ENCLOSURE: B

Agenda item: 67/18

NHS Bexley Clinical Commissioning Group

Minutes of the governing body meeting held in public

Thursday 3 May 2018, 1.45 to 4.30pm

Danson Boathouse, Danson Park, 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	Acting Chief Financial Officer
Dr Sonia Khanna-Deshmukh (SKD)	Locality Lead, Frognal
Dr Koteshwara Muralidhara (KM)	Secondary Care doctor
Keith Wood (KW)	Lay Member, Governance
Paul Cutler (PC)	Lay Member, Patient and Public Involvement
Neil Ross (NR)	Lay Member, Legal and Procurement
Mark Burgess (MBurgess)	Locality Representative, Frognal
Dr Mehal Patel (MP)	Locality Representative, North Bexley
Lisa Wilson (LW)	Locality Representative, Clocktower
Stuart Rowbotham (SR)	London Borough of Bexley Director of Adult Social Care
Valerie Shanks-Pepper (VSP)	Director of Integrated Commissioning
Nisha Wheeler (NW)	Director of Primary Care, IT and Information Governance
Michael Boyce (MB)	Director of Governance, Quality and Performance

IN ATTENDANCE:

Julian May (JMay)	Administration Team Manager

APOLOGIES:

Dr Anjan Ghosh	London Borough of Bexley Director of Public health
Dr Varun Bhalla	Locality Lead, North Bexley
Dr Jhumur Moir	Locality Lead, Clocktower
Vikki Wilkinson	Vice-Chair of Bexley Patient Council
Dr Clive Anggiansah	Locality Representative, North Bexley

OPENING BUSINESS	
55/18	**Opening business**

55.18.1	SD welcomed all to the governing body meeting. Apologies for absence were noted.
55.18.2	Members signed a copy of the declarations of interest register; there were no additional declarations in respect of agenda items.
55.18.3	The minutes of the meeting held 22 March 2018 were **APPROVED** as an accurate record.
55.18.4	The action log was updated.
55.18.5	There were no matters arising.
PUBLIC OPEN SPACE	
56/18	**Public forum**
56.18.1	**Sabi Ghosh** – Asked if there had been any progress on improving the bus stop positioning at Queen Mary's hospital in Sidcup particularly the 229 route as there was a long walk from the bus stop to the hospital entrance.
56.18.2	**Action: SR to bring back an update on the bus services to Queen Mary's hospital to the next governing body meeting.**
56.18.3	**Peter Adams**: asked for comment on the news that Hurley Group were being asked to plan on what to do when Dartford and Gravesham NHS Trust moved outpatient services from Erith hospital, and the need for improved x-ray services at the Erith site, including plans to construct a new building behind the hospital.
56.18.4	TO responded that the CCG was reviewing the urgent care services in the borough and could not comment on specifics until after the review.
56.18.5	**Peter Adams** remarked that only half of the patients visiting the urgent care centre were Bexley patients, and many did not need urgent care services. There needed to be a proper plan to re-educate patients so that they did not present with conditions that were inappropriate for the urgent care centre to deal with. He suggested that people who were unable to get appointments with their own surgery were also attending the urgent care centre and sited difficulties within his GP practice.
56.18.6	SD observed that with pressure on the healthcare system generally, the CCG was working on the local care networks to make sure all parts of the system could work together.
56.18.7	NW confirmed that appointments should be offered by GP practices two to four weeks in advance, but complaints about individual practices could be raised with the CCG outside the meeting.
56.18.8	**Sabi Ghosh** noted that at a local surgery appointments were limited to one week ahead which was working well. He said that residents should also be encouraged to attend pharmacies.
56.18.9	AB asked that the CCG should raise practical concerns expressed by the public with NHS England, regarding pharmacy, and the surgery concerned. As a

	membership organisation the CCG was well placed to answer concerns raised about member practices.
SUMMARY REPORTS FOR ASSURANCE AND DECISION	
57/18	**Managing director's report**
57.18.1	SD noted that a report from the managing director of the CCG had been added to bring together items of note in a more convenient format for the governing body, and also to highlight some decisions that needed to be made.
57.18.2	TO outlined the contents of the managing director's report, noting the following points for discussion: • The collaboration of CCGs across south east London would now be known as the NHS South East London Commissioning Alliance. The second phase of the south east London review was now under way. • Proposals to establish hyper-acute stoke units in Kent & Medway included five options, three of which would locate a hyper-acute stroke unit at Darenth Valley Hospital. • The better care fund was designed to join up health and wellbeing and information had been included on how funds had been spent during 17/18. This included work on a discharge to assess programme to improve flow, enhancing health in care homes and supporting preventative initiatives as part of the local care networks. • The CCG had received good feedback from stakeholders during the annual 360° survey. • The CCG had received the best level of response nationally to the staff survey and was implementing improvements in areas highlighted by staff. • Integrated care - A virtual programme management office (PMO) was being created to support integrated working. A provider alliance was being set up and an integrated commissioning strategy would be co-produced with partners. • The CCG had met all financial targets in 2017/18 with the exception of its statutory breakeven duty and had reported a deficit of £4.86m. This was lower than expected mainly due to the release of the 0.5% non-recurrent reserve and the return of savings from category M drugs, previously topsliced by NHS England. • The systems resilience section of the report summarised the CCG's position on four targets. Partly as a result of a decision to suspend elective procedures during the winter months, to focus on emergency care, the performance had dipped in the last quarter on 18 week RTT. • Work with primary care included a promotional video and event to match newly qualified GPs with practices in Bexley. 21 of the CCG's 25 practices were now live with the e-consult system. • The NHS Online Bexley app had been rolled out and 71% of those who visited avoided booking a consultation, which it was hoped was due to them finding more appropriate help.
57.18.3	TO advised that there were two items which the governing body had been asked to formally endorse. • The South east London committee in common establishment agreement – The CCG's constitution permitted other organisations to take decisions on

	its behalf. The committees in common would allow CCGs to collaborate where decisions had to be taken across south east London and decisions would have to be unanimous. The agreement set out principles and membership although the meetings themselves had not yet been set up. • The south east London memorandum of understanding had been provided as a requirement where collaborative commissioning arrangements and posts are in place. The aim was to confirm the host, cost apportionment and summarise the high level duties of the posts.
57.18.4	MC noted that the key point in relation to the Kent and Medway stroke consultation was that the new arrangements should include adequate pathways for rehabilitation. AB noted that south east London's collective response had highlighted the importance of rehabilitation.
57.18.5	AB highlighted that CCGs were now expected to create integrated strategies rather than health strategies in isolation. SR welcomed AB's comments, stating that it should be an informed strategy, based on evidence and involving the patient. The joint commissioning director post was useful and the integrated strategy would be the first step in a key shift in the CCG and London Borough of Bexley working together.
57.18.6	AB advised members to consider the context of some of the performance information: • A&E had been particularly busy in March 2018 both in numbers attending and the acuity of patients and the usual March uplift in performance had not occurred. • There were few areas where targets were maintained • The numbers of people involved were small for refer-to-treatment (RTT) and cancer waits, which would explain fluctuations in percentages. However even one missed target was unacceptable and the system would continue to address the challenges.
57.18.7	SR praised the work in relation to the Better Care Fund (BCF) which worked very well, building on a history of strong joint working; as a result Bexley had been asked to take part in a national pilot. However, there was now no formal board for the governance of the BCF sitting underneath the health and wellbeing board and questions had been asked about how there could be better governance. SD accepted that it was a fair challenge that needed to be addressed..
57.18.8	MBurgess asked which representatives would be attending the committees in common and whether they would be governing body members. TO replied that the representatives would be drawn from the membership of the equivalent CCG committees, and would be subject to the chair of the committee's recommendation.
57.18.9	AB noted that the NHS Greenwich CCG governing body had endorsed the paper but with the amendment that the papers should be available in sufficient time to allow members to discuss with governing body and committee members to get agreement before the meeting.
57.18.10	The governing body **APPROVED** the south east London committee in common establishment agreement proposal, subject to assurance that the timescale of paper distribution would allow CCG representatives to attend having secured the agreement and input of their committees / governing bodies.

57.18.11	The governing body **APPROVED** the south east London committee in common establishment agreement.
58/18	**Report of the prime committees**
58.18.1	MB introduced the report of the prime committees, which was composed of three sections, including items for the governing body to note, items detailing decisions that had been made by other committees, and items which required formal approval by the governing body. The items requiring formal approval were: • Updated terms of reference for the audit and integrated assurance committee • Updated terms of reference for the executive management committee • The CCG's safeguarding policy, which explained how staff should act to ensure residents and patients were properly safeguarded
58.18.2	The governing body **APPROVED** the: • Safeguarding adults and children policy and procedure • Audit and integrated assurance committee terms of reference • Executive management committee terms of reference
	FINANCE, PERFORMANCE AND QUALITY UPDATES
59/18	**Integrated quality safety and performance report**
59.18.1	MB asked members to note the report and that due to the adjustment to the timing of the CCG's governing body the information was as previously reported.
59.18.2	MB noted that work was ongoing on sepsis which was a priority for the CCG. He also noted that the CQC had now rated three of the major providers to the CCG as 'requires improvement'. The CCG was now focusing on setting achievable targets for improvement against the main quality measures, and avoid merely monitoring performance. He thanked Kieran Swann, Southwark CCG. for his input.
59.18.3	He noted that each person waiting more than 52 weeks was extremely concerning, and where this resulted in harm to the patient, a serious incident was raised. Each breach was reviewed by a full clinical team.
59.18.4	VSP welcomed the patient story and asked if any were also collected on the experience of children and young people. MB said that stories were available and could be shared outside the meeting.
59.18.5	AB asked how the CCG would use quality alerts from general practice and reverse quality alerts from acute trusts to spot things and raise them with CCG members. MB noted that the CCG maintained a well used quality alerts system, which was reflected in the 360 degree survey, and were experienced in the two way flow of feedback. A recent example was an issue with incorrectly completed discharge summaries, which had been successfully resolved with the trust after being raised at the CCG's quality and safety sub-committee.
59.18.6	AB noted that at a previous governing body Tim Higginson had been asked to attend and to update on how issues were being worked on and improved at the trust, and suggested that it may be a good idea to invite the clinical director of

	Dartford and Gravesham NHS Trust to provide similar assurance.
59.18.7	**Action: MB to invite the clinical director of Dartford & Gravesham NHS Trust to a future meeting of the governing body.**
59.18.8	SR advised that elected members of the council regularly received stories of patient experience, and suggested that they should receive more support in routing them to the correct place. MB agreed, reporting that many elected members had joined the CCG's mystery shopper scheme.
59.18.9	The governing body **DISCUSSED** the contents of the integrated quality safety and performance report.
60/18	**Contracts monitoring report**
60.18.1	VSP updated members on salient issues relating to the contract monitoring report: • Work is on-going to reduce inappropriate demand on district nursing within the Oxleas adult community services contract. • Bexley Care was currently restructuring services to support the local care networks, and ensure that contract monitoring services did not treat community services and adults and mental health in isolation. This would help to accelerate the development of local care networks. • A third consultant had been identified in the Frognal locality for the community cardiology service. Papers would be submitted to the finance sub-committee in relation to cardiology. • Mental health activity continued to overspend at the end of 2017/18 mainly due to elective activity partly offset by an underspend in the non-elective activity. All other areas were spending according to plan.
60.18.2	The governing body **NOTED** the contents the performance of the acute, community, mental health and London Ambulance Service contracts set out in the contracts monitoring report.
	COMMISSIONING AND STRATEGY
61/18	**Obesity prevention strategy update**
61.18.1	SR introduced the obesity prevention strategy. The strategy would be co-produced with the community and all those who can contribute to health outcomes, and was intended to be a strategy for the whole system rather than just public health. When compared to similar peers nationally for childhood obesity, Bexley has the poorest level of obesity rates. The paper explained the complex and multiple factors causing obesity, and its effect on future health and social care needs. The strategy intended to shift from emphasising interventions for individuals such as weight management, to an approach for the whole population with focus on groups particularly at risk. The London Borough of Bexley, together with the CCG's primary care team and general practice would need to work on a place-based strategy to address the growth in population.
61.18.2	SD welcomed the report, especially as obesity was such an issue for Bexley. MC welcomed the strategy and approach, and asked that schools should be involved. SR confirmed that the council was already heavily engaged with schools, who would be involved in the community group, and would take comments back if there were any other groups that could be included. The director of children's services

	was a core member of the health and wellbeing board and the strategy would be presented at the schools' forum.
61.18.3	PC asked that the impact of gender issues on obesity should be considered and the potential impact of parental engagement. Evidence had shown that parental engagement was difficult to secure but had a huge impact where it was successfully achieved.
61.18.4	NW praised the wider engagement in developing the strategy as part of the overall prevention strategy. MB welcomed the strategy and suggested the quality and safety sub-committee revisit the strategy to see what support they could provide.
61.18.5	KM praised the strategy and suggested it needed more detail on specifics, in particular the interventions with groups and calorie restricted diets which had proved effective as part of the national diabetes prevention programme. SR agreed and pointed out that the strategy did not replace any of the existing programmes which were going well.
61.18.6	NR asked how the strategy would become embedded throughout the council committees. SR noted that public health was part of all planning and that every paper submitted for council decision went through a process including consideration by the leadership team in the council.
61.18.7	The governing body **APPROVED** • the proposed change from individual to population level focus • the governance structure
INTEGRATED GOVERNANCE	
62/18	**Board Assurance Framework (BAF)**
62.18.1	MB outlined the BAF, which presented the risks with a residual score of 15 and above. There were three risks around the A&E constitutional standard as well as risks around the quality of services individuals might receive as a result of these targets not being met. There were two risks on referral to treatment, and two regarding the ability of the CCG to identify sufficient QIPP, and getting sufficient clinical engagement to develop schemes. The CCG had risks around its ability to breakeven and to achieve financial balance in 2018/2019.
62.18.2	The governing body **DISCUSSED** the risks in the corporate register with a residual risk rating of 15 and above.
PATIENTS, PUBLIC AND CCG PARTNERS	
63/18	**Update from the patient council**
63.18.1	PC reported that there had not been a patient council, since the last meeting, due to the change in timings of the governing body, but reiterated the work the council was doing with self-care, the mystery shopper scheme and a proposed deep dive on the CCG's finances. The newly elected vice-chair Vikki Wilkinson was keen to develop her role to develop agendas and facilitate some of the patient council activities. The council was trying to echo the governing body themes so that they could provide support.
63.18.2	MC thanked PC for his continuing energy and enthusiasm for the patient agenda

	and members added their appreciation.
63.18.3	AB asked how the CCG could build on its success to ensure that a greater number and diversity of patients attended the governing body and took part in engagement with the CCG. He noted that councils typically engaged well with residents and asked if anything could be learned from the London Borough of Bexley. PC responded that more could be done to make the contribution of patients more meaningful and request questions from people who could not attend in person. He wondered whether some patients were choosing to attend patient council rather than the governing body.
63.18.4	MB noted that the CCG was restructuring the patient experience team to ensure that there was a focus on the mystery shopper data already collected, as well as looking outward to future engagement with the community.
63.18.5	SR noted that the council generally had very good engagement, at forums such as the aging well events and the learning disability partnership board. One of the benefits of more integrated working would be that patients would increasingly have one place to go to voice their concerns about health and care in the borough.
64/18	**Public forum**
64.18.1	**John Harris** asked in whether more meetings of the south east London committee in common would be set up as there had only been one meeting.
64.18.2	AB confirmed that there was no intention for committees in common to meet unless there was business that concerned more than one borough. However it was hoped to have more dedicated public engagement and discussion events.
64.18.3	**Peter Adams** asked how many GPs were lacking in the Bexley area to ensure that there were an acceptable number of GPs per 1,000 residents.
64.18.4	NW explained that a workforce modelling paper had been presented to the primary care commissioning committee but that we should not focus just on GPs. TO confirmed that the borough was finding it hard to attract GPs, but workforce modelling needed to be updated to match demand, including using other healthcare professionals where appropriate. The CCG is part of a collaboration looking at international GP recruitment; there was a recruitment fair event to encourage newly qualified GPs to work in Bexley; and a promotional video aimed at encouraging GPs to live and work in Bexley.
64.18.5	AB noted that no area in London was considered under-doctored, but Bexley was comparatively lower. Retention of doctors was as important and Bexley was doing more than other areas to attract and retain GPs.
64.18.6	**John Harris** asked for the minutes to be published earlier on the website.
64.18.7	**Sabi Ghosh** said that the amplification needed to be better as some members could not be heard. SD asked for the corded microphones to be used in future.
64.18.8	**Sabi Ghosh** asked if it would be useful to set up a network of volunteers attached to each practice who could be asked to visit those with long-term conditions suffering from loneliness or isolation to prevent GPs having to make home visits

	where patients simply needed visits rather than medical attention.
64.18.9	**Action NW to contact John Devlin from Greenwich and Bexley Hospice to discuss the proposal.**
64.18.10	SR noted that the London Borough of Bexley had committed to put £1.6m into prevention, a large part of which was combatting loneliness and isolation. Work was ongoing to make sure that local schemes, such as the one proposed could easily bid for this resource.
INFORMATION AND REFERENCE	
65/18	**Minutes of other committees for information**
65.18.1	The governing body **NOTED** the minutes of other committees.
CLOSING BUSINESS	
66/18	**Any other business**
66.18.1	There was no other business.
	Next meeting of the governing body meeting held in public 1.45pm to 4.30pm, Thursday 5 July 2018 Council Chamber, 2 Watling Street, Second Floor West, Bexleyheath, DA6 7AT