ENCLOSURE: B

Agenda item: /18

NHS Bexley Clinical Commissioning Group

Minutes of the governing body meeting held in public

Thursday 6 September 2018, 2.45pm to 5.45pm

Rooms G04 & G05, Civic offices, 2 Watling Street, Bexleyheath, DA6 7AT

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
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
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

IN ATTENDANCE:

Gail Locock (item 81/18)	Chief Nurse NHS Swale and NHS Dartford, Gravesham and Swanley CCGs
Siobhan Callanan (item 81/18)	Director of Nursing & Quality Dartford and Gravesham NHS Trust,
Alison Rogers	AD of integrated commissioning
Julian May (JMay)	Administration Team Manager

APOLOGIES:

Dr Sonia Khanna-Deshmukh (SKD)	Locality Lead, Frognal
Keith Wood (KW)	Lay Member, Governance
Valerie Shanks-Pepper (VSP)	Director of Integrated Commissioning
Dr Jhumur Moir (JM)	Locality Lead, Clocktower

OPENING BUSINESS	
80/18	**Opening business**
80.18.1	SD welcomed all to the governing body meeting. Apologies for absence were noted.
80.18.2	Members signed a copy of the declarations of interest register; there were no additional declarations in respect of agenda items.
80.18.3	The minutes of the meeting held 5 July 2018 were **APPROVED** as an accurate record subject to the following amendments: • 69.18.4 the phrase 'Local Care Partnership9LCP()' to 'Local Care Partnership (LCP)' • To insert an action for 'MB to review the risks mentioned', and for this to be marked complete on the action log.
80.18.4	The action log was updated.
80.18.5	There were no matters arising.
PROVIDER PRESENTATION	
81/18	**Dartford and Gravesham NHS Trust & Dartford Gravesham and Swanley CCG – Recent CQC report and trust challenges**
81.18.1	SC advised that the CQC had undertaken an unannounced inspection in November, and while almost achieving good overall, the trust received a 'requires improvement' rating. The trust had acted swiftly to implement the 'Must do's and 'Should do's identified by the CQC.
81.18.2	A table of the performance against the domains was provided SC noting that Queen Mary's hospital had nearly received 'Good ' ratings across the board. The challenges in the domains were • Safety. Although infection control was generally done well, good practice was not embedded and there was emphasis on firefighting. Staff on the day did not articulate their understanding of safeguarding or mental health well, which suggests that training was not embedded. The trust used a birthrate plus system against which maternity staffing was not in line. The trust have since changed the measure. • Effective. Much of the changes required in this area were about good housekeeping and maintaining effective systems and evidencing training with proper clinical supervision and update. • Caring. The CQC reported that the overwhelming majority of patients were treated with kindness and dignity. Feedback from a variety of sources recognised that the trust provided emotional support for patients. • Responsive. The trust was struggling on A&E targets. Patients were

	coming in for specialist treatment and being put in beds that while safe, were not appropriate for the specialty. There was some concern that staff were not using translation services appropriately, which suggested further communication was needed. • Leadership. The CQC suggested the 'our family caring for yours' may not be appropriate in every circumstance.
81.18.3	Actions already taken were listed, and improved practice in areas such as equipment checks and training was evident, for example implementing the WHO checklist properly in theatres rather than it being a tick-box exercise. Maintaining compliance with mixed-sex accommodation best practice had fallen off the radar slightly, and improvements including changing the language so that staff ask for a 'male bed' or 'female bed' rather than simply a bed had been implemented.
81.18.4	Senior staff implementing the quality improvement plan met monthly, and regularly visited clinical areas regularly to talk to staff and patients rather than relying on reports and data, and had put posters of the five priorities of the quality plan. Senior staff were fostering a 'high-challenge, high-support' organisational culture. The chief nurse and medical director were visible and encouraged staff both to act as role models of the trusts values and to be comfortable challenging where appropriate.
81.18.5	MC thanked SC for the presentation which gave assurance on progress. She asked if open forums for staff had been considered which had been shown to work in other areas. SC noted that there was a staff engagement open forum with the chief executive, as well as weekly huddles which band 7 nurses were expected to attend, where quick learning could be shared.
81.18.6	NR asked if SC could summarise the main reasons why the service had got so bad and what the CCG could do to prevent this happening in the future.
81.18.7	SC identified staffing levels, the need to improve compliance,evidence training, and to remember basic processes. Constant monitoring and challenge from commissioners would useful.
81.18.8	AB asked for context around the workforce arrangements, and the involvement of the chief nurse and chief medical director in the CIP programme for the trust. SC reported a 16% vacancy rate which had started to decline after some improvement, possibly because the trust was outside London weighting. The Chief nurse and chief medical officer signed off all CIP plans. NHS Improvement assistance had been requested to develop an integrated improvement plan including finance and quality.
81.18.9	KM noted that the plan was similar to other trusts. Noting the use of posters, he said that other trusts had asked band 7s to be champions, and had used Datix reporting as well as the staff survey.
81.18.10	MB noted that the right balance had now been struck between being supportive and challenging to staff, and the CQRG meetings showed a focus on the patient, and a honest and transparent culture.
PUBLIC OPEN SPACE	
82/18	**Public forum**

82.18.1	Sabi Ghosh congratulated Plas Meddyg surgery on their good performance in a recent survey.
82.18.2	Sheila Burston noted that through transformation funding a good deal of money had gone into foot care, especially for people with diabetes. The service provided in QMH is very important as footcare had previously been almost non-existent. She reported that local doctors did not seem aware of the service and asked for assurance that GPs would be brought up to speed with the service and encouraged to refer into it as necessary, and that this service would continue to be supported with resources.
82.18.3	SD thanked Sheila Burston for a crucial question, confirming that the CCG would need to make sure communication went out to practices and was properly disseminated to all GPs and nurses.
82.18.4	KM noted that the STP produced a quarterly report regarding diabetic foot care, and suggested that this would be useful to discuss.
82.18.5	**Action: The CCG to respond to Sheila Burston on the continuing provision of a diabetic foot care service.**
82.18.6	**Action: the quality and safety sub-committee to receive the STP report on diabetes to discuss diabetic foot care**.
82.18.7	Sheila Burston asked about the 8-8 service at Queen Marys, noting that many practices were not referring patients in.
82.18.8	TO responded that communications had gone out but the CCG was still struggling to increase uptake of the service. NW added that recent utilisation reports showed a real increase in the use of the hub.
82.18.9	Roger Brown welcomed the presentation from DGT but asked why they had been asked to attend a Bexley governing body.
82.18.10	MB replied that the CCG was keen to ensure that wherever money was being spent on services for Bexley patients that it was being well spent. Formal meetings called Clinical Quality Review Groups held providers to account, as well as forums such as the governing body meeting.
SUMMARY REPORTS FOR ASSURANCE AND DECISION	
83/18	**Managing director's report**
83.18.1	TO presented the managing directors report, drawing members attention to a number of highlights. • A Bexley Greenwich and Lewisham Programme Management Office (BGL PMO) was being developed which would include leads for planned and unplanned care across the three CCGs. • Draft commissioning intentions had been submitted to SEL and would be published shortly. • The CCG was developing a transformation strategy which would be developed and discussed with the patient council.

83.18.2	• The Local Care Partnership board update noted changes of key personnel in the system. Matthew Trainer was the new chief executive of Oxleas, the new chief executive of DGT was Louisa Ashley and Paul Moore was acting CEO for the London borough of Bexley. • An alliance of a number of providers in the borough had been developed, and the CCG was working with them to find new ways to deliver patient-centred care. • Optum are leading Module 2 of the Commissioning Capability Programme to support the south east London STP as an aspiring ICS system. • Community Connect have been awarded a grant which will help them encourage more people to participate in sport. • Commissioning capability programme Module 1 was under way and was a 12 week development programme for the CCG and its senior staff. • Kent and Medway Joint Health Overview and Scrutiny Committee had commented on the high quality of consultation and next steps would include a detailed consideration of the options in early autumn. • The CCGs objectives had been included in appendix 2 and would shortly be updated with assigned directors. • A summary of the CCGs performance on constitutional targets was provided, 95% of patients saw a specialist within two weeks of an urgent referral for cancer, above the national target and for delayed transfers of Care Bexley was better than the rest of London. However there was disappointing performance on other targets such as referral to treatment and diagnostic waits. • Bexley had been rated 'requires improvement' overall in the IAF ratings, largely because of the financial position. • A recent GP international recruitment campaign had secured two GPs from Spain and Lithuania for south east London both of whom would come to Bexley. • An equalities report had been provided on NHS Online by Bexley's Healthwatch. • Patients were encouraged to use the 111 service which could now book appointments directly into the 8 to 8 service. • Bexley Council were to be congratulated on moving from a CQC rating of 'requires improvement' to 'outstanding' in children's services. • Lewisham and Greenwich NHS Trust were looking at the best way to make the Phlebotomy services available as around 20% of booked appointments were missed. • The Urgent Care Centre at Erith remains open until 10pm but the last patients will now be let into the service at 8pm for safety reasons. TO explained that there were two proposals for approval by the governing body

	• a proposal to pool funding for excess treatment costs within each region with a lead CCG managing the pool top-sliced from CCG allocations. • The new arrangements for safeguarding children in Bexley following the consultation on Local safeguarding children boards.
83.18.3	TW added that the Bexley Safeguarding Childrens board would have its final meeting and would notify the secretary of state of the move to the new arrangements. MB thanked TW for the work on the transition and expressed confidence that the new arrangements would be an improvement for example in the ability for organisations to be required to attend meetings if necessary.
83.18.4	The governing body **ENDORSED** the proposal that the CCG and its key statutory partners (the police and the Local Authority) should replace Bexley Safeguarding Children's Board with a new partnership in September 2018 in line with legislation and statutory guidance and that the Governing Body or nominated sub-committee is provided with an update on the procurement of independent scrutiny for the new partnership arrangements and progress with the early adopter programme.
83.18.5	The governing body **APPROVED** the proposals relating to excess treatment costs.
84/18	**Report of the prime committees**
84.18.1	MB introduced the prime committees report, which summarised the delegated decisions made by the prime committees of the governing body.
84.18.2	In terms of decisions referred to the governing body for approval, there were amended terms of reference for the integrated governance and performance committee and the commissioning strategy committee. Minor changes to the quoracy requirements had been made to allow for situations where all GPs were conflicted.
84.18.3	The governing body **APPROVED** • the Integrated Governance and Performance terms of reference • the Commissioning Strategy Committee terms of reference
FINANCE, PERFORMANCE AND QUALITY UPDATES	
85/18	**MONTH 3 FINANCE REPORT**
85.18.1	MH noted that the figures were slightly outdated due to national checking and validation procedures. The figures for month 3 showed a £4.9m deficit brought forward from the previous year. There was already some potential movement from plan in month three, however recent figures suggest that there has been further much more significant movement.

85.18.2	There had been a particular increase in referrals for both first outpatient and follow-up appointments. This could not solely be explained by population growth, which would only account for a 1-2% increase of the total10-12% increase in referrals shown by the figures. CCG's across south east London were responding to these figures with visits to surgeries, and checking the trust's figures for accuracy, but this would not bring an immediate improvement. There were also financial pressures arising from continuing healthcare, although the primary area of concern was around spending on acute services.
85.18.3	The CCG was currently reporting a break-even position in year in line with the plan, but there is a significant risk that this could move into a real deficit in coming months. This would be addressed by looking at additional QIPP for 2018-19 as well as 2019-20.
85.18.4	AB commented that there was understandable frustration with an annual financial planning round which did not lend itself to long term planning. However the CCG was focusing on addressing those areas which were both amenable to change and likely to produce an improvement within the current year. Consequently there was a concentration on referrals, as it would improve patient experience but also release around £1-2m. Although it was not certain whether the new electronic referral system or increased pressure on primary care contributed, the increase seemed to be a worrying step-change. He asked the CCG as a membership organisation of practices to throw themselves into the challenge.
85.18.5	NW added that the demand management team had been established locally and would be going out to practices to work collectively to support the system. TO added that there were other actions such as newsletters showing the alternatives to referral. It would be helpful if practices fed back to the CCG additional tools that can be provided.
85.18.6	SR noted that there was an opportunity to use assistive technology. He asked if there was any further update on the 70th birthday funding, and commented that the council was trying to make social care more accessible and immediate. Where people were attending hospital for social care reasons the system would need to work together. He asked if there was any data on reasons for referrals in Bexley compared to others such as Lewisham.
85.18.7	AB responded that there did not seem to be a clear set of differences. There was more to compare the utilisation of community services, for example at Greenwich it was found that the 8 to 8 service was only at 20% utilisation on the same day as high admissions in secondary care for conditions that could have been dealt with in primary care. The NHS birthday gift has now become the long-term plan, and the first call on this additional resource is likely to be the wage bill occasioned by the recent NHS pay rise. It is also likely funding would only be released for transformation rather than to fund any increase in activity.
85.18.8	MC noted that the CCG would need to target practices to use Consultant Connect but also ensure consultants were available and responsive. AB noted that an 11 point plan had been formulated to address the problem, ranging from examining the data to potentially asking secondary care to reject inappropriate referrals with a plan.

85.18.9	The governing body **NOTED** the finance report and the efforts being made by the CCG to address the challenges.
86/18	**Integrated quality safety and performance report**
86.18.1	MB noted that as agreed at the July governing body meeting the CCG had looked at quality reporting across the CCG reflecting the change in governance structure. This had been carried out in consultation with governing body members Paul Cutler and Mary Currie. The quality and safety sub-committee would focus on the nuts and bolts detail as well as an increased programme of visits. The Integrated Governance and Performance committee (IGP) would receive a summary of their work and any issues escalated. The governing body meeting would be provided with an overview of each.
86.18.2	The Integrated Assurance Framework had been reported to IGP, comparing the April release of data and the July data focusing on key lines of enquiry. Three indicators had improved and three had deteriorated. IAPT access was a particular issue.
86.18.3	**Action: Mind in Bexley to be invited to the next governing body meeting to discuss IATP access.**
86.18.4	The governing body **NOTED** the progress reported in the integrated quality, safety and performance report.
87/18	**Contracts monitoring report**
87.18.1	AR referred members to the contracts monitoring report, highlighting the following points. • Underperformance on the children and adolescent mental health (CAMHS) target to provide two appointments to 32% of children with a diagnosable mental health need. Bexley and Greenwich had a lower score than the rest of London. There was an issue with reporting using the Rio system which meant that the activity did not flow well into the national dataset. Meetings were being held to address the issue. • A predicted drop in the recovery rate in relation to adult IAPT. This was known and had been signalled to NHS England. After earlier work to encourage referrals, a large number of referrals had been accepted wrongly by the IAPT service. The CCG conducted an exercise with the provider Mind to discharge these individuals to more appropriate services. The consequence was a dip in the recorded recovery figure. While this figure was now improving it would impact on the whole year figure.
87.18.2	VB noted there was an increase in outpatient first attendances of 7% as well as out-patient follow up appointments increasing by 13% and elective activity increasing by 3%. He asked if taken together this might signify unmet need that was being uncovered, and whether the increase in elective activity would follow through into a reduction in waiting lists.
87.18.3	AB replied that this may be caused by backlog reduction by acute trusts. Waiting lists needed to be reduced as quickly as possible, but also need to consider the affordability of reducing these waits.

87.18.4	AB asked what the likely pace of recovery would be on the children and adolescent mental health target. AR noted that Bexley were different to other boroughs such as Bromley, which had tier 2 activity commissioned jointly with the council with a lot of activity. South east London was projecting 27% on the target by the end of the year, although Bexley's figures would be affected by the data issue with Rio.
87.18.5	PC asked if the figure around CAMHS was contributing to any health inequalities. AB noted that there may be issues on whether we have gaps in service, and whether social care activity could be included in the recording. A useful comparison could be with Bromley. AR added that there was so much scope to do more with CAMHS, and the CCG had struggled with a lack of Tier two services for a number of years. Once the data had been looked at the problem may not be a CAMHS or Oxleas performance issue.
87.18.6	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.
INTEGRATED GOVERNANCE	
88/18	**Board Assurance Framework (BAF)**
88.18.1	MB outlined the risks on the board assurance framework. Four related to A&E targets and Referral to treatment. Others related to the delivery of QIPP, increase in CHC spend, failure to deliver an sustainable STP, and acute contract overperformance. The highest rated risks were the risk of failure to breakeven in 2018/19 and the risk of failure to deliver the required level of QIPP.
88.18.2	SR queried the risk related to home first and the discharge to assess process which the risk described as being deemed unaffordable by the London Borough of Bexley. MB noted that there had recently been a review of discharge to assess in mitigation of the risk. TO added that the review would be examined by the A&E delivery board but that the risk should be better articulated to reflect that the discharge to assess programme would not be stopped but rather changed to ensure affordability.
88.18.3	AB commented that the south east London executive had suggested a comparison of BAFs across CCGs in the alliance to share learning but also to align the description of shared risks which were currently articulated differently in different places; for example the risk related to failure to meet Referral to Treatment targets.
88.18.4	The governing body **DISCUSSED** the risks in the corporate register with a residual risk rating of 15 and above.
PATIENTS, PUBLIC AND CCG PARTNERS	
89/18	**Update from the patient council**
89.18.1	PC outlined a summary of points from the patient council: • Governing body meetings were felt to be useful, including feedback in the form of notes, but were not always easy to access. The council proposed the use of more video clips and the suggestion that the governing body meetings could be hosted by, or meet at, other organisations. • The council reported an improved relationship with Bexley Care and discussions regarding the changes proposed.

	• The council heard a powerful presentation about Mencap and access to care for people with learning disabilities. The level of emotion in the discussion of poor outcomes for people with LD was remarkable, and although governing body meetings addressed the strategic level, they needed to remember the deep effect of some issues on peoples lives. • Patients were aware of the problems in building a sustainable workforce in primary care, and the need to prioritise this crucial issue. • Positive feedback had been received from engagement. A recent PPG engagement event attracted 41 people. It was clear that people wished to discuss the future of the NHS, and the challenges to commissioning, in particular the effect of money. The governing body should not be hesitant in talking about financial issues as patients were ready to engage in this discussion.
89.18.2	Members discussed the use of videos noting that it could be used to share patient's experience of care, as well as engage with younger patients.
89.18.3	NR noted the managing directors report highlighted a number of people who did not attend appointments, and asked if there was anything the patient council could do to address this problem.
90/18	**Public forum**
90.18.1	**Sabi Ghosh** asked if there was any way that the governing body meetings could be summarised for wider dissemination, as the papers were quite a lot to digest. AB noted that the cover sheets of reports were intended to force the author to elaborate. Authors may need to provide some provocation on what is important. At Lewisham the chair created a short video after the event to summarise what happened at the governing body.
90.18.2	**Sheila Burston** asked why the phlebotomy service was now appointments only. TO noted that the service had been run on this basis however there had been problems with queues. At the moment the service had returned to appointments only. There had been some issues with the frail and elderly accessing walk in centres.
INFORMATION AND REFERENCE	
91/18	**Minutes of other committees for information**
91.18.1	The governing body **NOTED** the minutes of other committees.
CLOSING BUSINESS	
92/18	**Any other business**
92.18.1	KM noted that the STP produced a quarterly report regarding diabetic foot care, and suggested that this would be useful to discuss.
92.18.2	**Action: the quality and safety sub-committee to receive the STP report on diabetes to discuss diabetic foot care**.
93/18	**Next meeting of the governing body meeting held in public**

93/18.1	2.45pm to 5.45pm, Thursday 1st November 2018 Council Chamber, Civic offices, 2 Watling Street, Bexleyheath, DA6 7AT