

**Minutes of the Governing Body meeting  
held in public**  
**Thursday, 24 March 2016, 1.30 – 3.30 pm**  
**Danson Room, 221 Erith Road, Bexleyheath DA7 6HZ**

**PRESENT:**

Dr Nikita Kanani	Chair
Mary Currie	Nurse Member
Simon Evans-Evans	Director of Governance and Quality
Dr Varun Bhalla	GP Locality Lead, North Bexley
Dr Sid Deshmukh	GP Locality Lead, Frognal
Lionel Eastmond	Vice Chair, Patient Council
Tina Khanna	Locality Representative, North Bexley
Dr Nada Lemic	Director of Public Health, NHS Bromley CCG
Theresa Osborne	Chief Financial Officer
Dr Graham Rehling	Secondary Care Specialist
Sarah Valentine	Director of Commissioning
Sandra Wakeford	Lay Member Patient and Public Involvement
Lisa Wilson	Locality Representative, Clocktower
Keith Wood	Lay Member Governance

**IN ATTENDANCE:**

Sue Wright	PA to Chief Officer and Director of Governance & Quality
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**OBSERVER:**

Katie Perrior

**APOLOGIES:**

Apologies received from Sarah Blow and Sonia Khanna-Deshmukh

Item No	
<b>STANDING ITEMS</b>	
<b>22/16</b>	<b>WELCOME AND APOLOGIES FOR ABSENCE</b>
22.16.1	Dr Nikita Kanani welcomed everyone to the meeting. Apologies noted.
<b>23/16</b>	<b>DECLARATIONS OF INTEREST</b>
23.16.1	GPs conflicted on Paper I - Diabetes Re-Design, Paper M - Financial Recovery Plan (Keith Woods to Chair these items) and Paper R - Primary Care Update (no mitigating action necessary).
23.16.2	Nada Lemic declared that she works for both NHS Bexley CCG/London Borough of Bexley and NHS Bromley CCG/Bromley Council.

<b>24/16</b>	<b>MINUTES OF THE GOVERNING BODY MEETING (HELD IN PUBLIC) DATED 28 JANUARY 2016</b>
24.16.1	Minutes of the Governing Body meeting (held in public) dated 28 January 2016 were agreed, subject to the following amendment:
24.16.2	Item 12.16.8 should read “2015/16”.
<b>25/16</b>	<b>MATTERS ARISING/ACTION NOTES</b>
25.16.2	The action log would be updated in line with meeting discussions. All actions can be closed.
<b>26/16</b>	<b>CHAIR’S UPDATE REPORT</b>
26.16.1	Dr Kanani welcomed everyone to the meeting and thanked them for attending the last governing body meeting in public for this financial year.
26.16.2	On behalf of the governing body, Dr Kanani welcomed Lisa Wilson who has been appointed as the new Clocktower Locality Representative. Lisa is a practice manager at the Albion surgery in Bexleyheath, which looks after more than 14,000 Bexley patients.
26.16.3	On behalf of governing body members, Dr Kanani thanked Sandra Wakeford, for her support over the years, today being her last meeting. The CCG is very grateful for Sandra’s commitment and dedication to the role and how she has represented the patient voice during periods of change and large-scale decision making. Dr Kanani then presented Sandra with gifts which Sandra accepted with thanks.
26.16.4	The CCG has appointed Katie Perrior to the patient and public lay member post. Katie is co-founder of a communications consultancy based in Westminster, a non-executive director for the Ebbsfleet Development Corporation, a school governor for West Lodge school in Sidcup and previous roles have seen Katie working as a Bexley councillor, where she was cabinet member for children’s services. The CCG looks forward to officially welcoming Katie when she takes up her role next month and attends her first governing body meeting in public on Thursday, 26 May.
26.16.5	The first committee in common took place on Thursday, 17 March. Governing body are aware that in June 2015 all six south-east London CCGs agreed to the creation of a committee in common to facilitate decision making across south-east London over major strategic decisions including the Our Healthier South East London programme. Sarah Blow, as the senior responsible officer, updated the committee on the case for change and explained why orthopaedics had been selected.
26.16.6	Sarah Blow and Dr Kanani attended a meeting of the Health and Wellbeing Board (HWBB) on 1 March where they were able to discuss

	<p>the issue of obesity in the borough with public health colleagues. Tackling obesity is a strategic priority for the HWBB as Bexley has one of the highest child obesity rates in the UK. At the meeting it was agreed:</p> <ul style="list-style-type: none"> <li>○ That the state does have a role to play – doing nothing will bankrupt the health service within 20 years;</li> <li>○ That results of a pan-London self-assessment will show where more needs to be done and Bexley’s results will be used to review the obesity plan and set tangible targets;</li> <li>○ To consider an action plan to consider the HWBB’s obesity priorities going forward;</li> <li>○ To engage businesses to help tackle workforce health;</li> <li>○ To engage parents;</li> <li>○ To consider a health passport, with targets for children to carry with them through their school years.</li> </ul>
26.16.7	<p>The Local Care Network (LCN) programme has now been formally established with a programme board, programme team and director. The programme board is made up of health and care representatives, Healthwatch, voluntary sector organisations and the London Borough of Bexley representatives. The board has Chief Officer representation from all major stakeholders and is chaired by Sarah Blow. A LCN programme director commenced in November, and is employed across the three core organisations (CCG, London Borough of Bexley and Oxleas NHS Foundation Trust) and has established a base in each one in order to fast-track his introduction to Bexley. The focus of the programme is:</p> <ol style="list-style-type: none"> <li>1. Bexley’s three localities will form the geographic basis for the LCNs;</li> <li>2. To enhance and integrate services in each of these localities;</li> <li>3. To move toward the development of more effective commissioning arrangements with a focus on capitation as a means of funding a more person-centred health and social care service.</li> </ol> <p>In the next few months this programme will begin to bring the many relevant work-streams together in order to begin the creation of three effective LCNs.</p>
26.16.8	<p>The CCG is supporting the Public Health England ‘One You’ campaign, which supports adults to lead healthier lifestyles and reduce their risk of developing long-term conditions in the future. ‘One You’ campaign material will be appearing on posters, websites and social media over the next few weeks. There is also a free health quiz. Earlier this month, Dr Kanani helped the CCG to support international women’s day by giving a talk to female staff about the risk factors associated with breast cancer, as well as how to reduce the risks and explained the self-examination processes.</p>

26.16.9	<b>DECISION FROM OTHER FORA</b> There were no decisions from other fora presented to the meeting.
26.16.10	The Governing Body: <ol style="list-style-type: none"> <li>1. <b>Approved</b> the award of the contract for the provision of Non-Emergency Patient Transport Services for Dartford &amp; Gravesham Hospital Trust Non-emergency conveyances to Bidder B (this is the company G4S);</li> <li>2. <b>Noted</b> the contents of the report, in particular the Financial implications as outlines at Section 6 of this report;</li> <li>3. <b>Noted</b> the quarter 3 Better Care Fund return submitted to NHS England on 26 February 2016 having been approved by Chair's Action on 24 February 2016.</li> </ol>
<b>27/16</b>	<b>UPDATE FROM PATIENT COUNCIL</b>
27.16.1	Sandra Wakeford reported that counter fraud training has been carried out for Patient Council members, the Safety and Equality Working Group and the Finance Sub Committee. The Primary Care Development Working Group continues to assure best practice across general practice in Bexley. The Bexley Linked Care service so share patient records is progressing well. There have been presentations on Our Healthier South East London and Orthopaedics at Patient Council meetings.
<b>ITEMS FOR DECISION</b>	
<b>28/16</b>	<b>UPDATE ON GOVERNING BODY MEMBERSHIP</b>
28.16.1	Simon Evans-Evans said that 2 vacant positions had recently been filled. Lisa Wilson has been appointed as the Clocktower locality representative and Katie Perrior as the new Lay member PPI.
28.16.2	The Clinical Vice Chair position has been vacant for some time and GP members of the Governing Body were asked to self-nominate by 12pm on 24 March 2016. Dr Sid Deshmukh had applied and, by a show of hands of the elected members, was elected.
28.16.3	The members of the Governing Body <b>noted</b> the update.
28.16.4	The elected members of the Governing Body <b>elected</b> Dr Sid Deshmukh as the Clinical Vice Chair.
<b>29/16</b>	<b>CONFLICTS OF INTEREST (INCLUDING GIFTS AND HOSPITALITY) POLICY</b>
29.16.1	Simon Evans-Evans stated that, following a recent internal audit on how the CCG manages Conflicts of Interest (COI), a number of recommendations were made and the policy has now been refreshed and brought back here for approval. The revised policy includes greater clarity on how conflicts are appropriately managed at formal meetings,

	and sets out the roles and responsibilities of various managers and committee members in ensuring that all those expected to declare their interests, with the Committee chairs playing a vital role for compliance purposes. There has been an increase in staff training, linked to mandatory Counter fraud training.
29.16.2	The report includes a new declaration of interest form and the revision also takes account of the co-commissioning of primary care and how conflicts in relation to this are managed. Section 6 of the policy has been widened to outline how committee chairs should take greater responsibility. Simon Evans-Evans added that NHS England is carrying out a consultation on COI between March and May 2016 entitled "Project Sunshine".
29.16.3	The Governing Body <b>approved</b> the new conflicts of interest including gifts and hospitality policy.
<b>30/16</b>	<b>SOUTH EAST LONDON TREATMENT ACCESS POLICY (SEL TAP) 2016</b>
30.16.1	Nada Lemic said that the SEL TAP is brought to the Governing Body for approval on an annual basis. Following a comprehensive review involving colleagues and clinicians, the policy has been updated to reflect any changes in evidence base, national guidance or to provide clarification on identified issues and there are minimal changes. The policy has also been implemented in the acute sector.
30.16.2	The Governing Body <b>approved</b> the South East London Treatment Access Policy (SEL TAP) 2016.
<b>31/16</b>	<b>PERMISSION TO COMMENCE THE RE-PROCUREMENT FOR TWO SERVICES</b>
31.16.1	Both services duties required of CCGs and Local Authorities.
31.16.2	The CCG currently commissions Independent Mental Health Advocacy (IMHA) from MIND in Bexley at a value of £1,028k. It was decided last year to commission IMHA to deliver an integrated Advocacy Service on behalf of both NHS Bexley CCG (the CCG) and the London Borough of Bexley (LBB) in order to meet the needs of both organisations, make best use of resources and reduce workloads within the CCG and LBB with no conflict of interests. Dr Graham Rehling referred to paragraph 8.1 of the paper and queried the lack of Lay Member on that panel. He asked if the policy could be double-checked once procurement has taken place.
31.16.3	The existing IAPT service provided by MIND also requires re-procurement.
31.16.4	The Governing Body:

	<p><b>Approved</b> the request of the Integrated Commissioning Team to commence the procurement process for two contracts:</p> <p>a) An Integrated Advocacy Service b) Improved Access to Psychological Therapies Service</p> <p><b>Noted</b> the contents of the report.</p>
<b>32/16</b>	<p><b>DIABETES REDESIGN – REVIEW AND RECOMMENDATIONS</b> <b>GPs conflicted – a Conflict of Interest panel was held on 24 March at 11.00 am. Keith Wood chaired this section on behalf of Dr Kanani.</b></p>
32.16.1	<p>When the Conflict of Interest policy was last revised, the CCG incorporated a panel process whereby a non-conflicted panel can take evidence from conflicted members in order to receive clinical input. The panel met this morning to discuss the paper prior to the public meeting. It was decided to reduce quoracy to 40% to allow non-conflicted members to vote.</p>
32.16.2	<p>In 2013/14, a business case was submitted for Diabetes care recommending the use of a prime contractor mechanism to integrate the community and acute elements for Bexley residents based on the Super 6 principles which originated in Portsmouth and South East Hampshire and which include diabetic foot care and Type 1 (individuals with poor control or young people).</p>
32.16.3	<p>The business case and procurement were subsequently approved by the Governing Body. However, due to the revision of the QIPP financial target for this integration, and side-effects of the dissolution of SLHT, the procurement process was abandoned when the last remaining bidder declined, leaving the CCG to look at other options. It was decided to form a robust pathway via an alliance of providers following discussions with Lewisham and Greenwich NHS Trust, Oxleas NHS Foundation Trust and Bexley Health Limited and with support from Diabetes UK and other local voluntary sector organisations. Following several months of negotiations, a robust model had not progressed and, at the end of April 2015, the providers were informed of a final deadline for a finalised alliance proposal of 15 June 2015 which would include a redesigned model of care. It was then intended that the CCG would submit a business case for the July 2015 Governing Body for a decision.</p>
32.16.4	<p>A proposal from the lead provider (L&amp;G NHS Trust) was received, but was deemed unsuitable for implementation and therefore a more structured CCG-led approach was agreed. In July 2015, a paper was presented to the Governing Body explaining the formation of a series of commissioner-led stakeholder workshops that would determine the</p>

	appropriate model of care.
32.16.5	Under NICE guidelines, 9 care processes are promoted for diabetic care, one of these retinal eye examinations are not commissioned by the CCG but by NHS England. The Commissioning for Value performance data demonstrates that Bexley CCG performs strongly against its peer CCGs. 13 Bexley practices took part in the National Diabetes Audit as part of a Local Enhanced Scheme (LES). National results data for the last 2 years is still being compiled, but the general sense is that Bexley has historically performed and continues to perform well on Diabetes care. The CCG has continually looked at the components of spend, the outcome of that acute spend and non-acute spend, and how it will need to keep Bexley at the forefront of good performance for providing the 8 care processes and benchmarking against its peer group of CCGs' performance for its total non-elective and elective care.
32.16.6	Having looked at other opportunities, the CCG will continue to focus on the Portsmouth and East Hampshire "the Super 6" model and the North East Essex NEEDS model which is also being promoted through the 5 Year Forward View. Compared to North East Essex, Bexley is spending a significantly higher amount on Enhanced Services – namely, £25.00 per patient per annum compared to North East Essex's £7.33 per patient. In addition, Bromley, which has developed its 8 care processes in a similar vein to that of Bexley (but includes Stable type 1), has a slightly higher specification. Greenwich is currently not paying its GP practices for diabetes enhanced services against the 8 care processes, but is considering whether it should look at implementing similar processes. In conclusion, Bexley has been 'out in front' with its investment in Diabetes, the delivery 8 care processes and provision of education and training services for GP practices but, with the improved performance of its peer group CCGs, Sarah Valentine asked for the recommendations outlined in the report to be approved and that the CCG moves its Enhanced Services to a higher level of KPIs. Dr Sid Deshmukh briefly ran through the LES KPI 2015/16 information he had provided for this meeting and commented on the difficulty for GPs to achieve the relevant thresholds.
32.16.7	The Governing Body members who provide Diabetes Enhanced Services are conflicted on all 5 recommendations outlined in the Executive Summary and did not take part in the decision making process.
32.16.8	The Governing Body <b>approved</b> the recommendations shown in the Executive Summary as recommended by the Conflicts of Interest panel.
<b>33/16</b> 33.16.1	<b>NHS BEXLEY CCG – COMMISSIONING INTENTIONS 2016+</b> Sarah Valentine stated that this final draft has been discussed and reviewed in various forms with a great deal of GP engagement and input

	of the GP clinical leads.
33.16.2	Dr Kanani thanked Sarah Valentine’s commissioning team for this piece of work. <b>Action: To amend Ref 2 of the Index to “Chair” instead of “Chairman”.</b>
33.16.3	The Governing Body <b>approved</b> the CCG’s Commissioning Intentions for 2016+.
<b>34/16</b>	<b>OPERATING PLAN NHS CONSTITUTION AND OTHER STANDARDS FOR 2016/17</b>
34.16.1	Sarah Valentine reported that each year, CCGs are required to submit their projected performance against a range of Operating Plan targets, driven by NHS England Constitutional Standards and other national initiatives. In our forecast for 2016/17, we are declaring green across every indicator. She made the following key points:
34.16.2	NHS Bexley CCG is not required to submit a trajectory for A&E performance as it is not a lead commissioner. Dartford & Gravesham have agreed a target for 2016/17 with their local lead commissioner and Lewisham CCG report for Lewisham and Greenwich CCG.
34.16.3	The CCG are consistently not achieving Cancer, particularly 62-day GP referral, due to an issue with Lewisham & Greenwich NHS Trust (LGT). However, an action plan is in place in order to ensure delivery of the cancer standards.
34.16.4	An infection control lead is in post to reduce HCAI cases which currently stand at 68.
34.16.5	With the help of investment made through the Primary Care Innovation Fund, Dementia is close to achievement, overall 66.6% against a target of 66.7%.
34.16.6	There have been significant improvements in the number and quality of IAPT referrals.
34.16.7	The Governing Body <b>approved</b> the submission of the CCG’s Operating Plan (NHS Constitution and Other Standards) for 2016/17 to NHS England.
<b>35/16</b>	<b>PLANNING AND BUDGET UPDATE MARCH 2016</b>
35.16.1	Theresa Osborne pointed out that the Governing were being asked to approve the 2016/17 QIPP Plan and 2016/17 Budget before the start of the next financial year.
35.16.2	The CCG received details of its 5-year allocations in January and, based



35.16.3	<p>on financial planning work which started in month 5, detailed budgets have been set. The financial planning meets all national requirements apart from the 1% surplus. The CCG still has a target funding gap of circa £9m for 2016/17, but there is no expectation that additional funding will be received in this respect.</p> <p>In order to meet the surplus of £151k for 2016/17, the CCG still has an element of unidentified QIPP as well as QIPP that as yet cannot be attributed to providers. The unidentified QIPP is higher than in the first submission due to the fact that the 1% transformation fund now has to be uncommitted resulting in additional cost pressures. QIPP of £8.5m is required to achieve the surplus of £151k. There are a number of risks to delivery of the 2016/17 plan and members were asked to bear these in mind when approving the 2016/17 budgets and QIPP plan.</p> <p>The Governing Body:</p> <ol style="list-style-type: none"> <li>1. <b>Noted</b> the methodology used to calculate the 2016/17 budgets and future four years;</li> <li>2. <b>Noted</b> the submission of 2 iterations of the detailed 2016/17 financial position and future four years;</li> <li>3. <b>Noted</b> the business rules required and used in 2016/17 planning and future four years;</li> <li>4. <b>Approved</b> the 2016/17 QIPP plan, included within 2016/17 budgets, noting the requirement for the unidentified in 2016/17 and future years QIPP to be fully identified;</li> <li>5. <b>Noted</b> the risks, mitigations and opportunities associated with the delivery of the financial position as submitted;</li> <li>6. <b>Noted</b> the agreed value for London levies in 2016/17;</li> <li>7. <b>Approved</b> the 2016/17 budget whilst recognising the risks inherent in the plan, to ensure assignment to relevant directors and budget holders prior to 1 April 2016.</li> </ol>
36/16	<p><b>NHS BEXLEY CCG FINANCIAL RECOVERY PLAN</b>  <b>GPs potentially conflicted- Keith Wood chaired this item.</b></p> <p>36.16.1 Theresa Osborne pointed out that the plan was presented at the last governing body meeting in the form of slides and also at the Finance Sub-Committee which is recommending approval to the Governing Body. The plan is based on the current 5-year financial planning submission and will therefore need to change if subsequent submissions change.</p> <p>36.16.2 The CCG has a total allocation for 2016/17 of £298.5m and national planning requirements are to:</p> <ul style="list-style-type: none"> <li>• Deliver a 1% surplus</li> <li>• Budget for an un-committed 1% non-current headroom</li> <li>• Budget for a 0.5% contingency</li> <li>• Continue investment in mental health (parity of esteem)</li> </ul>

36.16.3	The CCG is not adhering to the 1% surplus target and this is agreed with NHS England. Page 5 is a summary of the CCG's forecast and planned position for 2015/16 to 2020/21 against national planning assumptions. The CCG is achieving national planning expectations with the exception of the 1% surplus requirement (until 2020/21).
36.16.4	In October 2014, the CCG undertook benchmarking exercises to identify potential 2015/16 QIPP opportunities to inform the 2015/16 commissioning plans. The main benchmarking tool identified and explored is the Commissioning for Value: " <i>Right Care Packs</i> ".
36.16.5	The CCG aims to recover the 1% surplus position over the next 5 years by increasing the surplus in each of the next 4 years and figures 7 to 11 on pages 24 to 26 of the report show bridge analyses over the 5-year planning period.
36.16.6	The CCG has developed its commissioning intentions for 2016/17, with the involvement of members and stakeholders. Commissioning intentions have also been shared with providers, in line with required timescales.
36.16.7	A key element of financial recovery will be the continued engagement with GPs.
36.16.8	The CCG has been given its Revenue Resource Limit (RRL) for the full 5-year planning period, although it is acknowledged that the future years may change. The CCG has managed within its resources for 2015/16. However, in the previous 2 financial years, it has drawn down from the SEL London risk pool to achieve financial balance. In 2016/17 the 1% non-recurrent reserve forms the risk reserve.
36.16.9	The Better Care Fund aims to reduce non-elective admissions which should support the financial recovery plan. The CCG is working with the London Borough of Bexley to improve integration between health and social services. The Fund is overseen by the Health & Wellbeing Board and the CCG's Governing Body and collaborative work is being carried out through Local Care Networks and Greenwich & Bexley Hospice.
36.16.10	London Borough of Bexley has seen a 40% reduction in grant funding compared to the London average of 29% which will impact on the CCG's 2016/17 financial position.
36.16.11	The next version of the Financial Recovery Plan will have a conclusion section. Theresa Osborne asked for approval to make any necessary changes and to present at the next Governing Body meeting in May for information only.

36.16.12	<p>Keith Wood complimented the time and work that has gone into the CCG's financial recovery but stated that the level of challenge should not be under-estimated to achieve the required 1% surplus by the end of the 5-year planning period especially considering the fact that QIPP opportunities are low.</p> <p>The Governing Body <b>discussed</b> and <b>approved</b> the Financial Recovery Plan.</p>
<b>37/16</b>	<b>SCHEDULE OF MATTERS DELEGATED TO OFFICERS</b>
37.16.1	Theresa Osborne reported that the Schedule of Matters has been reviewed and the only item for change is the value of the CHC beds changing from £700 per week to £769. This has changed from the one presented in the papers due to a recent London agreement.
37.16.2	The Governing Body <b>approved</b> the attached revised Schedule of Matters with immediate effect.
<b>38/16</b>	<b>APPOINTMENT OF AUDITOR PANEL FOR THE PROCUREMENT OF EXTERNAL AUDITORS BY NHS BEXLEY CCG</b>
38.16.1	Theresa Osborne said that responsibility for the procurement process for appointing external auditors now needs to lie with an auditor panel which it is suggested would form part of the Audit and Integrated Assurance Committee (AIAC). This proposal has already been to the AIAC and recommended. In May, a timetable for procurement will be issued and a discussion is taking place next week with SEL Chief Financial Officers. The six SEL CCGs will work together on the procurement. A new audit service will need to be in place by 1 <sup>st</sup> April 2017. Keith Wood said he approved of the membership of the panel, although the award decision ultimately lies with the governing body, and with the terms of reference and proposed procurement process for the 6 CCGs.
38.16.2	<p>The Governing Body <b>approved</b>:</p> <ol style="list-style-type: none"> <li>1. The delegation of the responsibility of the auditor panel to the Audit and Integrated Assurance Committee;</li> <li>2. The CCG to procure external audit services and to explore the possibility of working with the other South East London CCGs on a joint approach to that procurement.</li> </ol>
<b>39/16</b>	<b>ANNUAL COMPLAINTS REPORT APRIL 2014-MARCH 2015</b>
39.16.1	Simon Evans-Evans stated that the report covers complaints received during the period April 2014 to March 2015. Of the 33 complaints received, 4 were withdrawn leaving a total of 29 to be investigated. The majority of the complaints are against providers, with 8 made against the CCG itself. 7 of those 8 relate to Continuing Health Care, but they are appeals rather than formal complaints. Details of all complaints are highlighted in the Complaints Annual Report 2014/15. The CCG is

	assisting providers to manage their complaints.
39.16.2	The Governing Body <b>noted</b> the attached report.
<b>40/16</b>	<b>QUESTIONS FROM THE PUBLIC (PLEASE SEE NOTES UNDER SECTION 4)</b>
40.16.1	A question was raised on the Diabetes Redesign. Sheila Burston commented that she was extremely pleased to see an improvement in foot care services and that investment continues in education and GP training. However, she felt that the Super 6 model of diabetes care somewhat restricts treatment for a number of Type 1 patients and would like reassurance that specialist care remained.
40.16.2	Sarah Valentine confirmed that, although the report appears to show more emphasis on type 2 patients, type 1 diabetes patients are often referred by a primary care physician to specialist care.
40.16.3	David Sims-Baker questioned whether all GPs are able to provide the required level of specialist care.
40.16.4	Sarah Valentine responded that robust communication, education and training will be built into the Diabetes Redesign aimed at all community GPs.
40.16.5	Sheila Burston queried whether patient choice over specialist care was taken into account.
40.16.6	Sarah Valentine responded for elective care under the NHS Constitution a patient has the right to choose the provider of the elective care services (i.e. secondary care).
<b>ITEMS FOR DISCUSSION</b>	
<b>41/16 (i)</b>	<b>INTEGRATED QUALITY, SAFETY AND PERFORMANCE REPORT MARCH 2016</b>
41.16(i).1	<p>Simon Evans-Evans summarised certain aspects of the report which also included positive patient stories in relation to access to services. He made the following key points:</p> <ul style="list-style-type: none"> <li>• Diagnostic tests waiting time saw 417 breaches out of 32,271 procedures.</li> <li>• Cancer two weeks had big problems last year but now beginning to see pattern of delivery. The use of faxes will be banned on 1 April 2016.</li> <li>• Breast symptoms action plans developed with all south east London trusts, with weekly conference calls in place to monitor performance.</li> <li>• The Risk Register highlighted a concern about the level of safeguarding training with providers. In Q3, and following</li> </ul>

41.16(i).2	<p>discussions with Dartford &amp; Gravesham Trust, they have now hit 74% target with Lewisham &amp; Greenwich NHS Trust delivering 65% at the end of Q3 which is a significant improvement.</p> <ul style="list-style-type: none"> <li>• There have been big changes with Care Plus Partnership. Oakwood House closed on 29 February 2016. There were no Bexley patients in the home, but we ensured the 8 residents were transferred securely to other providers.</li> <li>• With regard to Quality and Safeguarding teams, 8 formal complaints were received; five of which referred to the Continuing Healthcare (CHC) services, the other two commissioned from community providers.</li> <li>• Mystery Shopper feedback was positive at 90%. Hurley Group came out as the most positive of all of our providers, with Oxleas as the most negative. However, most of the complaints related to general comments about parking at QMH, etc and not against Oxleas itself. Mystery Shopper outcomes were discussed at the Patient Council meeting.</li> </ul> <p>The Governing Body <b>Noted</b> the Integrated Quality, Safety and Performance Report March 2016.</p>
<p><b>41/16 (ii)</b> 41.16(ii).1</p> <p>41.16(ii).2</p>	<p><b>FINANCE PERFORMANCE UPDATE AS AT MONTH 10 2015/16</b></p> <p>A FOT surplus of £126k was reported at month 10 which is in line with the 2015/16 plan. It is anticipated that we will reach the outturn position of £151k surplus by using the CCG's available reserves. The 2015/16 risks are reducing as the year progresses. Whilst the 2015/16 position is safer than in previous years, there are risks around 2016/17, one of which includes the underlying acute position, particularly LGT and King's. The Dartford &amp; Gravesham outturn for 2015/16 has now been agreed.</p> <p>The CCG is performing well on its other statutory targets.</p> <p>That the Governing Body:</p> <ol style="list-style-type: none"> <li>1. <b>Discussed &amp; noted</b> that the Month 10 (January) 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 10 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> </ol>

	<p>5. <b>Noted</b> the potential underlying position for 2016/17;</p> <p>6. <b>Noted</b> the financial position for month 10 (January) for primary medical services as provided by NHS England;</p> <p>7. <b>Noted</b> the month 10 actual performance against the key national finance targets.</p>
<p><b>41/16 (iii)</b> 41.16(iii).1</p>	<p><b>CONSOLIDATED CONTRACTS REPORT MONTH 9 AND 10</b> Sarah Valentine reported that:</p> <ol style="list-style-type: none"> <li>1) The CCG is looking over the next couple of weeks to expand the AQP capacity in community based services and is talking to providers about expansion of the services.</li> <li>2) Positive conversations have been held with Oxleas NHS Foundation Trust, GPs and the LMC regarding the Oxleas services and work is ongoing.</li> <li>3) MSK is continuing to achieve. Capacity is being addressed, but King's has taken over the referral system because they then have access to more concise data. In addition, they are monitoring patients who opt not to take up available exercise slots.</li> <li>4) There is a large piece of work being carried out on ensuring there is the right capacity to deliver on mental health. As Oxleas NHS Foundation Trust is the main provider, Bexley is working with Bromley and Greenwich, as well as with other providers.</li> </ol>
<p>41.16(iii).2</p>	<p>The Governing Body <b>Noted</b> the performance of the Acute, Community &amp; Mental Health contracts shown in the attached.</p>
<p><b>42/16</b> 42.16.1</p>	<p><b>PRIMARY CARE DEVELOPMENT UPDATE</b> <b>GPs potentially conflicted</b></p> <p>This report was last submitted in November 2015 and this paper provides an update on the work of the Primary Care Development Working Group (PCDWG).</p> <ol style="list-style-type: none"> <li>1) The PCDWG currently meets every 2 weeks, but will be held on a monthly basis going forward. The Hurley Web GP pilot is being carried out with 6 practices (2 in each locality) representing approximately one-third of Bexley residents.</li> <li>2) An article was published in the March Bexley Magazine regarding accessing of services by patients online, including ordering prescriptions and making GP appointments.</li> <li>3) Coordinate My Care has seen a significant increase in use by practices.</li> <li>4) Bexley Voluntary Services Council (BVSC) is working with 7 Bexley GP practices to place volunteer Health Champions within their reception areas in order to signpost patients to alternative services if appropriate. This was based on a successful scheme at Lakeside Practice.</li> </ol>

	<p>5) BVSC has been focussing on supporting vulnerable groups and homeless clients. A Carers hub has also been set up which links in with carers in order to provide welfare benefits advice, Alzheimer Society support, Age UK, etc.</p> <p>6) A final estates strategy will be submitted March / April and bids put forward for Primary Care Transformation funding.</p> <p>7) A comprehensive programme of education continues to be planned and promoted to practice staff. An e-learning platform was rolled out to all Bexley practices in April 2015.</p> <p>8) A large amount of work has been carried out on the Vibe intranet system which collates useful information for practices, processes and procedures all in one place and which will help with CQC inspections.</p> <p>9) The Primary Care Activity Reporting Tool (PCART) is now web-based and can be accessed by all practice staff.</p>
42/16.2	The Governing Body <b>Noted</b> the work of the Primary Care Development Working Group (PCDWG) outlined within this report.
<b>43/16</b>	<b>SOUTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE</b>
43.16.1	The 6-year planning guidance for 2016/17 to 2020/21 called <i>Delivering the Forward View</i> has been developed to help local organisations to deliver a sustainable, transformed health service and to improve quality of care, wellbeing and NHS finances. The CCG has now developed its STP footprint to be submitted on 11 April 2016 which includes the SEL strategy and governance arrangements for the best part of which we have been rated green. Amanda Pritchard, Chief Executive of Guy's & St Thomas's leads on STP.
43.16.2	The Governing Body <b>Noted</b> the progress of this programme of work.
<b>44/16</b>	<b>BOARD ASSURANCE FRAMEWORK</b>
44.16.1	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, one of which involves Safeguarding Children training requirements. A training session with Governing Body members was held a couple of weeks ago and more training will take place going forward. There will start to be focus on capturing 2016/17 risks as we move into the new financial year.
44.16.2	The Governing Body <b>Noted</b> the Board Assurance Framework.
<b>ITEMS FOR INFORMATION</b>	
<b>45/16</b>	<b>END OF LIFE CARE SERVICES UPDATED</b>
45.16.1	Sarah Valentine stressed the importance of acknowledging how much progress has been made and how quickly. Back in 2014, the governing

45.16.2	<p>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. The CCG agreed on a series of investments – namely, circa £235k into community nursing and £218k into personal care services with Greenwich &amp; Bexley Community Hospice. In addition, Co-ordinate My Care (CMC) was awarded £230k via the Primary Care Innovation Fund and £5k in bereavement support (in the form of a grant), making a total investment of £688k. There have been significant increases in the number of CMC plans. By Q3 for 2015/16, there were 1,256 CMC plans on our database and Bexley is now being recognised across London as a significant performer. The data can also be accessed by LAS in order for them to be fully aware of dying patients' wishes.</p> <p>Sarah Valentine thanked Dr Winnie Kwan who has led on this and inspired personal commitment from the GPs, members of staff and Mariette Mason who has been working with Winnie to deliver a cohesive package of care.</p> <p>The Governing Body <b>Noted</b> the report.</p>
<p><b>46/16</b> 46.16.1</p> <p>46.16.2</p>	<p><b>CCG USE OF SEAL</b></p> <p>Simon Evans-Evans said that the seal has not been used for several years.</p> <p>The Governing Body <b>Noted</b> the seal has not been used since 1 April 2014.</p>
<p><b>47/17</b> 47.16.1</p> <p>47.16.2</p>	<p><b>OUR HEALTHIER SOUTH EAST LONDON UPDATES – JANUARY &amp; FEBRUARY 2016</b></p> <p>The updates were viewed at the recent Health &amp; Wellbeing Board Meeting.</p> <p>The Governing Body <b>Noted</b> 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>.</p>
<p><b>48/16</b> 48.16.1</p>	<p><b>MINUTES FROM BEXLEY HEALTH &amp; WELLBEING BOARD – 25 JANUARY 2016</b></p> <p>The Governing Body <b>Noted</b> the minutes of the Bexley Health &amp; Wellbeing Board meeting held on 25 January 2016.</p>
<p><b>49/16</b> 49.16.1</p>	<p><b>EXECUTIVE SUMMARY OF HEALTH AND SOCIAL CARE INTEGRATED COMMISSIONING BOARD MEETING 5 NOVEMBER 2015</b></p> <p>The Governing Body <b>Noted</b> the executive summary of the Integrated Commissioning Board held on 5 November 2015.</p>



<b>50/16</b>	<b>Minutes/Summary Notes</b>
50.16.1	<b>Minutes of Primary Care Joint Committees (PCJC) – 10 December 2015</b>
50.16.2	<b>Minutes of Bexley Patient Council 4 November 2015</b>
50.16.3	<b>Executive Summaries For Committees/Sub-Committees For The Governing Body To Note:</b> <ul style="list-style-type: none"> <li>• <b>Executive Management Committee 7 January &amp; 4 February 2016</b></li> <li>• <b>Finance Sub-Committee 12 January &amp; 9 February 2016</b></li> <li>• <b>Medicines Management Sub- Committee 16 December 2015 &amp; 20 January 2016</b></li> <li>• <b>Quality &amp; Safety Sub-Committee 14 January 2016</b></li> <li>• <b>Information Governance Sub-Committee 12 January 2016</b></li> </ul>
50.16.4	The Governing Body <b>Noted</b> the above minutes and summaries.
<b>51/16</b>	<b>ANY OTHER BUSINESS</b>
51.16.1	Terry Bamford thanked Sandra Wakeford for all of her hard work over the years. He welcomed Katie Perrior and said he looked forward to working with her.
<b>52/16</b>	<b>PUBLIC FORUM</b>
52.16.1	No questions were received via e-mail in advance of the meeting.
<b>DATE OF NEXT MEETING</b>	
<b>53/16</b>	Governing Body meeting (held in public)
53.16.1	Thursday, 26 May 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>	