

Minutes of the governing body meeting held in public

Thursday 17th January 2019, 2.45pm to 5.45pm

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 Sonia Khanna-Deshmukh (SKD)	Locality Lead, Frogna
Mark Burgess (MBurgess)	Locality Representative, Frogna
Lisa Wilson (LW)	Locality Representative, Clocktower
Nisha Wheeler (NW)	Director of Primary Care, IT and Information Governance
Stuart Rowbotham (SR)	London Borough of Bexley Director of Adult Social Care
Dr Mehal Patel (MP)	Locality Representative, North Bexley
Dr Jhumur Moir (JM)	Locality Lead, Clocktower
Keith Wood (KW)	Lay Member, Governance

IN ATTENDANCE:

Matthew Trainer (MT) (item 02/19)	Chief Executive Oxleas NHS Foundation Trust
Robert Shaw (RS)	Director of Commissioning, Greenwich CCG
Simon Beard (SB) (for M Boyce)	Assistant Director of Corporate Services
Julian May (JMay)	Administration Team Manager

APOLOGIES:

Dr Anjan Ghosh (AG)	London Borough of Bexley Director of Public Health
Valerie Shanks-Pepper (VSP)	Director of Integrated Commissioning
Dr Koteswara Muralidhara (KM)	Secondary Care doctor
Neil Ross (NR)	Lay Member, Legal and Procurement
Paul Cutler (PC)	Lay Member, Patient and Public Involvement
Michael Boyce (MB)	Chief Operating Officer
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

OPENING BUSINESS	
01/19	Opening business



01.19.1	SD welcomed all to the governing body meeting. Apologies for absence were noted.
01.19.2	Members signed a copy of the declarations of interest register; there were no additional declarations in respect of agenda items.
01.19.3	The minutes of the meeting held 1 st November 2019 were APPROVED as an accurate record.
01.19.4	The action log was updated.
01.19.5	There were no matters arising.
PROVIDER PRESENTATION	
02/19	Oxleas NHS Foundation Trust and Bexley Care update
02.19.1	MT described Oxleas as an integrated community and mental health provider delivering services to residents of Bexley, Greenwich and Bromley. The current c3,600 staff was more than previously as a result of an effort to take cost out of estate, focus on staff and patient care, and deliver around 4% savings over the last 5 years. Of note was Oxleas work in delivering mental healthcare to prisons in Greenwich and Kent, in the context of 2/3 prison inmates being diagnosed with some mental illness, and its work with CAMHS, where it had reduced the average distance which children with severe mental ill health needed to travel from 77 miles to 7 miles.
02.19.2	Changes in Bexley Care were based around the concept that the majority of people needed care from both health and social care, and that bringing these together benefitted the patient as well as enabling management costs to be taken out. Among the streams of work: <ul style="list-style-type: none"> • DTOC showed improvement to the extent that Bexley was 11th out of 151 local authorities. • Discharge to assess and reablement had facilitated better care for people outside the acute hospitals and allowed more people to go home with only 3% of clients moving to long term care. • Integrated case management was the NHS and primary care working together with social care and voluntary organisations on complex cases, and had helped reduce the number of times people needed to go to their GP and make them feel they were being looked after. Many good ideas for improvements had come from voluntary sector partners. • A single point of contact and a single referral form was designed to reduce administration time and collect the required information without duplication. • District nursing activity had been reduced from 140% of commissioned level to 110% and further work was still ongoing to ensure that district nurses were being used in the most effective way.



02.19.2	A staff consultation had been held on the proposed reorganisation of Bexley Care around LCNs in which staff supported the move but some sensible objections had been raised; for example the risk that splitting very specialist teams across the LCNs may hamper sickness cover and learning from peers. As a result of this the programme was slowing down in order to ensure the changes were delivered in the right way. Management structures would be simplified in April but physical co-location would be implemented later.
02.19.3	SD thanked MT for the presentation, noting that GPs had found the integrated case management meetings useful.
02.19.4	MC asked what support the CCG could provide to Oxleas as a provider, specifically around record sharing and integrated systems. MT noted that the CCG had been supportive of better integration. Whilst record sharing was a challenge, particularly in view of the move to new arrangements, Oxleas was in a good place with this.
02.19.5	SR stated that there was deep commitment to making the information sharing work for the benefit of patients, however IT was a challenge nationally. He observed that integration was mainly about a mind-set and way of working together, and it was right to slow down and focus on this rather than focusing on the physical form such working together might take. Taking into account the Long Term Plan, members would need to focus on local care networks as a model for the system on how integration can work and prevent them from being solely associated with Bexley Care.

PUBLIC OPEN SPACE

03/19	PUBLIC FORUM 1 OF 2
03.19.1	Ms Sheila Burston noted that as a Bexley service champion for Diabetes UK she was very concerned about the changes to diabetes care, in particular the provision of the service across three boroughs. Despite the need for patients to be involved in all areas of change patients had not been invited to key meetings. Additionally Ms Burston noted that the diabetes foot care service was vital and would help reduce unnecessary amputations, however GPs were still not referring in to the service.
03.19.2	SD noted that an update would be provided on the progress with increasing referrals to the foot care service.
03.19.3	RS apologised that Ms Burston had not been invited to engagement meetings. The work across the three boroughs was starting and aimed to support patients with self-care, as feedback from patients had revealed they would prefer to be helped at home rather than waiting for appointments. The programme also promoted better working together. The changes centred on better co-ordination, and were not a change in providers or a



	change in places where patients could go. The GP federation would be used to deliver care closer to home.
03.19.4	Mr Peter Adams asked if Oxleas had plans for the North House site. MT noted that the trust did have a plan to set up the site for a Learning Disability service however this would have required CQC registration. The CQC had indicated that approval would be difficult because of the national direction of travel to reduce the number of LD patients in dormitories. There were further questions about the financial impact.
03.19.5	Mr Peter Adams asked if there was an update on the urgent care review and whether there would be a public consultation. NW noted that an update had been included in the managing directors' report, and further patient engagement would follow. AB added that the CCG was determining the proportionate response to the proposed move and would follow all the rules.
03.19.6	Mr Sabi Ghosh asked if the CCG was taking action in relation to Brexit. TO noted that the CCG's response to the issue was summarised in the managing director's report.

SUMMARY REPORTS FOR ASSURANCE AND DECISION

04/19	Managing director's report
04.19.1	<p>TO introduced members to the managing director's report and highlighted the following points:</p> <ul style="list-style-type: none"> • The NHS Long Term Plan had been published which contained some ambitious goals not only about bringing the system back into balance but making sure people got the best start in life, delivering improvements to patient care and supporting people to age well. This would be delivered through doing things differently, preventing illness and health inequalities, backing the workforce, and making better use of data and digital technology and getting the most out of the taxpayers' investment. • In primary care the 8 to 8 service was still underutilised with only 58% usage, with reasons including DNA rate of 12% and poor usage on Sundays. Bexley Health Neighbourhood Care (the GP Federation) were exploring options such as making more appointments available for 111 to refer in to and exploring options with practices with poor usage or high DNA rates • Cairngall medical practice would close on 31st March 2019. Letters had been sent to patients and there had been a number of engagement events. Although around 5,000 were still registered at the practice this number was reducing and the CCG were doing what it could to encourage patients to register with another practice. Monthly meetings were being held with the caretaker. • The CCG was assessing the risks related to Brexit and ensuring



	<p>guidance for operational readiness in line with national guidance and MB was leading this for the CCG. All staff were working hard to mitigate any ill-effects.</p>
04.19.2	<p>TO noted that SB had led the excellent work for the CCG to ensure that it had adequate Emergency, Preparedness, Resilience and Response plans, and the CCG had been assessed as providing full assurance from NHS England and there was therefore no action plan. The governing body was asked to formally accept this assessment. TO also asked members to note that the CCG had been approached by NHSE for permission to share its documents as best practice.</p>
04.19.3	<p>AB noted that a number of documents had been released on the Long term plan, including allocations for CCGs as well as the plan itself.</p>
04.19.4	<p>The governing body NOTED:</p> <ul style="list-style-type: none"> • the contents of the report • the progress against the CCG's 2018/19 corporate objectives • the publication of the NHS Long Term Plan • the update on development of the SEL IGP CIC • the outcomes of the 2018 NHS staff survey are now available in detail for the CCG to consider • the ongoing work taking place at CCG and STP level on EU Exit planning
04.19.5	<p>The Governing Body APPROVED acceptance of the NHS England (London) EPRR team's assessment that the CCG provided full assurance on its Emergency Preparedness, Resilience and Response plans.</p>
04.19.6	<p>AB announced that the alliance of CCGs had been reviewing its executive leadership and capacity, to support system wide changes, local integration and work with the local care networks as well as the required management cost reduction. The alliance had aimed not to use expensive consultants or look outside the existing executive capacity. A Director of South East London System Reform post had been created as a two year secondment and TO had successfully applied for this post. This appointment would ensure the post was held by an executive with a deep knowledge of the south east London system.</p>
04.19.7	<p>Additionally a proposal had been made to merge the executive teams of Greenwich and Bexley CCGs because of a number of common features and shared providers. Duplicated arrangements not only meant the same thing was being done twice, but that there were some areas that were not being focused on enough such as greater collaboration with local councils. A single managing director had been proposed and Neil Kennett-Brown, the current managing director of Greenwich CCG, had agreed to take on this role for the period of Theresa Osborne's secondment to the Director of South East London System Reform role, and would join the CCG on 11th</p>



04.19.8	February.
04.19.9	AB emphasised that the changes were not a merger of Bexley and Greenwich CCGs, which remained separate sovereign bodies. It was also not a merger of governing bodies, staff or management teams of the two CCGs. No executive capacity would be lost.
04.19.10	AB thanked Theresa Osborne for her leadership and dedication to the CCG and various predecessor commissioning organisations around Bexley. Members joined in expressing gratitude, NW thanked her for her personal mentoring support and on behalf of staff. KW recognised her commitment over many years in Bexley and that she would be missed. SR on behalf of the council paid tribute to her knowledge of the system and clarity and honesty in negotiations.
05/19	Report of the prime committees
05.19.1	SB noted that the prime committees' report was submitted as a summary of the decisions made, and issues discussed, in the CCG's sub committees. He pointed out that the report now contained a summary of the south east London integrated governance and performance committee which had been set up as a platform for discussion and challenge on issues common to the CCGs in south east London.
05.19.2	The report asked for approval of a policy which had been discussed by the quality and safety sub-committee on "Persistent and unreasonable contacts".
05.19.3	The governing body NOTED the items discussed at the CCG's committees held since the last governing body meeting.
05.19.4	The governing body APPROVED the persistent and unreasonable contacts policy.
FINANCE, PERFORMANCE AND QUALITY UPDATES	
06/19	MONTH 8 FINANCE REPORT
06.19.1	MH introduced the month 8 finance report. There was no significant change to the challenges that had faced the CCG all year: <ul style="list-style-type: none"> • The acute trusts had overspends collectively amounting to c£13m • The programme budget summary highlighted pressures around continuing care clients which were difficult to predict • There was still some underspend accruing on primary care budgets
06.19.2	The end of year position was currently predicted to be c£14m deficit but it was hoped that this would improve before the year end. With the help of the south east London integrated contract delivery team (ICDT) the Dartford



	<p>contract position had been signed off for the year for three of the boroughs which had produced a benefit of around £500k and sealed the risk on the contract until the end of the year. This would be shown in the following month's position. Discussions were ongoing with other trusts to fix the year end position.</p>
06.19.3	<p>KW reflected that the financial position was not comfortable. He pointed out that where the CCG collaborated with other CCGs in south east London on QIPP schemes, the schemes rarely produced significant savings for Bexley CCG, as work had already been undertaken by the CCG on these areas previously. This had been seen from recent business cases approved. Discussions would continue with the trusts on sensible and achievable saving schemes over the coming years.</p>
06.19.4	<p>MC asked if opportunities were being taken to include the QIPP savings into contracts with trusts to ensure that the risk was shared and to provide incentive for collaboration. RS advised that work with the ICDT would focus on identifying high impact schemes, and workshops with Lewisham and Greenwich NHS Trust had shown that it was in agreement that costs needed to be taken out of the system altogether rather than simply moved between organisations.</p>
06.19.5	<p>SD noted that key areas of increased cost were acute and continuing healthcare and asked how the CCG's CHC spend compared to that of peers. MH confirmed that there were quarterly reports on volume and cost nationally as well as some national prices, however the volumes could not be controlled and was unpredictable; at least three boroughs in south east London had spent funds in addition to the budget amount. TO added that national benchmarking had been conducted 12-18 months' ago but this had not identified any opportunity for savings for Bexley.</p>
06.19.6	<p>The governing body NOTED:</p> <ul style="list-style-type: none"> • that the Month 8 (November) financial position and forecast outturn financial positions are not in line with the annual plan submitted to NHS England. • the details of the 2018/19 allocations (programme and running costs) received and expenditure to date. • the returns made to NHS England reporting the Month 8 financial position. • the key risks identified to achieving the predicted position in 2018/19 and the management actions being taken to address and mitigate these risks where possible. • the financial position for month 8 (November) for primary medical services as provided by NHS England. • the month 8 actual performance against the key national finance targets.



<p>07/19</p> <p>07.19.1</p> <p>07.19.2</p> <p>07.19.3</p> <p>07.19.4</p>	<p>Integrated quality safety and performance report</p> <p>SB presented the report which contained a quality report and current performance against the IAF, highlighting that:</p> <ul style="list-style-type: none"> • A care quality commission report had been published following a recent inspection of Lewisham and Greenwich NHS trust, which showed improvements in all areas inspected. The overall rating was still requires improvement but a rating of 'good' had been achieved for patient care, and maternity services had moved from 'requires improvement' to 'good'. • The report outlined Bexley CCG's priority indicators as well as those which were a priority across the SEL STP. These were subject to deep dives by the CCG's integrated governance & performance committee. <p>MC noted the report on a number of never events which involved wrong site surgery and asked who was responsible for coordinating the commissioning response across south east London. AB noted that Southwark and Lambeth had reciprocal arrangements in relation to CQRGs which were attended by senior representatives of King's College Hospital Foundation Trust and Guy's and St Thomas's Foundation Trust. However he would continue to advocate to governing bodies a formal approach to quality across the CCGs with a single director of quality for south east London.</p> <p>KW noted, on behalf of PC, that the mystery shopper membership had plateaued but that this was in part due to GDPR requirements, meaning some people had asked to be removed from the list, and the end of the promotion period in libraries.</p> <p>The governing body NOTED the integrated quality safety and performance report.</p>
<p>08/19</p> <p>08.19.1</p>	<p>NHS Bexley Acute performance Report – month 7</p> <p>RS presented the acute performance report, highlighting:</p> <ul style="list-style-type: none"> • Elective spend had increased, in particular activity was over plan for cataracts • There had been an increase in the number of patients waiting more than 6 weeks for a diagnostic test • There continued to be improvements in the levels of referrals but more needed to be done. The main challenge continued to be referrals to Guy's and St Thomas's • Challenges to A&E waiting times continued. LGT was stable but pressured with challenges in staffing and discharges. Dartford and Gravesham NHS Trust was 87.6% compared to a trajectory of 93.1% due to increased activity and availability of specialist and middle



<p>08.19.2</p> <p>08.19.3</p> <p>08.19.4</p>	<p>grade doctors for assessments</p> <ul style="list-style-type: none"> • At LGT there was a 46% increase in patients waiting over 18 weeks in October 2018 compared to October 2017. There were challenges with bariatric and colorectal capacity at King's College Hospital. Work to improve this included additional day case lists, including at weekends, as well as validating the lists to ensure the correct patients were on the lists. Trusts were taking steps to preserve elective capacity over the winter period. • The 2 week wait target had been achieved for October although there were issues with the urology pathway and the patient tracking list and backlog were still too large. • The 6 week wait for diagnostics target was not being met, with increased breaches for endoscopy as well as audiology and echocardiography. <p>MC noted that outpatient follow ups showed an increase as well as a spike in October and asked, given the importance of the issue, whether there had been any early indications of improvement in the December figures. RS explained that December figures were not available, unvalidated figures for November showed a decrease compared to the previous year but still a higher figure than was desirable. Further proposals in referral management were being developed and would be brought to committee in coming months.</p> <p>MC noted that a CT scanner had been decommissioned quite abruptly at King's and additional capacity had been sourced. Although patients were still getting their scans, the governing body should be assured that equipment refresh was a planned part of the contract. RS agreed and advised that equipment was embedded in the PFI agreement with PRUH however the Denmark Hill site had separate capital funding arrangements. This aspect was monitored through contract meetings by the ICDDT.</p> <p>The governing body NOTED the NHS Bexley CCG Acute performance Report – month 7.</p>
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INTEGRATED GOVERNANCE

<p>09/19</p> <p>09.19.1</p>	<p>Board Assurance Framework (BAF)</p> <p>SB presented the board assurance framework designed to bring to the attention of the governing body the highest scored risks on the risk register. The CCG had arrangements for the review of risks at team meetings, at the monthly risk meeting for risk owners, at sub committees, and at the integrated governance and performance committee which reviewed risks rated ten and above every month as well as the full risk register every quarter. Eight risks were rated 15 and above (and therefore qualified for the BAF) of which three were assigned the highest risk rating of 25 and were now issues, as opposed to risks.</p>
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09.19.2	MC commented that risk 283 – the risk that mothers and babies accessing care from LGT will receive suboptimal care – was concerning and needed to be high priority for the governing body. Even the actions being taken would only reduce the risk to amber. She noted that the CCG’s quality team were working hard to see what they could do but that the risk needed to be monitored across the CCG with involvement from the integrated commissioning team, who also needed to attend quality & safety sub-committee meetings. AB suggested that the CCG’s IGP committee should consider the issue as directed by the governing body.
09.19.3	Action: VS and MB to direct relevant integrated commissioning and quality staff to prepare a report on actions being taken in respect of risk 283 (risk that mothers and babies accessing care from LGT will receive suboptimal care) for the March IGP committee.
09.19.4	NW commented that risks 271 (“There is a risk that during 2018-19 patients will not receive treatment within 18 weeks across all providers”) and 434 were similar in content. SB confirmed that although the risks were similar, one risk related to the commissioning-related risk of the failure to meet a constitutional standard, and the other to the impact on the quality of care for Bexley patients.
09.19.5	The governing body NOTED the risks in BAF with a residual risk rating of 15 and above.

PATIENTS, PUBLIC AND CCG PARTNERS

10/19	Public Health Update
10.19.1	In the absence of Dr Anjan Ghosh this item could not be taken. The item would be a standing item on future meetings of the governing body.
11/19	Update from the patient council
11.19.1	SD noted that an informal Bexley Patient Council meeting had taken place on 12 th December celebrating achievements and to thank members for their support and contribution throughout the year. The following was noted in relation to plans for 2019: <ul style="list-style-type: none"> • Arrangements for the patient council to engage in development of the CCG’s transformation strategy are being made • An update was provided on engagement around proposals for the Erith UCC • EPEC – an update was shared on discussions and work plans of this committee (which is the CCG engagement and equality assurance board) • PPG audit - it was confirmed that Lotta Hackett is leading on this work and that a PPG network meeting will be announced shortly to progress this



11.19.2	The governing body NOTED the update from the patient council.
12/19	Public forum
12.19.1	Mr Peter Adams thanked TO for her contribution to the CCG on behalf of the members of public and patients.
INFORMATION AND REFERENCE	
13/19	Minutes of other committees for information
13.19.1	The governing body NOTED the minutes of other committees.
CLOSING BUSINESS	
14/19	Any other business
14.19.1	There was no other business
15/19	Next meeting of the governing body meeting held in public
15/19.1	1.45pm to 4.45pm, Thursday 7 th March 2019, Danson Boathouse

