

Minutes of the Governing Body meeting held in public

Thursday, 29 September 2016, 1.30pm – 4.00 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 Sid Deshmukh	GP Locality Lead, Frognal
Dr Jhumur Moir	GP Locality Lead, Clocktower
Dr Sonia Khanna-Deshmukh	Locality Representative, Frognal
Tina Khanna	Locality Representative, North Bexley
Theresa Osborne	Chief Financial Officer
Lisa Wilson	Locality Representative, Clocktower
Keith Wood	Lay Member Governance
Mary Currie	Nurse Member
Dr Koteshwara Muralidhara	Secondary Care Specialist
Dr Nada Lemic	Director of Public Health

IN ATTENDANCE:

Jon Winter (on behalf of Anne Douse)	Assistant Director of Communications & Corporate Services
Judith Clark (item 112/16 & 113/16 only)	Adult Safeguarding & Quality Lead
Mary Stoneham	Board Secretary

APOLOGIES:

Apologies received from Paul Cutler, Lay Member PPI, Sarah Valentine, Director of Commissioning, Anne Douse, Director of Quality, Performance and Business Services (Interim) and Lionel Eastmond, Vice Chair of Bexley Patient Council.

Item No	
STANDING ITEMS	
103/16 103.16.1	WELCOME AND APOLOGIES FOR ABSENCE Dr Nikita Kanani welcomed everyone to the first Governing Body meeting in public. Apologies noted.
104/16 104.16.1	DECLARATIONS OF INTEREST GPs may be potentially conflicted for agenda item 119/16 Primary Care (General Practice) Co-Commissioning
105/16 105.16.1	CHAIR'S UPDATE REPORT Dr Kanani welcomed everyone to the meeting and thanked them for

	<p>attending. She announced that Paul Cutler had been appointed as the Patient and Public Involvement Governing Body member and Chair of the Bexley Patient Council. Paul Cutler is a local resident and has a background in social work and was previously a non-executive director for the NHS in Bexley and south-east London.</p>
105.16.2	<p>Dr Kanani thanked governing body members for attending the CCG's Annual General Meeting (AGM) earlier in September which had attendance of over 50 residents, NHS partners, voluntary sector representatives, local businesses, support groups and community groups. The meeting celebrated the CCG's achievements in 2015/16 and discussed future plans, heard from a mystery shopper champion and learnt more about mental health recovery services in Bexley.</p>
105.16.3	<p>Sir Malcolm Grant (NHS England board chair) and NHSE non-executive director Wendy Becker recently visited the CCG. They were taken on a tour of the borough, the visit included a tour of Queen Mary's Hospital to learn about MSK and urgent care, step-up/step down services and the cancer centre and Lakeside Medical Practice in Thamesmead. At Lakeside the practice discussed their focus on services to meet patient need and demand management strategies including working with the voluntary sector. Sir Malcolm Grant thanked the CCG for arranging the visit and stated he was impressed with the levels of collaboration in Bexley. He acknowledged the stark demographic contrasts from between the north and the south of the Borough.</p>
105.16.4	<p>Dr Kanani explained that the draft south-east London Sustainability and Transformation Plans (STPs) submitted to NHS England on 30 June was endorsed by boards and governing bodies in south-east London and a full STP submission made in November. The south-east London STP has been recognised as one of the more advanced submissions and information is available on the Our Healthier South East London (OHSEL) website.</p>
105.16.5	<p>Sarah Blow and Dr Kanani had attended the September Health and wellbeing board meeting and provided updates on the STPs, OHSEL with discussion on Local Care Networks and the Integrated Care Provider.</p>
105.16.6	<p>An award scheme for General Practice has been launched to celebrate the good work of our practices and share innovations; the results will be announced at the December GP Engagement Event.</p>
105.16.7	<p>'Stoptober', aimed at encouraging smokers to quit for 28 days is running in October. Of those that take part, people are five times more likely to quit for good. There will be plenty of free support and advice available e.g. GPs, pharmacies and the Smokefree Bexley website at</p>

	the council: http://www.smokefreebexley.co.uk/ .
106/16	MINUTES OF THE GOVERNING BODY MEETING (HELD IN PUBLIC) DATED 21 JULY 2016
106/16	Minutes of the Governing Body meeting (held in public) dated 21 July 2016 were agreed .
107/16	MATTERS ARISING/ACTION NOTES
107.16.1	None.
108/16	DECISION FROM OTHER FORA
108.16.1	The Governing Body Noted decisions made since the Governing Body (public) meeting held on 21 July 2016.
108.16.2	No decisions had been made since the Governing Body (public) meeting held on 21 July 2016.
109/16	UPDATE FROM PATIENT COUNCIL
109.16.1	Jon Winter stated that yesterday Paul Cutler had chaired his first Bexley Patient Council meeting, since his appointment. He had fed back that he was very impressed with the work of members. New initiatives were being developed with Insight in Bexley to improve engagement with younger people especially immigrants who need vital support.
109.16.2	Liz Shires, a long term Patient Council member, who has now resigned from the council, was thanked for her work and support over the past years.
109.16.3	Patient involvement in the Level 3 Co-commissioning process and the development of Our Healthier South East London (OHSEL) will continue with engagement in the consultation process on planned care.
109.16.4	Updates were provided to the recent Patient Council meeting regarding the development of Queen Mary's Hospital B Block and the financial implications for the wastage of prescribed medications.
109.16.5	The Governing Body noted the update from the Patient Council.
ITEMS FOR DECISION	
110/16	CONFLICTS OF INTEREST (INCLUDING GIFTS AND HOSPITALITY)
110.16.1	Jon Winter stated that the meeting paper followed the new statutory guidance from NHS England received in June 2016 and had been discussed at the CCG's Audit & Integrated Assurance Committee (AIAC) and the Executive Management Team meetings. The new policy recommends an additional lay member to be appointed and the Chair of the AIAC to be the guardian for Conflicts of Interest (COI).

110.16.2	Declarations of Interest forms will be completed on a bi-annual basis and will now include declaration of interest submissions from all staff including general practice staff.
110.16.3	Sarah Blow stated the importance of having a robust COI policy in place and that there is a national COI consultation taking place currently and proposed that the meeting policy be used until new revised guidance is received.
110.16.4	The Governing Body: Noted that this document was discussed at the Audit & Integrated Assurance Committee and a recommendation was made that due to the current Conflict of Interest consultation the policy would be used in the meantime Agreed this policy will be used in the meantime and revised following new guidance.
111/16	CONSTITUTION CHANGES
111.16.1	Jon Winter confirmed that the Primary Care Advisory Group (PCAG) meeting on 15 September reviewed and recommended the revised constitution to the Governing Body for submission to NHS England. The constitutional changes detailed in the paper included the CCG's proposed progression to Level 3 Co-commissioning, the appointment of an additional Lay Member to the Governing Body and a revised process on the management of Conflicts of Interest.
111.16.2	Theresa Osborne stated that the NHS England submission was due in December and for discussion at the next Governing Body. It was therefore agreed to hold any changes until that time to be brought back to the Governing Body at its next meeting.
111.16.3	The Governing Body: Agreed that an update paper would be presented to the Governing Body in November.
112/16	Paper withdrawn
113/16	AUDIT AND INTEGRATED ASSURANCE COMMITTEE TERMS OF REFERENCE AND THE AUDITOR PANEL TERMS OF REFERENCE
113.16.1	Jon Winter stated that the the Audit & Integrated Assurance Committee (AIAC) terms of reference had been discussed at the AIAC's June meeting with changes made to reflect the AIAC separation from the Auditor Panel. The draft terms of reference for the Audit Panel are included in the meeting papers.
113.16.2	Keith Wood confirmed that the CCG was still waiting for comments from Internal Audit on the Auditor Panel terms of reference regarding independent membership members and quoracy issues.

113.16.3	The Governing Body Approved the revised terms of reference for the Audit and Integrated Assurance Committee and the Auditor Panel (subject to comments received from the Internal Auditor on quoracy).
114/16	PERMISSION TO COMMENCE THE RE-PROCUREMENT PROCESS FOR THE DIETETICS SERVICE
114.16.1	Sarah Blow stated that the Community Dietetics service specification was for the provision of community dietetics to non-ambulatory adults and children within their place of residence. The contract is currently held by Bromley CIC and expires at the end of March 2017. Additional services will be included in the re-procurement of the Service to meet EU requirements and will be based on best value for service and money.
114.16.2	Dr Kanani stated that the extra support to people in care was vital and thanked Dr Karen Upton for her work and support on this project.
114.16.3	Keith Wood asked for confirmation of the CCG's meeting where this paper had been discussed. Theresa Osborne confirmed that the paper had been discussed at the Finance Sub Committee and challenge given. (Post meeting note – Sarah Valentine confirmed that this paper had been to the Quality & Safety Sub-Committee on 6 September 2016.)
114.16.4	The Governing Body Approved the re-procurement process of the Dietetics Service.
115/16	BUSINESS CASES COVERING COMMUNITY CONSULTANT LED CLINIC SERVICES
115.16.1	<ul style="list-style-type: none"> INTEGRATED SPECIALIST INPATIENT AND DAY-CARE SERVICES FOR PEOPLE WITH HIV
115.16.2	Sarah Blow stated that this service had transferred from the London Borough of Bexley and needed to be re-procured. A full business case had been agreed for this very important service by the Finance Sub Committee. Dr Kanani confirmed that the numbers of patients needing this service had doubled and was more prevalent in the north of the Borough.
115.16.2	The Governing Body Approved the re-procurement of the services.
115.16.3	<ul style="list-style-type: none"> COMMUNITY CLINIC SERVICES ON AN ANY QUALIFIED PROVIDER BASIS
115.16.4	Sarah Blow stated that the GB was being asked to approve an expansion in the number of providers, by the opening of additional procurement windows to invite further providers of Community Clinic services, for Dermatology, Urology, Minor Surgery and Gynaecology, on an Any Qualified Provider (AQP) basis on an annual rolling basis for

	3 years.
115.16.5	These GP referral services provided a substantial (Qualified, Innovation, Productivity & Prevention) QIPP cost saving to the CCG and the current contract is due to expire at the end of March 2017.
115.16.6	During discussion Dr Kanani stated that the services provided through the Any Qualified Provider (AQP) were of good clinical quality. Mary Currie stated that assurance was needed that appropriate processes were in place to monitor this. Keith Wood commented that the amount of money spent on these services was small and there was an opportunity for the CCG to achieve more savings by taking on more providers whilst providing care in the community. Dr Deshmukh asked what the conversion rate on GP referrals was for these services.
115.16.7	Action Sarah Valentine to provide Dr Deshmukh with the actual conversion rate figures on GP referrals outside the meeting.
115.16.8	That the Governing Body Approved: <ol style="list-style-type: none"> 1. The opening of additional procurement windows to invite further providers of Community Clinic services on an Any Qualified Provider (AQP) basis on an annual rolling basis for 3 years. 2. The extension of the existing contracts for the above, in line with NHSE procurement guidance for the same periods. A 3 year rolling procurement programme to allow an annual re-opening of the AQP procurement window.
116/16	COMPLAINTS HANDLING POLICY AND PROCEDURE
116.16.1	Jon Winter stated that the refreshed complaints policy was in line with new national guidance setting out the process for the management of complaints in an honest and open way, with the principal aims of resolving the problem, satisfying the complainant's concerns and learning from experience.
116.16.2	Dr Khanna-Deshmukh stated the Quality & Safety Sub-committee was looking into the problem that the CCG experienced in not receiving timely responses from provider trusts regarding complaint issues. It was confirmed that complaints could be addressed to either the provider directly or the relevant CCG by the complainant. The CCG's policy was to advise the complainant to go directly to the provider in the first instance but the CCG could investigate the complaint if the complainant was not satisfied with the provider's response.
116.16.3	The Governing Body Approved the attached complaints policy and procedure
117/16	QUESTIONS FROM THE PUBLIC (PLEASE SEE NOTES UNDER SECTION 4)

117.16.1	Several issues were raised by members of the public relating to the Medicines Management presentation on Waste Management Reduction given at the September Bexley Patients Council:
117.16.2	<ul style="list-style-type: none"> • Very good and informative presentation on medicines management and the need for repeat prescriptions to be appropriately monitored by patients/pharmacists/GPs. This would help to eradicate the costly and unnecessary wastage of prescribed medicines that have to be destroyed. Dr Kanani stated approximately £517,000 was lost due to medicine management wastage in 2015/16.
117.16.3	<ul style="list-style-type: none"> • Dr Khanna-Deshmukh confirmed that all unused medications must be destroyed once they have been dispensed to patients, as the environment they have been stored in is unknown and may have adversely affected the medication which may have become harmful.
117.16.4	<ul style="list-style-type: none"> • Suggestions were made that all pharmacists check with patients when dispensing repeat prescriptions to ensure that the medications on the prescriptions are required (currently this is only taking place at some chemists).
117.16.5	<ul style="list-style-type: none"> • Patients inform their GPs if they no longer need medications previously prescribed
117.16.6	<ul style="list-style-type: none"> • Greater patient education is needed to pass on the message regarding the cost of medicine wastage.
117.16.7	<ul style="list-style-type: none"> • Dr Khanna-Deshmukh explained that End of Life medication is very expensive and not always used and this area should be reviewed.
117.16.8	<ul style="list-style-type: none"> • Dr Kanani thanked members of the public for their interest and questions in relation to medicines management wastage and suggested that a presentation by Medicines Management is brought to the January Governing Body meeting in public on this issue.

ITEMS FOR DISCUSSION

118/16	INTEGRATED QUALITY, SAFETY AND PERFORMANCE REPORT JULY 2016
118.16(i).1	<p>Jon Winter stated that the key issues in the September report are:</p> <ul style="list-style-type: none"> • Areas where performance is below target are Refer to Treatment (RTT), Diagnostics, breast cancer 2 week wait referrals and 62 day cancer standard • Improving Access to Psychological Therapies (IAPT) - proportion of patients moving to recovery is now 51.6% against a target of 50% • Estimated diagnosis rates for people with dementia were just below target • Healthcare Acquired Infection rates have improved • Child and adult safeguarding continue to be a priority • The mystery shopper awards were very successful and the scheme continues to grow

<p>118.16(i).2</p> <p>118.16(i).3</p> <p>118.16(i).4</p> <p>118.16(i).5</p>	<ul style="list-style-type: none"> • Quality alerts are now routinely used and provide intelligence and feedback to aid commissioning and quality improvement for Bexley patient services <p>Jon Winter stated it was vital for the CCG to continue to focus on following up all issues raised. The patient story in the report reflected a patient's seamless health journey, via several providers, who had received the appropriate care.</p> <p>It was noted that the use of acronyms had increased in the report and the CCG would address this issue.</p> <p>Dr Deshmukh stated that some work had recently been carried out on how to diagnose dementia better with GP and care homes, with annual dementia reviews agreed and support options discussed. He thanked Dr Khanna-Deshmukh for her part in this work.</p> <p>The Governing Body Noted the Integrated Quality, Safety and Performance Report September 2016.</p>
<p>118/16/(ii)</p> <p>118.16.(ii)1</p> <p>118.16.(ii)2</p> <p>118.16.(ii)3</p> <p>118.16.(ii)4</p> <p>118.16.(ii)5</p>	<p>MONTH 4 (JULY) 2016 FINANCE REPORT</p> <p>Theresa Osborne confirmed that in Month 4 & 5 the CCG is still forecasting an outturn position of £169k surplus in line with plan and agreed with NHS England.</p> <p>There are a number of risks associated with the financial position and in particular with acute contracts at King's and Lewisham where the underlying position is increasing. The CCG will continue to review the recurrent position throughout the year. QIPP delivery is on target, the Better Payment Practice Code continues to perform well and there is a small overspend on the primary medical services.</p> <p>There has been an increase to the Continuing Healthcare (CHC) costs where an increase of 40% has been imposed for free nursing care. Sarah Blow confirmed that the increase is not in the number of patients needing free nursing care but the costs per individual (which has been agreed nationally) and this has had a negative impacted on the CCG's budget.</p> <p>Theresa Osborne confirmed that the CCG is working with the Local Authority to monitor and review social care/health costs for CHC, mental health and children's services.</p> <p>Sarah Blow stated that there is joint integrated commissioning work, following national guidance, on-going with Oxleas, the Local Authority and the CCG to ensure that the Bexley population receive the appropriate care.</p>

118.16.(ii)1	<p>The Governing Body:</p> <p>DISCUSSED & NOTED that the Month 4 (July) financial position and forecast outturn financial position are in line with the plan submitted to NHS England;</p> <p>NOTED the details of the 2016/17 allocations (programme and running costs) received and expenditure to date;</p> <p>NOTED the returns made to NHS England reporting the Month 4 financial position (Appendix 1);</p> <p>DISCUSSED & NOTED the key risks identified in achieving the planned position in 2016/17 and the management actions being taken to address and mitigate these risks where possible;</p> <p>NOTED the potential underlying financial position for 2017/18;</p> <p>NOTED the financial position for month 4 (July) for primary medical services as provided by NHS England;</p> <p>NOTED the month 4 actual performance against the key national finance targets.</p>
<p>118/16 (iii) 118.16(iii).1</p> <p>118.16(iii).2</p> <p>118.16(iii).3</p>	<p>CONSOLIDATED CONTRACTS REPORT MONTHS 1 AND 2</p> <p>Sarah Blow stated that the Consolidated Contracts Report Months 3 & 4 detailed the continued over performance in the acute contracts. Guy's & St Thomas' and Lewisham & Greenwich Trust are significantly underperforming against the Refer to Treatment (RTT) targets. A review of six monthly contract activity will be reported to the November Governing Body public meeting. Six month contract query has been given to Oxleas regarding the incontinence service to improve.</p> <p>Mary Currie referred to the significant increase in patients activity at Barts Hospital recorded in the report as showing large fluctuations, asked whether this was due to any gaps in the service. Sarah Blow explained that there were a small number of Bexley patients attending Barts and any small increase in numbers would reflect a higher percentage. Theresa Osborne stated that the increase was in cost not necessarily an increase in activity. The CSU review activity and raise challenges on an agreed basis to provide assurance to the CCG that the activity/cost data appropriately reflects the CCG's activity. Keith Wood commented that GP referrals are not increasing as much as in the past and Dr Kanani confirmed that the Governing Body GPs have been supporting practices in this area.</p> <p>The Governing Body Noted the performance of the Acute, Community & Mental Health contracts shown in the meeting report.</p>
<p>119/16 119.16.1</p>	<p>PRIMARY CARE (GENERAL PRACTICE) CO-COMMISSIONING</p> <p>Theresa Osborne confirmed that there is an opportunity for the CCG to apply for Level 3 Co-commissioning in December. The CCG is considering the advantages and implications of becoming a Level 3 Co-commissioner both to governance and finance. The CCG has good governance arrangements in place and there will be further</p>

	development to the Conflicts of Interest management. The CCG considers there are more advantages than disadvantages progressing to Level 3 Co-commissioning and the CCG is currently looking at the next stages of the process. Discussions took place in September at the GP Engagement event and Primary Care Advisory Group, who voted to move to Level 3 Co-commissioning. Engagement will continue throughout October and November.
119.16.2	The proposed terms of reference for the Primary Care Commissioning Board, the replacement for the current Primary Care Joint Committee, will be presented to the November Governing Body meeting in public for discussion and approval.
119.16.3	Sarah Blow stated that Level 3 Co-commissioning would change how CCGs have historically worked. Risks are being carefully considered with the advantages e.g. additional resources available also considered. Dr Bhalla stated that the Bexley GPs had carefully considered the proposals for Level 3 Co-commissioning at the September Primary Care Advisory Group meeting and had approved the proposal.
119.16.4	Sarah Blow explained that all six South-east London CCGs are considering Level 3 Co-commissioning and are working together to make the same application in December and provide the appropriate assurance to NHS England to consider the application.
119.16.5	The Governing Body <ul style="list-style-type: none"> 1) NOTED the background, meaning, wider context, the potential advantages, disadvantages and considerations in moving to fully delegated (level 3) commissioning; 2) NOTED the requirement to submit an application for co-commissioning in the first week of December and the plan to discuss level 3 co-commissioning and engage with members and other stakeholders on whether the CCG should move to level 3 from 1st April 2017.
120/16	VOLUNTARY SERVICES COMPACT
120.16.1	Dr Kanani stated that the Compact with the voluntary sector and public sector was needed to provide assurance that work will be undertaken effectively in partnership to achieve common goals and outcomes for the benefit of the communities and ensure there is further development to the work already taking place in Bexley.
120.16.2	Dr Kanani advised that there is lots of awareness work being carried out on the Voluntary Services Compact proposal to highlight the changes to patient behaviour that has taken place as a result of the joint CCG/LA/Voluntary Services (VS) work to date and the invaluable work undertaken by the VS that is vital to the successful delivery of

	patient care services.
120.16.3	Sarah Blow stated that it was very important to use the principles in the Compact to develop the Local Care Networks and make the resulting opportunity to the partnership of working together into a success.
120.16.4	The Bexley Voluntary Services Council plan to launch the compact at its Annual General Meeting on 19 October 2016.
120.16.5	The Governing Body ratified the principles of the Compact Agreement.
121/16	GP PATIENT SURVEY RESULTS JULY D2016
121.16.1	Theresa Osborne explained that the GP Patient Survey (GPPS) takes place twice a year and provides practice level feedback data about patients' experiences of their GP practice care services received across a range of topics. The survey results cannot be read in isolation and need to be triangulated with other sources of feedback such as from Patient Participation Groups, local surveys and the Friends and Family Test, to develop a fuller picture of patient experience and to identify potential improvements and highlight best practice.
121.16.2	There has been a small improvement in the majority of survey areas for Bexley since April 2015 since the CCG became joint commissioners of primary care with NHS England.
121.16.3	The Health Service Journal reported in July 2016 that Bexley saw the biggest increase in patients being unable to get GP appointments and a number of initiatives have been implemented over the past year to help improve the availability of patient appointments by the Primary Care Development Team, outlined in the paper.
121.16.4	The link to the full survey report is included in the meeting paper.
121.16.5	Dr Kanani acknowledged the interesting survey report and analysis and stated that the CCG needed to improve patient education in collaboration with the Voluntary Services to help reduce GP appointments and ensure that GPs see patients who need to be seen.
121.16.6	Theresa Osborne explained that more appointments will be available with the implementation of the GP 8 to 8 service which it is envisaged will operate from two hubs in Bexley when the funding has been agreed.
121.16.7	The meeting discussed the shortage of GP patient appointments and that patient education was invaluable to raise awareness of appropriate services for patients to use rather than GPs e.g. practice nurse/pharmacist/voluntary services. . Dr Kanani stressed the need to

121.16.8	reach as many patient groups as possible and ensure that they are aware of the new initiatives being introduced and how to access them.
121.16.9	Theresa Osborne stated that the GP Patient Survey did not always reflect the improvements in GP services.
121.16.9	The Governing Body DISCUSSED and NOTED the patient survey results.
122/16	HEALTH OF LOOKED AFTER CHILDREN
122.16.1	Judith Clark explained that there is a legal duty to work with the Local Authority to meet the health needs of Looked After Children (LAC). The report covers the period April 2015-May 2016. At the end of March 2016 there were 259 looked after children in Bexley.
122.16.2	Half of these children are placed out of borough, but the majority of children are within a 20 mile radius. There were issues with the out of borough health assessments being processed in a timely manner. Data for health assessments is collected by the Department of Education annually for all children looked after for a year or more on 31 March and Bexley results are better or in line with national targets.
122.16.3	In 2015 the Head of Nursing in Oxleas carried out an audit of 20 randomly selected Looked after Children's health records to ensure that the standards or records met the requirements of the service. The findings of the review highlighted areas of good practice and some areas that could be improved in the future and an update of the actions identified is detailed in the report.
122.16.4	The report includes an additional report on the Interventions offered by specialist CAMHS (all cases 2015-2016). Due to the complex nature of the presentations of looked after children and adopted children and young people, 97% of cases received more than two interventions during their time with the team. It is not yet possible to provide specific looked after children outcome data but of those cases across the service where treatment goals have been reviewed, 90% show significant improvement. This is considered to be statistically significant and indicative of a clinically effective service
122.16.5	Dr Kanani welcomed the positive work that was continuing with the health of Looked After Children and achievements made in the last year. She stated that there had been an increase in unaccompanied children seeking access to education and felt concerned about the number of unaccompanied children not included in the system as they had not sought access to education.
122.16.6	Mary Currie stated that the transition process from child safety to adult safety was a vital area of work that needed further improvement.

122.16.7	Judith Clarke confirmed that there was an issue with mental health interventions for Looked After Children and there was work ongoing to improve the situation and to address the drop in the very important immunisation programme.
122.16.8	The Governing Body discussed the report and note priorities for 2016/17 as laid out in section 10 of the attached report.
123/16	SAFEGUARDING CHILDREN AND ADULTS ANNUAL REPORT 2015/16
123.16.1	Judith Clark explained that this was the first combined Safeguarding Adult and Children Annual Report. Governance arrangements for safeguarding children had been audited by KPMG and NHS England and 'good' assurance had been received.
123.16.2	At 31 March 2016, 163 Bexley children were subject to a child protection plan, a decrease since the previous year. Prevent training is embedded in the governance and systems of main providers and 98% of CCG staff received training. A separate annual report on child deaths is produced for the safeguarding Children Board. There were 16 child deaths last year, most of which were due to premature birth with three deaths from suicides of young people. Work has taken place with neighbouring child death panels to develop prevention work and new commissioning arrangements for children's services are being considered. Concerns have been escalated to NHS England and Public Health England as well as the Local Safeguarding Children Board. Identification and reporting in Female Genital Mutilation (FGM) has been strengthened at local GP practices/school nurses/acute levels.
123.16.3	There has been an increase in safeguarding adult referrals in ten years from 2005 when 88 were reported and 2015 when 1,118 were reported. Safeguarding is embedded in the governance and systems of providers and 98% of CCG staff have received training. The extension of the Quality Assurance Management System to Care Homes has been a positive move forward. The pan London maternity specification has been localised to meet the needs of Bexley women and been adopted and implemented by Lewisham & Greenwich Trust and Dartford & Gravesham Trust.
123.16.4	The annual report details the ongoing priorities for 2016/17 and includes continuing the implementation of the revised Statutory Guidance and the London Multi-Agency Adult Safeguarding Policy and Procedures.
123.16.5	Dr Kanani stated poverty and under 5's obesity issues needed to be addressed to support vulnerable people.

123.16.6	Sarah Blow commented on the high rate of children subject to a plan in recent years in Bexley compared with statistical neighbours (the graph on page 22 of the report). This has improved significantly in 2015/16.
123.16.7	The Governing Body discussed the report and noted priorities for 2016/17 as laid out in section 7 of the report.
124/16	ANNUAL COMPLAINTS REPORT 1ST APRIL 2015 TO 31ST MARCH 2016
124.16.1	Jon Winter stated that the Annual Complaints Report has been prepared in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. During the period 1 April 2015 to 31 March 2016, 28 complaints were received, 4 of which were withdrawn. 11 related to the CCG, 9 of which were in relation to Continuing Healthcare retrospective reviews. The remaining 2 complaints related to treatment access policy and communication / information. Trends/themes from provider complaints indicate that poor communication and information and overall quality of care and treatment were the main causes of concern identified in complaints. 71% of the concerns raised were well founded (complaints upheld/partially upheld). There are some significant delays from providers in complainants receiving reports and the quality of some of the reports is also a concern.
124.16.2	Dr Kanani stated that it was important for the CCG to continue to work with the providers to achieve provider responses in a timely manner.
124.16.3	The Governing Body Noted the Annual Complaints Report 1 st April 2015 to 31 st March 2016.
125/16	BOARD ASSURANCE FRAMEWORK
125.16.1	Jon Winter stated that the Board Assurance Framework (BAF) is made up of risks on the corporate risk register with a residual risk rating of 15 and above. These are extracted from the corporate risk register.
125.16.2	Five risks on the register meet the criteria and are reported. Risks 271, 278 and 280 have the highest residual risk rating of 20. The remaining two risks (256 and 264) have a rating of 16.
125.16.3	Three of the risks are from Commissioning risk (271, 280 and 256) and one each from Finance (264) and Quality and Governance (278).
125.16.4	Discussion on the Risk Register takes place regularly with the Assistant Directors, at the Executive Management Committee. The Audit & Integrated Assurance Committee review the controls and action plans on a quarterly basis.

125.16.4	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	
126/16	OUR HEALTHIER SOUTH EAST LONDON PROGRAMME UPDATES NEWSLETTERS ISSUE MAY 2016 & ISSUE JULY & AUGUST 2016
126.16.1	The Governing Body Noted the contents of the July and August editions of the new <i>Our Healthier South East London</i> programme update for stakeholders, entitled <i>Healthier</i> .
127/16	MINUTES FROM BEXLEY HEALTH AND WELLBEING BOARD ON 27 JUNE 2016
127.16.1	The Governing Body Noted the minutes of the meeting of the Bexley Health and Wellbeing Board on 27 June 2016.
128/16	Minutes of Primary Care Joint Committees (PCJC) 29 June 2016 Primary Care CO-Commissioning Board 28 July 2016 Patient Council Minutes 19 May 2016
128.16.1	
128.16.2	Committees Executive Summaries for the Governing Body to Note: <ul style="list-style-type: none"> • Audit and Integrated Assurance Committee 20 April and 25 May 2016 • Executive Management Committee 7 July and 4 August 2016 • Financial Recovery Group 14 June and 12 July 2016 • Finance Sub-Committee 14 June and 12 July 2016 • Medicines Management Sub-Committee 15 June and 20 July 2016 • Information Governance Sub-Committee 3 May and 5 July 2016
128.16.2	The Governing Body Noted the above minutes and summaries.
129/16	ANY OTHER BUSINESS
129.16.1	<ul style="list-style-type: none"> • PUBLIC HEALTH CHANGES Nada Lemic stated that it had been agreed to appoint a full-time Director of Public Health in Bexley. Currently a Public Health Review was being undertaken by external contractors with a workshop taking place next week for clinical leads. Dr Moir will represent Bexley CCG with the Local Medical Committee will also be attending. Nada was thanked for her work with the CCG Governing Body.
130/16	PUBLIC FORUM
101.16.1	<ul style="list-style-type: none"> • Sakthi Suriyaprakasam confirmed that the Bexley Voluntary Services Council planned to launch the Bexley Compact at its Annual General Meeting on 19 October 2016 from 2.00 – 4.30

	<p>pm at the Marriott Hotel Bexleyheath.</p> <p>She stated that the Integrated Care Partnership (ICP) work was continuing with their strategic plans to develop and highlight the profile of the voluntary sector programme of work so that it becomes an integral part of the social and healthcare pathways.</p> <ul style="list-style-type: none"> • Dr Kanani noted that the use of acronyms had increased in the meeting papers and asked that CCG staff address this issue.
DATE OF NEXT MEETING	
131/16 131.16.1	Governing Body Meeting held in public Thursday 24 November 2016, 1.30pm-3.30pm, Bexley Civic Offices, London Borough of Bexley Civic Offices 2 Watling Street Bexleyheath Kent DA6 7AT
CLOSURE OF THE PUBLIC MEETING	