NHS
Bexley
Clinical Commissioning Group

inutes of the governing body meeting held in public

Thursday 2nd May 2019, 2.45pm to 5.45pm

PRESENT:

Dr Sid Deshmukh (SD) (chair)	Chair
Neil Kennett-Brown (NKB)	Managing Director
Mary Currie (MC)	Governing Body Nurse
Malcolm Hines (MH)	Finance Director
David Maloney (DM)	Finance Director
Mark Burgess (MBurgess)	Locality Representative, Frognal
Lisa Wilson (LW)	Locality Representative, Clocktower
Dr Mehal Patel (MP)	Locality Representative, North Bexley
Dr Jhumur Moir (JM)	Locality Lead, Clocktower
Keith Wood (KW)	Lay Member, Governance
Valerie Shanks-Pepper (VSP)	Director of Integrated Commissioning
Dr Koteshwara 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)	Deputy Managing Director and Director of Quality
Nisha Wheeler (NW)	Director of Primary Care, IT and Information Governance
Dr Varun Bhalla (VB)	Locality Lead, North Bexley
Usman Niazi (UN)	Chief Financial Officer SEL CCG Alliance
Virginia Morley (VM)	Director of Commissioning Development
Vikki Wilkinson (VW)	Vice-Chair of Bexley Patient Council
Dr Clive Anggiansah (CA)	Locality Representative, North Bexley

IN ATTENDANCE:

Julian May (JMay)	Administration Team Manager

APOLOGIES:

Dr Anjan Ghosh (AG)	London Borough of Bexley Director of Public Health
Robert Shaw	Chief Operating Officer
Andrew Bland (AB)	Accountable Officer
Dr Sonia Khanna-Deshmukh (SKD)	Locality Lead, Frognal
Stuart Rowbotham (SR)	London Borough of Bexley Director of Adult Social Care

OPENING BUSINESS	
31/19	**OPENING BUSINESS**
31.19.1	SD welcomed all to the governing body meeting. Apologies for absence were noted.
31.19.2	Members signed a copy of the declarations of interest register; there were no

	additional declarations in respect of agenda items.
31.19.3	The minutes of the meeting held 07th March 2019 were **APPROVED** as an accurate record.
31.19.4	The action log was updated.
31.19.5	There were no matters arising.
PROVIDER PRESENTATION	
32/19	**BEXLEY PLACE BASED STRATEGY**
32.19.1	GM outlined the draft place based strategy for Bexley, noting the following points. • The intention had been to develop a place based approach to responding to population need with a focus on health and wellbeing being much closer together. • In recognition of the number of strategies that have been developed both from the CCG and council, and it was hoped this strategy would help to encompass and bring them together. The depth and complexity of the strategies made a simple summary challenging. • The statistics for health and care showed issues that had been drawn out in the prevention strategy such as people living in poor health towards the end of their lives. • Changes were already part of the system, but the person would be at the centre of everything, supported by general practice team up to the local care partnership across Bexley. It was proposed shortly to develop primary care networks across the borough. • The Long Term Plan had been released nationally and was also detailed and ambitious in scope. The categories of start well, live well and age well from the plan had been used to categorise some priorities for Bexley, bringing in plans for specific long term conditions and place based support for mental health issues. • The key section for development with partners was a set of health and care ambitions for Bexley as a place. Some had been listed, involving improved partnership working, the development of digital technology to maximize return on investment and efforts to support the workforce, as well as achieving financial sustainability. • Engagement had already taken place, but the strategy would continue to be discussed with staff colleagues and the public. The help and support of all stakeholders would help create a strategy for the place.
32.19.2	MC noted the support for alcohol abuse and those with poor mental health and asked if there was also support for drug abuse. GM advised that this would be drawn out more in future editions.
32.19.3	PC thanked VM for presenting the strategy at the patient council, and expressed the support of patients and their willingness to be involved in developing the strategy and the next steps. The next big action would need to be formal and informal engagement with patients. He asked how the strategy would be informed by the changes to the place based structure. GM expressed her gratitude for the discussion at the patient council, noting that the group represented a diverse range of views and useful input on long term conditions and the need for more

	information and wider engagement with hard-to-reach groups.
32.19.4	NKB added that the Bexley Health and Wellbeing board would oversee the strategy, and the Local Care Partnership programme board would act as a forum for discussing it. For the strategy to be successful the involvement of all partners and stakeholders would be needed.
PUBLIC OPEN SPACE	
33/19	**PUBLIC FORUM 1 OF 2**
33.19.1	**Sheila Burston** thanked Bexley as a participant in the decision on Freestyle Libre as one of the beneficiaries. In relation to the strategy Ms Burston observed that IT always seemed to be a problem in delivering wider change, for example issues over patient records which had never been satisfactorily resolved.
33.19.2	NW advised that historical issues with IT systems had centred around interoperability but improvements had been made and now Bexley residents could access their records online. Professional access was also in place with Connect Care and progress was being made in ensuring relevant data sharing agreements were in place.
33.19.3	**Sheila Burston** noted that diabetes services were being redesigned on a tri-borough basis however there had not been any engagement since December 2018. Conversations with a local diabetes specialist suggested clinicians had not been engaged with either. The two diabetes specialist nurses at Queen Mary's Hospital were due to retire and the CCG would only fund the replacement of one of them. A DSN in community was also due to retire. Emphasising the key role of DSNs in supporting practices and wider education work, Ms Burston asked what would be done to replace these staff. There also needed more clarity on proposed location moves for diabetes services in Queen Mary Hospital.
33.19.4	**Action: CCG to provide a response on the questions raised on diabetes.**
33.19.5	PC acknowledged the work of Sheila Burston over a number of months at the patient council raising issues related to diabetes, and informed members that a special session on diabetes would be held to work through a list of priority discussion points.
33.19.6	**Sheila Burston** also asked if pharmacists were reimbursed for the work they did advising patients.
33.19.7	NKB advised that pharmacists were given additional funds for specific minor ailments work, but the expectation was that pharmacists should provide advice over the counter. Pharmacists were an excellent source of advice for patients.
33.19.8	**Sabi Ghosh** expressed concern at the health difference in health outcomes between the north and south of the borough and asked how the two areas would be equalised.
	NK confirmed that a key theme of the strategy would be to tackle health inequalities. For example it was recognised that there were different requirements in the North Bexley locality to the rest of the borough, linking with the focus on

	neighbourhoods in the long term plan. **Sabi Ghosh** asked for more clarity on what would be involved in the Start Well agenda and invited all present to Plas Meddyg surgery's open day on the 16th May. NKB replied that Start Well would include existing services such as the standard 0-19 service but could also include support for young mothers and neonatal care.
SUMMARY REPORTS FOR ASSURANCE AND DECISION	
34/19	**MANAGING DIRECTOR'S REPORT**
34.19.1	NKB summarised the managing directors report, noting in particular • the work of the local care partnership to empower individuals to take responsibility for their own health and care. • The Our Healthier South East London (OHSEL) partnership was working to get the best maternity services for the population, and had worked with funding from Health Education England to provide mental health and personal resilience support to staff working in urgent and emergency care. • In finance the work of the Integrated Contract Delivery Team across the STP had allowed aligned contracts to be agreed with key providers to assist financial planning. • It was also good news that after a number of CQC inspections across the borough, Lakeside medical practice had achieved an outstanding rating. • A good response rate to the 360 degree survey would allow feedback from stakeholders to be incorporated into plans. • Eleanor Brazil had been appointed to the safeguarding board as its new independent chair with Michael Boyce remaining as vice-chair. • The corporate objectives had been reduced from 8 to 6 and were included as an appendix. • Rikki Garcia had been appointed as the new chair of the healthwatch advisory board.
34.19.2	NKB explained that the Long term plan set out a number of ambitions for improving health and care. One of the areas being examined in Bexley as well as across south east London was the commissioning structure. Discussions in private with other governing bodies had resulted in an agreement to pursue a merger of CCGs over the next six months into a single south east London CCG. Achievements such as the delivery of 'block' contracts for providers in south east London as opposed to more financially risky payment by result contracts would not have been possible without shared approaches such as the Integrated contracts delivery team. A significant amount of engagement would now be required with staff, GP practices and the public on the change, and stressed that Bexley would remain as a distinct place, and it was therefore important to develop the local strategy for health and care.
34.19.3	The governing body **NOTED** the managing directors report.
35/19	**REPORT OF THE PRIME COMMITTEES**
35.19.1	MB asked members to note the report of the prime committees outlining the

	decisions made and topics discussed at the CCGs meetings and sub committees.
35.19.2	KW welcomed the new audit committee terms of reference, noting that they clarified the relationship to other audit committees, to avoid things being taken to committees more than once.
35.19.3	The governing body **NOTED** the items discussed at the CCG's committees held since the last governing body meeting.
35.19.4	The governing body **APPROVED** the audit committee terms of reference for 2019/20.
36/19	**PRIMARY CARE NETWORKS**
36.19.1	NW advised that primary care networks were a new development outlined in the Long term plan. The aim was for Primary Care Networks to be established in the whole country during 2019-20 to integrate local services, recognising the key role of general practice. CCGs were expected to encourage and support the development of the PCNs. Although the timescale was short, engagement had already been completed with the practices, which would need to submit applications by 15th May in accordance with guidance that was released in March. The commissioning strategy committee and primary care commissioning committee had considered PCNs and had agreed to meet shortly after the 15th May to review the applications made.
36.19.2	NW noted that the new networks would need to form over a contiguous geographical area which would make sense to local people and stakeholders. The map included did not necessarily indicate the boundaries of the PCNs. The new networks would be provided support to introduce two additional roles, clinical pharmacist and social prescribing link workers. A clinical director would be chosen as part of a process by practices involved in the PCN.Risks were listed in the paper and included the risk of high or low performing practices coming together and impacting outcomes or producing variation of care, and 100% coverage not being achieved.
36.19.3	PC thanked NW for her engagement with the Patient Council and asked if there would be further opportunities for engagement on the detail after the PCNs had been agreed. NW recognized the challenging timescales for the first phase but confirmed that it would be useful to learn what the patients and wider stakeholders wanted from their PCNs going forward.
36.19.4	The governing body **DELEGATED** authority to the commissioning strategy committee to approve the PCN applications at its meeting on the 21st May.
36.19.5	SD allowed the opportunity for members of the public to ask questions related to primary care networks.
36.19.6	**Sheila Burston** reflected that there were opportunities for the linked practices to to work together to specialise in particular areas without compromising on the nearness to the patient. However it was important to consider the risk of the link to the named GP being lost.

	NW agreed that PCNs were a real opportunity and for the networks to come together to with peers and other colleagues and patients to see what was possible. It would be useful to obtain information from patients on the type of services that they felt were important for PCNs to deliver. The networks would need to work with their local population to ensure that that people felt that services were delivered in a personal way.
36.19.7	**Terry Murphy** warned that joining up services sometimes meant longer travel times for patients in particular those who could not travel easily.
36.19.8	NW responded that patients would remain registered with existing practices, but the PCNs should provide the opportunity to integrate community services better with primary care.
36.19.9	**Sabi Ghosh** emphasised that the timeline allowed for the development of the PCNs had been too short to allow a conversation with patients.
36.19.10	NW noted that national guidance had driven the timetable, but a vision and principles document had been produced by the south east London STP to guide the work. SD added that the PCNs were an opportunity for smaller groups of practices to balance strengths and weakness and work as a team with the community and voluntary sector to care for patients.
FINANCE, PERFORMANCE AND QUALITY UPDATES	
37/19	**MONTH 12 FINANCE REPORT AND ACCOUNTS UPDATE**
37.19.1	MH presented the finance report advising the governing body that the CCG's annual accounts had been closed and were being reviewed with auditors prior to a final version being submitted with the annual report. A deficit position had been forecast in month 7 and despite the utmost efforts of the CCG to reduce the figure, the deficit was now £14.8m. This comprised a £10m in-year deficit and a cumulative deficit of £4.8m carried forward from the previous year, which would need to be addressed with a longer term recovery plan. Because of the financial position the auditors would need to write to inform the secretary of state for health and social care.
37.19.2	MH referred members to the report which showed the overall position with the major drivers being spend on acute services, with an overspend on all key providers of acute services. The CCG only delivered 55% of a £16m QIPP programme for 2018-19 and in the coming year would need to do better. An overspend on continuing healthcare (CHC) in the last year was due to some expensive placements. There was a good review process established with providers in Bexley, and the growth of CHC spending was a part of a national trend. Primary care spending had come within £50k of its budget overall.
37.19.3	KW added that the audit committee had examined and been satisfied with the accounts as presented. Although it was disappointing not to meet the statutory break-even position or meet the forecast year end position, the CCG would meet the revised estimate.
37.19.4	The governing body **NOTED** • That the month12 (March) financial position is not in line with the annual

	plan submitted to NHS England. • The details of the 2018/19 allocations received and expenditure to date • The returns made to NHS England reporting the Month 12 financial position • The financial position for month 12 for primary medical services as provided by NHS England • The month 12 actual performance against the key national finance targets.
38/19	**2019-20 FINANCIAL PLAN**
38.19.1	DM set out the final budget for 2019-20 noting that the 2019-20 contracting and budget round was still in progress. The CCGs integrated governance and performance committee had approved the budget on behalf of the governing body, and it was being presented at the meeting for information and endorsement.
38.19.2	The overall budget was approximately £364m representing an increase of £19m or 6%. The CCGs target was to achieve an overspend of £7.5m. On the basis that the CCG does not exceed this overspend it would be eligible for commissioner support funding to enable it to achieve break-even at the end of the year. The budget was also based on the assumptions that £3m support received will be refunded but further support of £4.6m would be received. A QIPP plan of £12.3m would also need to be achieved of which £3m was as yet unidentified. Although incentive aligned contracts had been agreed with most acute providers it would be critical to monitor the run rate. The IGP had noted that there was risk associated with the position which would need to be mitigated during the year.
38.19.3	That the governing body **ENDORSED** the approval by the integrated governance committee of the financial plan that reflects the work undertaken at South East London level.
38.19.4	That the governing body **NOTED** • that the current budget represents a £7,500k deficit position, in line with the required control total set by NHS England which if achieved will mean that the CCG would be eligible for up to £7,500k of Commissioner Sustainability Funding (CSF) which if received would mean that the CCG would break-even in year. • net financial risks outlined within this financial plan of £8,132k. • the requirement to deliver a QIPP plan of £12,264k (of which £3,071k is assessed as at risk) in the main due to £2.327k being unidentified at the time of submission of the plan. • that all budgets will have been signed off by budget holders by the time this committee meets, any issues arising will be raised at this meeting. • the next steps required and the monitoring arrangements that will be in place for 2019/20. • the South East London approach that has been taken to 2019/20 planning; and as a consequence the continuation of the risk sharing arrangements already in place across South East London. • the assumptions around risk share arrangements related to 2018/19 and 2019/20 which are subject to formal agreement.
39/19	**INTEGRATED QUALITY SAFETY AND PERFORMANCE REPORT**
39.19.1	MB introduced the integrated quality, safety and performance report. He

	highlighted that diabetes was being monitored and that a patient story included in the report showed a positive experience of services. The quality and safety committee had also discussed a workplan including a set of assurance visits and visibility of the issue across the system. MB reported that the quality and safety sub-committee had also received a detailed report on 52 week waits which was an area of concern for the CCG.
39.19.2	The improvement and assessment framework (IAF) showed progress against the indicators that the CCG was measured against. Concerted effort from a number of teams had resulted in IAPT and dementia services rating improving and this was now green rated. The target for using e-referrals had been met and it was hoped this would soon move to 100%.
39.19.3	Bexley CCG was an early adopter of new safeguarding arrangements. The 2nd priority chosen by statutory partners 'Perinatal mental health' was now closed and an event had produced nine recommendations on how to help those suffering mental ill health during pregnancy and the first year after birth.
39.19.4	The governing body **NOTED** the integrated quality safety and performance report.
40/19	**NHS BEXLEY ACUTE PERFORMANCE REPORT – MONTH 8**
40.19.1	MB referred members to the report, noting that A&E, referral to treatment and diagnostic targets continue to be red-rated across the system. He commented that these were system-wide problems which would require system-wide solutions, and teams such as the ICDT were providing the ability to co-ordinate responses across south east London.
40.19.2	PC expressed his concern that patients who were waiting for long periods for treatment were being looked after and not suffering harm.
40.19.3	The governing body **NOTED** the NHS Bexley Acute performance Report – month11.
INTEGRATED GOVERNANCE	
41/19	**BOARD ASSURANCE FRAMEWORK (BAF)**
41.19.1	MB introduced the board assurance framework which provided details of all risks rated 15 and above.
41.19.2	NKB suggested that the financial risk to break-even ought to be reworded to make clear that the CCG was being asked to meet a £7.5m deficit to quality for a £7.5m commissioner support funding. UN suggested it should be worded in terms of the control total. It may be possible to reduce the rating of the risk given the work that had already taken place to improve the position.
41.19.3	**Action: risk 508 to be reviewed to ensure the wording reflected the agreement for the CCG to achieve a deficit position of £7.5m.**
41.19.4	The governing body **NOTED** the risks in the corporate register with a residual risk rating of 15 and above.

42/19	**SOUTH EAST LONDON INTEGRATED PERFORMANCE AND GOVERNANCE COMMITTEE**
42.19.1	MB explained that south east London IGP were asking for delegated authority to agree system-wide solutions and approaches, and to increase the scope to cover acute indicators.
42.19.2	KW commented that the main risk would be to avoid duplication, and that the south east London IGP would need to provide the assurance to the governing body previously provided by the local IGP. MKB confirmed that the governing body would receive reports and that representatives who attended the committee could also feedback.
42.19.3	The governing body **APPROVED** • extend the Joint Committee's scope to cover the full range of acute indicators (including A&E), Transforming Care and quality as an area of business that is an SEL-level function • the delegation to the Joint Committee of decision-making powers from the Governing Body relating to all acute performance, Transforming Care and collaborative finance (i.e. all in-scope areas as set out in the attachment) • the attached Terms of Reference of the Joint Committee, including retaining the current membership and extending its remit to include the decision-making powers in Section. • a further review of the Joint Committee arrangements after six months
PATIENTS, PUBLIC AND CCG PARTNERS	
43/19	**PUBLIC HEALTH UPDATE**
43.19.1	The item was deferred to the next meeting of the governing body 4 July 2019.
44/19	**UPDATE FROM THE PATIENT COUNCIL**
44.19.1	PC gave an update from the patient council, noting that the council was growing with 6 new members, including representatives of BME groups and young people. He noted that some groups may not feel comfortable engaging through the patient council and so having multiple routes was essential, especially to try to reach groups experiencing the highest health inequalities. He shared two videos where members talked about their role the patient council.
44.19.2	NKB noted that it was the intention to explore how the range of recommendations in the long term plan could be implemented in Bexley with local patients.
45/19	**PUBLIC FORUM**
45.19.1	**Mr Sabi Ghosh** asked about the progress of plans to reorganise the UCC site.
45.19.2	NKB said that meetings had been held with all the NHS organisations currently using the site. The landlord Oxleas NHS trust were waiting for costed proposals for some extensive refurbishment work, and it would be important to ensure that services were not hindered. To tender for the work and then complete it would take some time, but the CCG was committed to make improvements in 2019-20. In

	parallel to this work, a strategy for the whole of North Bexley was being developed.
45.19.3	**Mr Sabi Ghosh** Asked whether a single hub for CCGs. NKB explained that Bexley as a place would still have a place based board, but by April there would be one governing body. The CCGs would be able to save on costs needed to administer their organisations.
45.19.4	**Sheila Burston** asked whether there would be patient representation now that the CCGs were moving to large scale acute contracts. She noted that the ophthalmology board had patient representation but now that was part of a larger acute contract there did not seem to be the same patient representation.
45.19.5	NKB confirmed that although the style of commissioning may change the principle of patient involvement would remain constant.
INFORMATION AND REFERENCE	
46/19	**MINUTES OF OTHER COMMITTEES FOR INFORMATION**
46.19.1	The governing body **NOTED** the minutes of other committees.
CLOSING BUSINESS	
47/19	**ANY OTHER BUSINESS**
47.19.1	SD thanked MH as this would be his last governing body meeting. Members expressed their appreciation for Malcolm and his work at the CCG. MB thanked MH for his contribution to the CCG in as Finance Director. The year had been turbulent for the CCG, but Malcolm had been a source of measured information and advice, enabling the CCG to have a good grip on its finances going forward.
	NEXT MEETING OF THE GOVERNING BODY MEETING HELD IN PUBLIC 2.45pm to 5.45pm, Thursday 4th July 2019, Council Chamber.