

## Minutes of the Governing Body meeting held in public

**Thursday, 25 November 2015, 1.00 – 3.00 pm**  
**Danson Room, 221 Erith Road, Bexleyheath DA7 6HZ**

**PRESENT:**

Dr Nikita Kanani	Chair
Dr Varun Bhalla	GP Locality Lead, North Bexley
Tina Khanna	Locality Representative, North Bexley
Sarah Blow	Chief Officer
Theresa Osborne	Chief Financial Officer
Mary Currie	Nurse Member
Sandra Wakeford	Lay Member
Keith Wood	Lay Member
Simon Evans-Evans	Director of Governance and Quality
Alison Rogers (on behalf of Sarah Valentine)	Assistant Director of Bexley Integrated Commissioning
Lionel Eastmond	Bexley Patient Council Vice-Chair

**IN ATTENDANCE:**

Mary Stoneham	Board Secretary
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**APOLOGIES:**

Apologies received from Dr Peter Fish, Dr Sid Deshmukh, Dr Sonia Khanna-Deshmukh, Dr Graham Rehling, Sarah Valentine and Dr Nada Lemic.

Item No	
<b>STANDING ITEMS</b>	
<b>159/15</b>	<b>WELCOME AND APOLOGIES FOR ABSENCE</b>
159.15.1	Dr Nikita Kanani welcomed everyone to the meeting. Apologies noted.
<b>160/15</b>	<b>DECLARATIONS OF INTEREST</b>
160.15.1	Elected members conflicted for Agenda Item 173/15 GP Referral Project Agenda Item 174/15 Primary Care Development Update Agenda Item 175/15 Estates Strategy Update <b>As elected members conflicted – Keith Wood to chair.</b>
160.15.2	Mary Currie conflicted Agenda Item GP Referral Project
160.15.3	Dr Kanani stated that she needed to update her Declaration of Interest form to include her husband's directorship as Director or the New Lewisham GP Federation and Mary Currie stated that her job title was now Interim Director of Transformation at NHS Bromley CCG. The

160.15.4	<p>declaration of interest paper would be updated and included in the January Governing Body meetings.</p> <p><b>Action:</b> Elinam Attipoe to confirm amendments to be included in the Declaration of Interest Register.</p>
<b>161/15</b>	<b>MINUTES OF THE GOVERNING BODY MEETING (HELD IN PUBLIC) DATED 26 NOVEMBER 2015</b>
161.15.1	Minutes of the Governing Body meeting (held in public) dated 26 November 2015 were agreed subject to amendments by Theresa Osborne for agenda items 141.15 Bexley Primary Care Strategy 149.15.1 Finance Performance Update as a Month 4 2015.
<b>162/15</b>	<b>MATTERS ARISING/ACTION NOTES</b>
162.15.1	The action log would be updated in line with meeting discussions.
162.15.2	138/15 Governing Body Membership – Dr Kanani confirmed that discussions were on going with potential Clock Locality Representative candidates and an update would be provided to the Governing Body in January 2016 meeting.
<b>163/15</b>	<b>CHAIR'S UPDATE</b>
163.15.1	Dr Nikita Kanani congratulated the 12 Bexley practices who secured funding from NHS England last week to appoint up to six clinical pharmacists across these practices to pilot additional services. The outcomes of the pilot will be reported to the Governing Body.
163.15.2	The CCG held a very positive and successful commissioning intentions event with some key stakeholders including representation from the local authority, providers, patient groups, the voluntary sector and community groups. The event focussed on the draft commissioning plans and explored opportunities for improving the ways we work together to improve future care services.
163.15.3	The CCG's engagement team held the first youth ambassador workshop for young people aged 12 to 17 to learn more about the NHS and what CCGs do, local strategies, the importance of patient and public involvement and plans for developing the Queens Mary's Hospital site. Positive feedback was received from this event so further events will be planned.
163.15.4	The Community Education Provider Network (CEPN) has been launched to deliver training and education at a local level for current and future health and care staff in primary and community care development.
163.15.5	The CCG is supporting two national campaigns during the winter to inform residents about local healthcare services and will be implementing the Health Help Now local mobile app and website starting next month to

	help better signpost residents to the right service. Part of the programme during the winter will be to support the national flu campaign and the Stay Well This Winter campaign to help those with long term conditions.
163.15.6	<b>DECISION FROM OTHER FORA</b> The Governing Body <b>Noted</b> decisions that have been made on behalf of the Governing Body since the Governing Body (held in public) on 24 September 2015:
163.15.7	<b>POLICY IN RELATION TO TERMS and CONDITIONS FOR MEMBERS OF THE GOVERNING BODY MEMBERS</b> The Governing Body <b>Approved</b> the Policy in Relation to Terms and Conditions for members of the Governing Body.
163.15.8	<b>GP REFERRALS – ANALYSIS, FINDINGS AND RECOMMENDATIONS REPORT</b> The Governing Body <b>Agreed</b> how to take the process forward.
163.15.9	<b>Chairs Officer’s Action No 4</b> Chairs Action was <b>Approved</b> for the submission of the Transformation Plan for Children and Young Peoples’ Mental Health and Emotional Wellbeing NHS Bexley Clinical Commissioning Group & London Borough of Bexley to NHS England.
<b>164/15</b>	<b>UPDATE FROM PATIENT COUNCIL</b>
164.15.1	Sandra Wakeford stated that the work of the Patient Council and Patient Participation Groups were an integral part of the CCG work to ensure the CCG provided best value for money service and worked closely with NHS England and the Primary Care Joint Committees. Members were a part of the work of the Bexley Linked Care group with GPs to improve primary care services to meet the needs of patients within a challenging financial environment.
164.15.2	Sandra announced that she was resigning from the membership of the Governing Body as a lay member and patient representative and thanked everyone in the CCG for their help and assistance during her term of office, in particular Simon Evans-Evans. The CCG would be advertising the vacancy and Sandra urged anyone interested in patient care to apply for the post.
164.15.3	Dr Kanani thanked Sandra very much for all her hard work and successful outcomes achieved during her term of office. Lionel Eastman also thanked Sandra for her achievements and developing the work of the Patient Council locally.
<b>ITEMS FOR DECISION</b>	
<b>165/15</b>	<b>LONDON DEVOLUTION</b>
165.15.1	Simon Evans-Evans asked the meeting to consider version 5 of the London Health and Care Collaboration Agreement. The 65 bodies

<p>165.15.2</p> <p>165.15.3</p> <p>165.15.4</p>	<p>across London (32 CCGs and 33 London Boroughs) are asked to consider the possibilities of taking devolved powers from Westminster. The collaboration proposed is inspired by Manchester devolution but not as extensive.</p> <p>The Collaboration Agreement concentrates on how partners can work together to improve health and wellbeing outcomes for Londoners and builds on the <i>Better Health for London, Five Year Forward View</i> and NHS Constitutional requirements. The London model for devolution is planned to operate at local, sub-regional and pan-London levels.</p> <p>Simon Evans-Evans asked the Governing Body to agree the substance of the agreement and to delegate authority to the Chief Officer and/or chair to make minor amendments as required while the agreement goes through the governance processes in each of the 65 statutory organisations on behalf of the CCG.</p> <p>The Governing Body:</p> <ol style="list-style-type: none"> <li>1. <b>Approved</b> the principles of the London Health and Care Collaboration Agreement.</li> <li>2. <b>Delegated Authority</b> to the Chief Officer or Chair to make minor amendments to the agreement (should that be required) on behalf of the CCG.</li> <li>3. <b>Authorised</b> the Chief Officer or Chair to commit the CCG to the final Collaboration Agreement.</li> </ol>
<p><b>166/15</b></p> <p>166.15.1</p> <p>166.15.2</p> <p>166.15.3</p>	<p><b>UPDATED MEDIUM TERM FINANCIAL STRATEGY (MTFS) 2015/16 TO 2019/20</b></p> <p>Theresa Osborne stated that the updated Medium Term Financial Strategy (MTFS) 2015/16 had been updated from last year and should be read in conjunction with the Commissioning Intentions. Following assurance from the Finance Sub Committee, the updated MTFS provides detail on statutory requirements achieved in 14/15 and apart from the agreed deviation from the current requirement to make a 1% surplus in 15/16, the CCG has applied national guidance for planning good healthcare services to Bexley residents achieving value for money.</p> <p>The full guidance for 2015/16 to 2019/20 financial planning and allocations is due to be issued by NHS England on 24 December and will be considered by the Finance Sub Committee and discussed with the Governing Body.</p> <p>The Governing Body:</p> <ol style="list-style-type: none"> <li>1. <b>Discussed</b> and <b>Noted</b> the contents of the MTFS for Bexley CCG noting the approved deviation from the requirement to make a 1% surplus in 2015/16 but otherwise applying the national guidance for planning.</li> <li>2. <b>Approved</b> the updated MTFS.</li> </ol>

<b>167/15</b>	<b>HEALTHY LONDON PARTNERSHIP UPDATE AND FINANCIAL SUPPORT 2016/17 ONWARDS</b>
167.15.1	Theresa Osborne explained that the Healthy London Partnership (HLP) Update and Financial Support 2016/17 onwards provides updates on the transformation priorities for 2015/16 which have developed from the Better Health for London recommendations and the NHS Five Year Forward View. The documentation details the programme's achievements to date at pan London level and complements activity at local level and targets for 2016/17 to secure on-going support towards the transformation of London into the world's healthiest major global city.
167.15.2	Sarah Blow stated that some examples of pan London working include the wider approach of 111 services and the developing estate strategy.
167.15.3	Theresa Osborne asked that the Governing Body approve the ongoing 0.15% (of RRL) support for 2016/17 and 2017/18. She confirmed that the programme has strong financial governance and any monies not spent will be returned to CCGs.
167.15.4	<b>Action: Simon Evans-Evans</b> New patient service guidance for services e.g. asthma and cancer have been developed by HLP and circulated by NICE. Dr Kanani asked that the work of the HLP is highlighted to GPs so that their work is appropriately acknowledged.
167.15.5	The Governing Body: 1. <b>Discussed and Noted</b> the Healthy London Partnership progress report July – September 2015; 2. <b>Considered and Agreed</b> the proposed planning process and timetable for 2016/17 and agreed the 2016/17 and 2017/18 financial planning assumptions, to continue the HLP; 3. <b>Agreed</b> the proposed on-going governance arrangements.
<b>168/15</b>	<b>CSU – LEAD PROVIDER FRAMEWORK</b>
168.15.1	Sarah Blow stated that a full discussion would be undertaken by the Executive Management Team next week and confirmed that there had been a three month extension agreed for the CSU contract. This would enable the CSU to fully support the CCG's in their 2015/16 contractual provider discussions. Further updates would be provided to the Governing Body as appropriate.
168.15.2	The Governing Body <b>noted</b> the verbal update.
<b>169/15</b>	<b>CONSTITUTIONAL MATTERS</b>
169.15.1	Simon Evans-Evans explained that following approval by the Primary Care Advisory Group (PCAG) to amend the CCG constitution an application had been made to NHS England for approval which has now



	been received. The amended Constitution is on the CCG's website.
169.15.2	The Governing Body needed to agree representation on the committee in common in addition to Dr Kanani and Sarah Blow representing Bexley and a further representative to be confirmed.
169.15.3	The collaborative framework for working across South East London has been updated and presented to the SEL Clinical Strategy Committee. Sarah Blow stated that these amendments would provide better governance arrangements with greater clarity provided.
169.15.4	The Governing Body: <ol style="list-style-type: none"> <li>1. <b>Noted</b> the new Constitution has been approved by NHS England and published on the CCG Website.</li> <li>2. <b>Noted</b> the terms of reference for the South East London Committee in Common for the purpose of strategic decision making had been approved.</li> <li>3. <b>Appointed</b> three members to the Committee in Common (Dr Nikita Kanani, Sarah Blow and Mary Currie).</li> </ol> <b>Approved</b> the (South East London) Collaborative Framework v 2 and delegated authority to the Chief Officer to make minor amendments as required following approval from the other five CCG governing bodies and to sign the final agreement on behalf of the CCG.
<b>170/15</b>	<b>QUESTIONS FROM THE PUBLIC</b>
170.15.1	1. A question was raised regarding the shortage of Tier 4 Mental Health beds and how this service was commissioned; what criteria used to commission services e.g. was it based on the number of provider staff used to deliver the service. Concerns regarding services being under-funded with a shortage of doctors and nurses.
170.15.2	Alison Rogers explained that Tier 4 services are not commissioned by the CCG but by NHS England whose contact details would be provided at the end of the meeting. The criteria for contracts were based on outcomes (not staff), quality and financial resources. Tier 2 and 3 services have national funds available via transformational services and decisions on service implementation will be based on outcomes, quality and financial resource available.
170.15.3	Sarah Blow stated that the CCG commission's services based on money and quality and recognised the demand for services.
<b>ITEMS FOR DISCUSSION</b>	
<b>171/15</b>	<b>INTEGRATED QUALITY, SAFETY &amp; PERFORMANCE REPORT NOVEMBER 2015</b>
171.15.1	Simon Evans-Evans stated that the C.Diff target has been breached and will not be achieved this year - an action plan has been put in place in Bexley. The Local Authority has now recruited a public health infection

	nurse to support GP practice staff who work in patient's homes in the community.
171.15.2	The A&E performance across SE London did not achieve the 4 hours target on a regular basis in this month and agreed actions are being implemented to address some issues.
171.15.3	Cancer waiting times targets have proved challenging at Queen Elizabeth Hospital and there has been an IT problem linked to transferring patients to a new system that is being resolved which should improve the situation going forward.
171.15.4	The Return to Treatment (RTT) 18 week target for non-admitted patients was breached this quarter.
171.15.5	Page 8 of the meeting report details actions plans to address areas where improvement is needed and which will be monitored and reported to the Governing Body e.g. there has been a care home forum set up to work in liaison with the CQC.
171.15.6	Assurance meetings with NHS England are included in the report, a deep dive in Q1 of the Patient and Public Engagement was completed and provided assurance to NHS England. Informal response from NHS England following the Q2 deep dive in safeguarding was positive.
171.15.7	There were still issues outstanding regarding safeguarding training for providers relating.
171.15.8	Members discussed the report and noted serious incidents were causing concern at the L&GT and follow-up actions were in place; GP Alerts were highlighting poor hospital discharge information. A Clinician to Clinician meeting (discharge summit) is arranged at Queen Elizabeth Hospital on 17 December to look at how to improve quality issues that have been raised by GPs and care/nursing homes. The summit co-ordinated by SESCOU would include clinicians from Bexley, Greenwich & Lewisham CCGs.
171.15.9	Dr Kanani raised concerns that the complaint out-turn figures at L&GT had reverted into a downward trend again. Simon confirmed that this issue had been raised at the CQRG and was particularly disappointing following the initial improvement after new investment by the local CCGs of £80,000 to improve service delivery. Lewisham CCG has put in additional support to the Trust in the form of a project manager.
171.15.10	The CCG had provided a submission to NHS England regarding the CCG's position on emergency preparedness, resilience and response (EPRR). NHS England is comfortable with the CCG self-rating of full assurance.

171.15.11	The Governing Body <b>Noted</b> the Integrated Quality, Safety and Performance Provider Report.
171.15.12	<b>FINANCE PERFORMANCE UPDATE AS AT MONTH 6 2015/16</b> Theresa Osborne presented the meeting paper to the Governing Body and provided summary information for each section of the report.
171.15.13	The report detailed a surplus of £76k at month 6, which is in line with the 2015/16 plan position submitted to NHS England, with the use of some reserves. The CCG is forecasting an outturn position of £151k surplus in line with the original plan and in agreement with NHS England.
171.15.14	Mitigation of the risks associated with the 2015/16 financial position includes the agreement of block contracts with Guy's and St Thomas' and King's and a cap and collar contract (excluding maternity) with Lewisham; leaving just Dartford & Gravesham (D&G), of the CCG's main contracts as a true PbR contract. In month 6, the D&G contract improved slightly but is still over-performing.
171.15.15	The Continuing Healthcare risks remain with discussion relating to the possibility that the CCG may be required to pay costs not previously incurred relating to Free Nursing Care Contributions at a nursing home in Greenwich. These are still under discussion.
171.15.16	The prescribing budget shows an overspend of circa £569k at year end.
171.15.17	Running costs remain within the allocation and budget, with an underspend of £119k year to date. Currently, a forecast outturn position of £70k underspend is being predicted.
171.15.18	At month 6, forecast outturn QIPP delivery has been assessed at £5.92m (93.6%) of the RAG rated QIPP.
171.15.19	The overall forecast position is a net under-achievement of £(0.40)m, which results in the CCG being RAG rated Amber by NHS England for QIPP delivery. The deterioration from plan is primarily as a result of the slippage on the Children's Services scheme, underperformance of the Prescribing scheme and some slippage on the Minor Surgery AQP scheme. Total QIPP reserves are insufficient to cover this additional underperformance.
171.15.20	Performance against the Better Practice Payment Code (BPPC) is continuing to perform well.
171.15.21	Primary Medical Services results for six months to 30th September are showing a slight overspend of £222k (1.7%) largely due to under achievement of expected QIPP savings to date.



171.15.22	This month, in the Non ISFE return to NHS England, the CCG was required to complete additional pages in respect of the underlying position, actual and forecast mental health spend and information on penalties and fines. The Continuing Healthcare information on retrospective claims has also been incorporated into this return.
171.15.23	Keith Wood thanked Theresa for her very informative update on the CCG's financial position and recommended that in future a summary would suffice as the meeting reports were read in advance by members and were very informative.
171.15.24	Theresa Osborne confirmed that the financial position for 2016/17 would be challenging with risks relating to additional activity in 2015/16 materialising in 2016/17 due to the Lewisham & Greenwich NHS Trust cap and collar agreement.
171.15.25	Sarah Blow stated that following receipt of national guidance, expected on 24 <sup>th</sup> December, the Governing Body would receive a more extensive report on 2016/17 in January/March.
171.15.26	<p>The Governing Body:</p> <ol style="list-style-type: none"> <li>1. <b>Discussed</b> and <b>Noted</b> that the Month 6 (September) 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 6 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</b> and <b>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 financial position for month 6 (September) for primary medical services as provided by NHS England;</li> <li>6. <b>Noted</b> the month 6 actual performance against the key national finance targets.</li> </ol>
171.15.27	<p><b>CONSOLIDATED CONTRACTS REPORT MONTH 5 AND 6 2015/16</b></p> <p>Alison Rogers provided a summary on the meeting paper and confirmed that a clinically led deep dive will take place at L&amp;GT to review the appropriateness of length of stay at the QEH following the introduction of the Clinical Decisions Unit (CDU) which has resulted in a rise of short stay admissions.</p>

171.15.28	Agreement has been reached with Oxleas on the additional use of Step up Step Down (SUSD) beds at Meadowview which will include a Comprehensive Geriatric Assessment (CGA) as part of the development of hot clinics to support winter planning.
171.15.29	The Mental Health Strategic Programme Group started work in October and will provide monthly progress updates on the Five Year Oxleas Mental health redesign of services work whose membership includes the CCG and NHS England. There are new mental health targets which need to be monitored and it was noted that the IAPT target for access had improved but there were issues with the recovery rate target.
171.15.30	That the Governing Body <b>Noted</b> the performance of the Acute, Community & Mental Health contracts shown in the attached.
<b>172/15</b>	<b>COMMISSIONING INTENTIONS 2016 ONWARDS (DRAFTS)</b>
172.15.1	Alison Rogers stated that the development of the Commissioning Intentions 2016 onwards work continued, and is coordinated with provider commissioning intentions to understand the impact on providers. Our Healthier South East London engagement events have taken place with GPs and local partnership organisations (include Local Authority/Voluntary Services/Patient Council) and their comments fed into the process of developing local and sub-regional plans. Very positive feedback had been received from the events.
172.15.2	Letters had been sent to appropriate providers in line with national guidance for contracts 2016/17.
172.15.3	The Governing Body <b>Noted</b> : <ol style="list-style-type: none"> <li>1. The work undertaken so far for the process to develop Commissioning Intentions for 2016 and beyond.</li> <li>2. That on the basis of these Provider Commissioning Intentions have been developed and issued to providers for our contracts (in line with national planning practices).</li> </ol>
<b>173/15</b>	<b>GP REFERRAL PROJECT</b>
173.15.1	<i>Elected Members conflicted. Mary Curry conflicted. Keith Wood Chaired and confirmed that Elected members could take part in the discussion but could take no part in any decisions.</i>
173.15.2	Sarah Blow stated that a detailed analysis had been undertaken on GP referrals to enable the CCG to understand exactly what was happening and agreed planned actions going forward to continually improve patient services. Inaccurate data had been produced over the last two years with the following contributory factors: <ol style="list-style-type: none"> <li>1. Dissolution of the South London Healthcare Trust</li> <li>2. New IT systems at the Lewisham &amp; Greenwich Trust</li> <li>3. Variance in how individual Trusts systems</li> </ol>

	4. Introduction of new services e.g. Prime Contractor Model to be included in any analysis
173.15.3	Sarah Blow confirmed that the data that has now been collected more appropriately shows the position for GP referrals is not as high as previously reported but there are variances across Bexley borough. Best practice needs to be shared and implemented to inform GPs what works, what support is available with GP Locality Leads leading this programme of work through a per review policy. Work with Bexley Health Limited needs to continue on the improvement on the quality of referrals.
173.15.4	The Governing Body <b>Noted:</b> 1. The detailed analysis completed to date on GP referrals. 2. The proposed next steps in the process to determine an appropriate approach for the continual improvement in the quality of GP referrals.
<b>174/15</b>	<b>PRIMARY CARE DEVELOPMENT UPDATE</b>
174.15.1	<i>Elected members conflicted. Keith Wood chaired and confirmed that Elected members could take part in the discussion but could take no part in any decisions.</i>
174.15.2	Theresa Osborne explained that the meeting paper provided an update on the Primary Care Development work since July's Governing Body and the work on the six areas of the Primary Care Strategy approved in September.
174.15.3	Following the successful bids for 6 Bexley practices to use the Hurley web GP software, in September, the self-help website will be implemented across these practices in December/January. This pilot covers about 30% of the Bexley population.
174.15.4	The Health Champions pilot in 6 Bexley practices, where volunteers are based in practices to help patients to access the correct service, will go live in February 2016. If successful, this pilot will link to Social Prescribing before full roll out.
174.15.5	Significant work has been undertaken on a draft estates strategy, which will be presented to the Governing Body in January.
174.15.6	The majority of Bexley practices have been inspected by the Care Quality Commission (CQC) and the Primary Care Development Working Group (PCDWG) has been working with practices to review common themes and provide further support where it is needed and where possible, and ensure good practice is shared.
174.15.7	The Quarter 1 self-certification return for delegated functions, co-commissioning and Out Of Hours was signed off by the Chair of the

174.15.8	<p>Audit and Integrated Assurance Committee (Keith Wood), and the Chief Officer (Sarah Blow) and has been submitted to NHS England within prescribed timescales. This is a quarterly return requested by NHS England.</p> <p>The Governing Body:</p> <ol style="list-style-type: none"> <li>1. <b>Noted</b> the work of the Primary Care Development Working Group (PCDWG) outlined within this report.</li> <li>2. <b>Noted</b> the quarterly self-certification return on delegated functions, co-commissioning and OOH attached at appendix 1 in the meeting paper.</li> </ol>
<b>175/15</b>	<b>ESTATES STRATEGY UPDATE</b>
175.15.1	<i>Elected members conflicted. Keith Wood chaired and confirmed that Elected members could take part in the discussion but could take no part in any decisions.</i>
175.15.2	Theresa Osborne stated that the CCG has been working on a draft estates policy with partners and its appointed Estates advisors, Community Health Partnerships, and Essentia, to meet the deadline of the end of December and this will be presented to the Governing Body in January. This will be linked into the South East London Estates Strategy.
175.15.3	Guidance is awaited on the Primary Care Transformation fund bids which need to be submitted by the end of February. Any bids will need to be reflected in the CCG Estates Strategy.
175.15.4	<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;</li> <li>2. <b>Discussed</b> and <b>Noted</b> the One Public Estate submission made by the London Borough of Bexley, in liaison with Bexley CCG and other partners.</li> </ol>
<b>176/15</b>	<b>BOARD ASSURANCE FRAMEWORK</b>
176.15.1	<i>Dr Nikita Kanani resumed Chair responsibilities.</i>
176.15.2	Simon Evans-Evans stated that there was one risk that meets the criteria for inclusion on the Board Assurance Framework with a residual risk of 15 and above relating to the acute position in 2015/16 and may cause significant cost pressures in 2016/17.
176.15.3	Mary Currie raised concerns regarding the data in Step 3 Plan on the above risk and it was agreed that it needed to be rephrased for clarity.
176.15.4	<p><b>Action:</b></p> <p>Simon Evans-Evans to advise Elinam Attipoe of the requirement to re-phase issue.</p>

176.15.5	The Governing Body <b>Noted</b> the Board Assurance Framework.
<b>ITEMS FOR INFORMATION</b>	
<b>177/15</b> 177.15.1	<b>ANNUAL ENGAGEMENT REPORT: INVOLVING PEOPLE 2014-15</b> Simon Evans-Evans stated that the meeting paper which detailed how the CCG had discharged duties in relating to involving patients and the public in the planning, development and consideration of proposals for commissioning services had been submitted to the NHS England. Comments received from Health Watch would be circulated to the Governing Body and included on the CCG website.
177.15.2	The Governing Body <b>Noted</b> the Annual Engagement Report.
<b>178/15</b> 178.15.1	<b>OUR HEALTHIER SOUTH EAST LONDON UPDATES – SEPTEMBER AND OCTOBER 2015</b> The Governing Body <b>Noted</b> the contents of September and October editions of the new Our Healthier South East London programme update for stakeholders, entitled Healthier.
<b>179/15</b> 179.15.1	<b>MINUTES FROM BEXLEY HEALTH &amp; WELLBEING BOARD – 9 SEPTEMBER 2015</b> The Governing Body <b>Noted</b> the minutes of the Bexley Health & Wellbeing Board meeting held on 9 September 2015.
<b>180/15</b> 180.15.1 180.15.2 180.15.3	<b>Minutes of Primary Care Joint Committees (PCJC) – 6 August 2015</b> <b>Minutes of Patient Council, 1 July and 15 September 2015</b> <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 3 September 2015</b></li> <li>• <b>Finance Sub-Committee 11 August 2015</b></li> <li>• <b>Medicines Management Sub-Committee 15 July 2015</b></li> <li>• <b>Quality &amp; Safety Sub-Committee 23 July 2015</b></li> <li>• <b>Information Governance Sub-Committee 14 July 2015</b></li> </ul> The Governing Body <b>Noted</b> the above minutes.
<b>181/15</b> 181.15.1	<b>ANY OTHER BUSINESS</b> None.
<b>182/15</b> 182.15.1 182.15.2	<b>PUBLIC FORUM</b> 1. Concerns were raised by a member of the public in relation to 111 services and why the Hurley Group had taken over the out of hours service from GRABADOC. She outlined a complaint that she had made to the London Ambulance Service in relation to her experiences of the 111 services and request for a GP to visit.  Sarah Blow stated that following a national requirement the CCG had



	procured a 111 service (locally delivered by the London Ambulance Service). In addition the CCG had procured a co-ordinated urgent care service incorporating the two urgent care centres and the GP out of hours' service (delivered by the Hurley Group).
182.15.3	Simon Evans-Evans confirmed he would discuss this issue with the member of the public immediately after the Governing Body meeting ended and made an assurance that the CCG would support her through the NHS complaints process.
182.15.4	Several members of the meeting stated that they had received good service from NHS 111 recently.
182.15.5	Sarah Wakeford stated it was very important for feedback on compliments as well as complaints and urged members of the public to complete mystery shopper forms.
182.15.6	2. A question was asked relating to when the seating area in the Erith Hospital Urgent Care Centre (UCC) was going to be increased. Currently there was space for only 15 chairs with 30 patients regularly waiting to be attended to.
182.15.7	Sarah Blow confirmed that this matter was being progressed by Sarah Valentine and an update would be provided to the next Governing Body meeting.
182.15.8	<b>Action:</b> SV to provide update on the Erith Hospital UCC at January Governing Body meeting.
182.15.9	Lionel Eastmond commented that it was good to see so many members of the public at the meeting and interested in improving patient services in Bexley.
182.15.10	3. The meeting was asked why Oxleas had been replaced by the Hurley Group as the UCC at Queen Mary's Hospital.
182.15.11	Sarah Blow confirmed that following a procurement process the Hurley Group had been awarded the contract.
182.15.12	4. A question was raised on securing funding to recruit pharmacists to work in GPs and a list of the 12 GP practices in Bexley where pharmacists would be employed.
182.15.13	Simon Evans-Evans confirmed that more than seven million patients across England will soon have access to expert advice from a clinical pharmacist when they visit their GP, thanks to the expansion of a new scheme to fund, recruit and employ pharmacists in local

	practices.
182.15.14	NHS England has more than doubled funding from £15m to £31m for its clinical pharmacists in general practice pilot, due to an overwhelmingly positive response from GP surgeries.
182.15.15	In total, 73 applications will receive a share of the funding, which will cover 698 GP practices and include 403 clinical pharmacists.
182.15.16	Bexley's GP federation, Bexley Neighbourhood Care Community Interest Company (CIC), was successful in its bid to recruit clinical pharmacists to work across 12 GP practices in the borough.
182.15.17	The pharmacists will help to improve chronic disease management, support patients with minor ailments and ultimately, help patients to get the best out of their medicines.
182.15.18	More than 116,000 patients are registered at the 12 practices, a large proportion of the overall patient population in Bexley.
182.15.19	The 12 practices are: The Albion Surgery in Bexleyheath Barnard Medical Practice in Sidcup Bellegrove Road Surgery in Welling Bexley Group Practice in Welling Bexley Medical Group in Bexleyheath Crook Log Surgery in Bexleyheath Cairngall Medical Practice in Belvedere Lyndhurst Medical Centre in Barnehurst Sidcup Medical Centre in Sidcup Slade Green Medical Centre in Erith Welling Medical Practice in Welling Westwood Surgery in Welling
<b>DATE OF NEXT MEETING</b>	
<b>183/15</b> 183.15.1	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>	