
<b>ITEMS FOR INFORMATION</b>	
<b>15/16</b>	<b>REVALIDATION OF NURSES AND MIDWIVES</b>
15.16.1	Simon Evans-Evans stated that the meeting paper was an outcome of the Mid Staffordshire NHS Foundation Trust Public Inquiry and the Nursing and Midwifery Council (NMC) commitment to implementing an effective system of revalidation of nurses and midwives to improve public protection. The NMC also committed to revise 'The Code' which sets out the professional standards of practice and behaviour for nurses and midwives. Revalidation supports professionalism through closer alignment with 'The Code'.
15.16.2	This paper was submitted to the Quality and Safety Sub-Committee on 14 January 2016 and the following amendments were agreed: <ul style="list-style-type: none"> <li>• Correction to be made to the second page of the report CPD should read 35 hours (20 hours participatory and 15 on line training).</li> <li>• Cost implications to be strengthened within the paper.</li> <li>• CCG to disseminate information about revalidation, access to training, training budget and website link to NMC via Communications and Nurse Forum meetings.</li> </ul>
15.16.3	The Governing Body <b>Noted</b> the Revalidation of Nurses and Midwives Report.
<b>16/16</b>	<b>OUR HEALTHIER SOUTH EAST LONDON UPDATES – NOVEMBER AND DECEMBER 2015</b>
16.16.1	Sarah Blow highlighted the articles in the November edition were on: <ul style="list-style-type: none"> <li>• Feedback from the six deliberative events</li> <li>• Developing the estates strategy</li> <li>• The Patient and Public Advisory Group</li> <li>• Bexley's work on joined up care for frail elderly people</li> <li>• Improving planned care services</li> <li>• A Profile on Dr Amr Zeineldine</li> <li>• You said, we did</li> <li>• Introducing - Mark Easton, Programme Director</li> </ul> The articles in the December edition were on: <ul style="list-style-type: none"> <li>• A forward look at plans for 2016</li> <li>• An explanation of the engagement process and how any decision will be made on whether to consult on any part of the programme</li> <li>• Details of the two Bexley schemes that have been shortlisted for LGC awards for joined up care</li> </ul>
16.16.2	Sarah Blow thanked Dr Ombarish Banerjee for his work as clinical lead in improving patient services across south east London and announced that the CCG Communication and Engagement Team had been

16.16.3	shortlisted for awards in engagement work. The Governing Body <b>Noted</b> the contents of November and December 2015 editions of the new Our Healthier South East London programme update for stakeholders.
<b>17/16</b>	<b>MINUTES FROM BEXLEY HEALTH &amp; WELLBEING BOARD – 11 NOVEMBER 2015</b>
17.16.1	The Governing Body <b>Noted</b> the minutes of the Bexley Health & Wellbeing Board meeting held on 11 November 2015.
<b>18/16</b>	<b>Minutes of Primary Care Joint Committees (PCJC) – 29 September 2015</b>
18.16.1	<b>Executive Summaries For Committees/Sub-Committees For The Governing Body To Note:</b> <ul style="list-style-type: none"> <li>• <b>Audit &amp; Integrated Assurance 28 May &amp; 15 September 2015</b></li> <li>• <b>Executive Management Committee 8 October &amp; 3 December 2015</b></li> <li>• <b>Finance Sub-Committee 8 September, 13 October, 10 November &amp; 8 December 2015</b></li> <li>• <b>Medicines Management Sub-Committee 16 September, 21 October &amp; 18 November 2015</b></li> <li>• <b>Quality &amp; Safety Sub-Committee 3 September 2015</b></li> <li>• <b>Information Governance Sub-Committee 17 November 2015</b></li> </ul>
18.16.2	
18.16.3	
<b>19/16</b>	<b>ANY OTHER BUSINESS</b>
19.16.1	None.
<b>20/16</b>	<b>PUBLIC FORUM</b>
20.16.1	1. A question was raised on how the CCG would address the reduction in finances allocated for 2016/17.
20.16.2	Sarah Blow explained that the CCG's finances were not being reduced in 2016/17. The CCG would receive additional growth monies which could mean that in 2016/17 the CCG would receive more monies than in 2015/16. She explained that NHS funding was based on a capitation basis and unfortunately despite the growth Bexley would continue to receive lower than its target allocation.
20.16.3	2. A request was made from the Pensioners Forum for paper copies of the leaflet regarding the new electronic 'Health Help Now' service and the member of the public agreed to contact the CCG Patient Engagement Team.

20.16.4	3. Concerns were raised at the length of time being taken on the agreement/implementation of diabetes services, diabetes education and podiatry services.
20.16.5	Sarah Blow confirmed that work on these issues was on going and final plans would be discussed at the Star Chamber with a Diabetes Programme Board agreed in the near future.
20.16.6	4. Comments were received from several members of the public that the summary sheets for the meeting's reports did not contain sufficient information on the meeting paper's salient points.
20.16.7	Sarah Blow thanked the public for their feedback and a review of the front sheets would take place.
20.16.8	<b>Action:</b> Simon Evans-Evans - EMC to discuss content of GB front sheet templates.
20.16.9	5. Concerns were raised regarding the reporting process of scarlet fever/measles alerts.
20.16.10	Dr Kanani confirmed that GPs had been informed and were aware of the situation from Public Health England. The CCG were working with Public Health England as part of the work on sharing patient data across the system. Bexley GPs had already signed up to sharing patient information with each other and were now considering how to share patient data with providers.
20.16.11	6. A question was raised regarding the QMH Cancer unit and patient access via the bus 229 route. The 229 currently drops patients at the top end of the QMH site and would need to extend their route to the far end of the site where the Cancer unit is to be located.
20.16.12	Sarah Blow advised that this issue needed to be taken up with the Local Authority who could raise the issue with the bus operators.
<b>DATE OF NEXT MEETING</b>	
<b>21/16</b> 21.16.1	Governing Body meeting (held in public) Thursday 28 January 2016 from 1.30pm–3.30 pm in The Danson Room, 221 Erith Road, Bexleyheath, Kent DA7 6HZ
<b>CLOSURE OF THE PUBLIC MEETING</b>	