

Minutes of the governing body meeting held in public

Thursday 1 November 2018, 2.45pm to 5.45pm

Danson Boathouse, Danson Road, Bexleyheath, DA6 8HL

PRESENT:

Dr Sid Deshmukh (SD) (chair)	Chair
Andrew Bland (AB)	Accountable Officer
Theresa Osborne (TO)	Managing Director
Mary Currie (MC)	Governing Body Nurse
Malcolm Hines (MH)	Acting Chief Financial Officer
Dr Koteshwara Muralidhara (KM)	Secondary Care doctor
Paul Cutler (PC)	Lay Member, Patient and Public Involvement
Neil Ross (NR)	Lay Member, Legal and Procurement
Mark Burgess (MBurgess)	Locality Representative, Frognal
Lisa Wilson (LW)	Locality Representative, Clocktower
Nisha Wheeler (NW)	Director of Primary Care, IT and Information Governance
Michael Boyce (MB)	Chief Operating Officer
Dr Anjan Ghosh (AG)	London Borough of Bexley Director of Public Health
Dr Varun Bhalla (VB)	Locality Lead, North Bexley
Vikki Wilkinson (VW)	Vice-Chair of Bexley Patient Council
Dr Clive Anggiansah (CA)	Locality Representative, North Bexley
Keith Wood (KW)	Lay Member, Governance
Dr Jhumur Moir (JM)	Locality Lead, Clocktower

IN ATTENDANCE:

Lindsey Coeur-Belle	Head of Planned Care
Julian May (JMay)	Administration Team Manager
David Palmer (DP) (item 95/18)	Chief Executive Mind in Bexley
Edelwiess Collings (EC) (item 95/18)	IAPT clinical lead Mind in Bexley

APOLOGIES:

Dr Mehal Patel (MP)	Locality Representative, North Bexley
Valerie Shanks-Pepper (VSP)	Director of Integrated Commissioning
Stuart Rowbotham (SR)	London Borough of Bexley Director of Adult Social Care
Dr Sonia Khanna-Deshmukh (SKD)	Locality Lead, Frognal



OPENING BUSINESS	
94/18	Opening business
94.18.1	SD welcomed all to the governing body meeting. Apologies for absence were noted.
94.18.2	Members signed a copy of the declarations of interest register; there were no additional declarations in respect of agenda items.
94.18.3	The minutes of the meeting held 6 September 2018 were APPROVED as an accurate record.
94.18.4	The action log was updated.
94.18.5	There were no matters arising.
PROVIDER PRESENTATION	
95/18	IAPT in Bexley
95.18.1	The governing body watched a short video in which service users talked about their positive experiences of the IAPT services provided by Mind in Bexley.
95.18.2	DP gave an overview of the services provided by Mind in Bexley: <ul style="list-style-type: none"> • A bright new modern premises had opened in 2018. • Services included IAPT, Bexley recovery college, welfare rights, advocacy, carers' support , a crisis café, 'breathing space' online and phone support, the revival café, and ecotherapy and open space initiatives. • An increase of almost 200 referrals in 6 months was due mainly to engagement work with GPs and others as well as a simplified referral form developed with GPs. • Self-referrals were also increasing and were almost 50% more than last year. • Challenges such as unsuitable referrals were shared with mental health services across the country. There was constant pressure to meet the access target and difficulties in recruiting staff. • The recovery college had good outcomes at a low cost but was now seeing 1000 people although the contract was based on 400.
95.18.3	In response to a question from VB, DP explained that waiting times could be high because of patient choice as many preferred after work or weekend appointments. 'DNA' Did not attend rates were concerning at 10-15%; mitigations included a text message reminder service from IAPTUS. DNAs also seemed to increase during mid-term and summer.
95.18.4	MC asked how many of the referrals for October were re-referrals, or where



	service users were lost and needed to be re-referred by GPs. EC confirmed that there were some but not all. The bigger issue was the gap between the services provided by Mind and the Oxleas MH provision. Graham Tanner in the CCG had set up a panel to ensure the transition is more seamless, and internal calls were held within Mind.
95.18.5	VB asked if the counselling wait time was also 12 weeks, and asked if CBT was less. EC noted that CBT was a group based therapy and if the patient was willing to attend an existing group they could be seen more quickly, where the patient felt unable to face a group and requested an individual appointment the wait time may be 12 weeks.
95.18.6	PC noted his appreciation for mind for hosting Healthwatch. He asked if there were any hard to reach groups who were under-represented in those accessing services. DP advised that older people and BME people were under-represented which was a national issue. More needs to be done but Mind had done a lot of work with Age UK in the north of the borough.
95.18.7	NW asked if there was anything that could be done to help mind in its work, and said she would be happy to meet separately to explore options. DP said it was useful to have visible mental health leads to champion the work. A clinical member would be ideal who could help promote peer-to-peer. He recognised the CCG for their investment in mental health which was helping provision more in the right direction.
95.18.8	Action: NW to send detail of mental health clinical lead to DP.
95.18.9	In response to a question from LCB on long term conditions, EC confirmed that Mind received significant assistance from NHS England for training for these issues.

PUBLIC OPEN SPACE

96/18	PUBLIC FORUM 1 OF 2
96.18.1	A member of the public asked for the CCG to confirm the plans in relation to the UCC at Erith in the light of recent media reports.
96.18.2	TO replied that a review of urgent care was under way, in the context of the expiry of the contract with the current UCC providers, health and safety concerns with the Erith site, and the release of NHS guidance on the delivery of urgent treatment centres.
96.18.3	The CCG would provide the services needed by patients, and also had a duty of care to ensure any existing services were safe. A range of options had been presented to council scrutiny, and the preferred option was to move the service to the Erith Health Centre. This would need to be discussed through the CCG's governance and engagement needed to take place.



96.18.4	A member of the public asked whether the transition to the new services would be smooth.
96.18.5	TO confirmed that there would be continuity in the service during any transition, and that the CCG had agreed to extend the contract with the existing suppliers until April 2020.
96.18.6	A member of the public asked how many attendances at the UCC were by those not registered with a GP.
96.18.7	NW said that part of the process of the UCC review would be to set up a focus group including patients and the public, which would be an opportunity to explore the issues with use of the service.

SUMMARY REPORTS FOR ASSURANCE AND DECISION

97/18	Managing director's report
97.18.1	<p>TO presented the managing directors report, drawing members attention to a number of highlights:</p> <ul style="list-style-type: none"> • An update from the Our Healthier South East London (OHSEL) included details on the award of the integrated care urgent care service to London Ambulance, the roll out of bowel cancer screening for those with learning difficulties and the support given to women experiencing poor mental health in the year after giving birth. • The Local care partnership board met and received useful updates from members. The LCN operational working group had considered Bexley's social prescribing scheme 'Community Connect' as well as the successful integrated case management meetings. • An ICS aspirant programme would be looking at a number of areas including planned care and finance. A planned care group also aimed to develop consistent approaches in planned care. • After a number of discussions, a south east London integrated governance and performance committee has been established in recognition of the fact that certain issues can only be addressed at the larger scale. • Bexley Greenwich and Lewisham CCGs had put in place a joint programme management office and now had a senior responsible officer nominated for planned and unplanned care. • Vicki Scott had been appointed as chief operating officer for the STP programme and Usman Niazi would start as CFO for the five south east London CCGs in April 2019. • South east London CCGs had discussed risk share and further collaboration had resulted in agreement of a proposal for CCGs to support each other to achieve the STP control total, with any financial assistance being repayable as agreed by Bexley's integrated governance & performance committee. • Bexley were doing well against the national delayed transfers of care



	<p>target.</p> <ul style="list-style-type: none"> • Darren Blake had been appointed chief operating officer for Bexley's GP federation, Bexley Health Neighbourhood Care. Lotta Hackett, previously at healthwatch, had been appointed as Head of Engagement for the CCG. • The CCG was working with practices on the Productive General Practice (PGP) Quick Start programme. • The CCG's transformation strategy is currently being drafted and a workshop with stakeholders was being held in December as part of the commissioning capability programme, led by Optum. • An update on the 2018/19 objectives was attached which now showed progress against each workstream. • The staff survey was currently under way. Suggestions from the last survey had been implemented including a new appraisal programme. • The LGT phlebotomy service was currently staying as an appointments only service after feedback from local people, although large DNA rates were noted.
97.18.2	<p>MH advised that planning guidance was due in December which would request one year plans. There was also a consultation on changes to the PbR tariff and market forces factor. Trusts and commissioners had developed a response for south east London sent to NHS England. Allocations for future years would soon be provided, which would enable the submission of a plan shortly afterwards.</p>
97.18.3	<p>KW asked if the original planned savings for the STP would be modified as a result of this. AB explained that the savings were conditional on a number of assumptions, some of which were changing on a monthly basis.</p>
97.18.4	<p>The governing body NOTED the contents of the managing director's report and the progress against the CCG's 2018/19 objectives.</p>
97.18.5	<p>The governing body ENDORSED the establishment of a SEL IGP CIC to operate in a pilot phase for a period of approximately three months.</p>
97.18.6	<p>The Governing Body NOTED:</p> <ul style="list-style-type: none"> • that the SEL IGP CIC will not operate with formal delegated authority from the governing body for the initial pilot phase. In governance terms, the committee will be regarded as a joint collaborative 'forum' until the point that it is formally incorporated into local CCG governance structures, schemes of delegation and standing financial instructions. • that as the SEL IGP CIC will not make decisions during the pilot phase it will undertake only assurance activities related to specified in-scope areas. • that the SEL IGP CIC will report on its activities to CCGs shortly after each meeting and CCGs can decide if they wish to undertake any further local assurance relating to in-scope areas.



97.18.7	The Governing Body ENDORSED the current terms of reference for the pilot phase of the SEL IGP CIC.
98/18	Report of the prime committees
98.18.1	MB introduced the prime committees' report, which summarised the delegated decisions made by the prime committees of the governing body. The decisions of the recent PCCC would come to the next governing body meeting. MB advised that chairs were now reviewing the report before finalisation.
98.18.2	One decision had been referred to the governing body for approval, the terms of reference for the Audit committee.
98.18.3	The governing body APPROVED the terms of reference for the Audit committee.
FINANCE, PERFORMANCE AND QUALITY UPDATES	
99/18	MONTH 5 FINANCE REPORT
99.18.1	MH referred to the paper outlining the CCG's financial position, which had been presented to the integrated governance & performance committee.. One of the key drivers was the performance of the acute contracts. The CCG is working closely with the Integrated Contract Delivery team to understand the position and investigate whether there were issues with charging methods and recording. The CCG is also taking actions locally such as visiting each practice to discuss detailed referral data.
99.18.2	An acute overspend of up to £16m had been identified, although in month 6 this has tapered off. There was a possibility of a £14.5m in year deficit position, and discussions with NHS England were continuing around this position and reporting.
99.18.3	KW observed that the CCG was doing everything that it could to address the circumstances but the situation was not positive.
100/18	Integrated quality safety and performance report
100.18.1	MB noted that CCG governance changes meant that although the CCG's quality and safety sub-committee had received up to date information and had acted on it, the report reaching the governing body was quite old. Steps had now been taken in consultation with the chair to align the quality and safety sub-committee with the governing body meetings to ensure the governing body receives more recent information for assurance.
100.18.2	The CQC had given a preliminary report noting improvement at Lewisham



	and Greenwich NHS trust following the recent inspection, highlighting in particular the increased visibility of leadership across the organisation.
100.18.3	MB informed the governing body that there had been one case of MRSA reported in the last week for a Bexley patient.
100.18.4	The CCG had approved the new working together arrangements for the children's safeguarding board at the last governing body meeting, and progress since then had been positive according to the independent scrutineer. The Police were leading on the issue of missing children. The next priority identified would be parental mental health.
100.18.5	The governing body NOTED the integrated quality safety and performance report.
101/18	Contracts monitoring report
101.18.1	LCB presented the performance activity and finance around the CCG's key contracts. She highlighted that the CCG had maintained the mental health investment standard, and transformation projects were underway such as the Catheter programme which would commence in January.
101.18.2	The governing body NOTED the contracts monitoring report.
INTEGRATED GOVERNANCE	
102/18	Board Assurance Framework (BAF)
102.18.1	MB outlined the risks on the board assurance framework, noting that there were ten risks rated 15 and above. The risks related to acute performance targets as well as risks around quality. He noted that risk 402 had subsequently been closed as part of a thorough review conducted by directors and the AD of Corporate services.
102.18.2	The governing body NOTED the risks in the corporate register with a residual risk rating of 15 and above.
PATIENTS, PUBLIC AND CCG PARTNERS	
103/18	Update from the patient council
103.18.1	PC highlighted the priority issues identified by the patient council for the governing body <ul style="list-style-type: none"> • GP patient survey results were discussed and thought to be helpful. The council felt the PPGs should review findings with their practices. • The council felt that a lack of patient friendly communications contributed to health inequality; they suggested that the CCG explore multiple forms of communication, for example easy read documents, with the help of council members and their networks. • The council had a significant discussion on mental health and



	<p>exchanged stories about the impact of mental health and its link with physical health. The council would invite DP to attend a future session to explore further, and wanted to highlight the importance of mental health to the CCG.</p> <ul style="list-style-type: none"> The patient council explored the issue of referral management, recognised its importance and asked the CCG to let them know ways in which they could help with this work. The council feel they can offer insight on the expectations of patients and their relationship with GPs, recognising the challenges.
103.18.2	The patient council invited governing body members to their 12th December meeting which would be a review of the year.
103.18.3	NW thanked the patient council for their offer of help on referral management; she suggested a focus group for the review of urgent care would also be useful. PC said the message from the patient council was of willingness to help.
103.18.4	The overwhelming message is a request to give the patient council tasks to do.
103.18.5	LCB ran a respiratory workshop recently and engaged some new patients, and asked services to nominate patients to work with the CCG..
103.18.6	The governing body NOTED the update from the patient council.
104/18	Public forum
104.18.1	Peter Adams noted that since the phlebotomy service had been changed from a walk-in to an appointment only service there seemed to be less use of the service, and in some visits he had made no patients at all using the services.
104.18.2	AB thanked Mr Adams for the useful piece of intelligence about usage of the services. TO advised that the service was run by Lewisham and Greenwich trust and that the usage figures showed the service was in fact still being used, however the DNA rates were still too high.
104.18.3	Peter Adams asked if the UCC would remain accessible if it was moved to the 1 st floor of the Erith Health centre as proposed.
104.18.4	SD confirmed that the service would be fully accessible for patients.
INFORMATION AND REFERENCE	
105/18	Minutes of other committees for information
105.18.1	The governing body NOTED the minutes of other committees.



CLOSING BUSINESS	
106/18	Any other business
106.18.1	<p>AB welcomed the external presentation from Mind in Bexley and suggested that similar presentations were an opportunity to structure a governing body meeting around a particular wicked issue or theme. The authors of papers could also identify a key question for the governing body or issue from their papers to help provoke discussion.. It would also be useful to hear from the director of public health at each governing body on key issues.</p>
106.18.2	<p>MB suggested that the CCG invite Ben Travis from LGT to discuss the recent CQC report. AB suggested that growth in population and the impact of housing and leisure could be explored. PC suggested that GP members could present on the future of general practice.</p> <p>Action: Jmay to add a 10min verbal update from public health as a standing item on each governing body agenda.</p>
106.18.3	
107/18	Next meeting of the governing body meeting held in public
107/18.1	<p>2.45pm to 5.45pm, Thursday 10th January 2019 Council Chamber, Civic offices, 2 Watling Street, Bexleyheath, DA6 7AT</p>

