

Minutes of the governing body meeting held in public
Thursday 4th July 2019, 2.45pm to 5.45pm

PRESENT:

Dr Sonia Khanna-Deshmukh (SKD) (chair)	Locality Lead, Frognal
Neil Kennett-Brown (NKB)	Managing Director
Paul Cutler (PC)	Lay Member, Patient and Public Involvement
Dr Varun Bhalla (VB)	Locality Lead, North Bexley
Dr Clive Anggiansah (CA)	Locality Representative, North Bexley
Dr Mehal Patel (MP)	Locality Representative, North Bexley
David Maloney (DM)	Director of Finance
Valerie Shanks-Pepper (VSP)	Director of Integrated Commissioning
Robert Shaw (RS)	Chief Operating Officer
Vikki Wilkinson (VW)	Vice-Chair of Bexley Patient Council
Nisha Wheeler (NW)	Director of Primary Care, IT and Information Governance
Mary Currie (MC)	Governing Body Nurse
Dr Jhumur Moir (JM)	Locality Lead, Clocktower
Mark Burgess (MBurgess)	Locality Representative, Frognal
Lisa Wilson (LW)	Locality Representative, Clocktower
Andrew Bland (AB)	Accountable Officer
Dr Anjan Ghosh (AG)	London Borough of Bexley Director of Public Health
Usman Niazi (UN)	Chief Financial Officer SEL Commissioning Alliance

IN ATTENDANCE:

Claire Fernee (CF)	Assistant Director of Medicines Management
Julian May (JMay)	Administration Team Manager

APOLOGIES:

Keith Wood (KW)	Lay Member, Governance
Dr Sid Deshmukh (SD)	Chair
Dr Koteswara Muralidhara (KM)	Secondary Care doctor
Neil Ross (NR)	Lay Member, Legal and Procurement
Michael Boyce (MB)	Deputy Managing Director & Director of Quality
Stuart Rowbotham (SR)	London Borough of Bexley Director of Adult Social Care

OPENING BUSINESS	
47/19	OPENING BUSINESS
47.19.1	SKD welcomed all to the governing body meeting. Apologies for absence were noted.
47.19.2	Members signed a copy of the declarations of interest register; there were no

	additional declarations in respect of agenda items.
47.19.3	The minutes of the meeting held on 2 May 2019 were APPROVED as an accurate record.
47.19.4	The action log was updated.
47.19.5	There were no matters arising.
PROVIDER PRESENTATION	
48/19	THE STATE OF THE VOLUNTARY SECTOR
48.19.1	<p>VW gave a presentation on the voluntary sector:</p> <ul style="list-style-type: none"> • Nationally the voluntary sector contributed £17.1bn to the economy, even though 82% had an income of below £10k, and 81% received no state funding. The small size of local charities should be remembered when considering how to support them. • Bexley charities had a total income of £38m, and 92% were experiencing increased demand for their services. Research from 2014 suggested that the community raises £5.90 for every £1 invested by the statutory sector. • Among many charities operating in Bexley were the Samaritans, the Little Fish charity and the Ellenor children's hospice, Deepdene seniors, and Irish community services. The Rotary Club helped strengthen the local community and Good Gym organised training runs which also helped local people with chores. • Bexley Voluntary Services Council (BVSC) aimed to strengthen the sector, and a state of the sector 2019 review was undertaken with the intention of ensuring that the BVSC provided an offer relevant to the boroughs needs. Research methods included surveys, interviews and focus groups. • Respondents provided interesting feedback on the gaps in provision, these included in children and young people services, mental health and caring for carers, as well as good quality information to connect people with services. There were also reflections on a changing relationship with commissioning, with organisations increasingly becoming partners rather than simply recipients of funding. • Recommendations included extending collaboration, recognising that partnership working was essential for organisations. Diversifying and bringing more grant income into the sector was a priority. Bexley currently did not attract as many big lottery fund contributions as other boroughs and there may be opportunities.
48.19.2	VW reflected that the way the voluntary sector helped people was reflected in the recent awards event, and in the stories of people using the services. VW included a case study describing how Counselling Matters counsellors had supported a client to start using a Cognitive Based Therapy approach to help manage anxiety and restore his confidence.
PUBLIC OPEN SPACE	
49/19	PUBLIC FORUM 1 OF 2
49.19.1	Jo Flitton asked: The NHS is working hard to tell people about all the different



	strategies and plans that are being developed. Local people want the confidence to know that their contributions make a real difference. Can you share two examples of how the views of local people have influenced the strategies so far?’
49.19.2	AG highlighted the engagement with the public on the development of the prevention and obesity strategies. The strategies were now out for public consultation but the public had also been involved in their development. NKB added that there had been over 15 meetings with different groups on developing Health and Wellbeing strategy.
49.19.3	Kim Teasdale asked: The menopause has a powerful effect on the health and wellbeing of women in Bexley. Unfortunately the experience of myself and many local women is that sometimes health professionals lack knowledge and empathy about the condition. What is the NHS doing to recognise this and improve the experience for women?’
49.19.4	JM welcomed the question, and recognised that doctors were sometimes not as knowledgeable as they could be, and that this was an area where trainee GPs asked for support. There was additional training for doctors, which JM had undertaken and was happy to share. There should be a holistic assessment rather than just prescribing HRT.
49.19.5	SKD added that more could be done on the management of the menopause. HRT was only one way of managing the issue and some HRTs were now out of production causing some disruption as tablets were changed. GPs role would be to signpost to sources of help such as the Menopause society and womens health initiative.
49.19.6	CA added that training had been provided for GPs and recently 45 GPs had attended an event in Croydon addressing womens issues. The CEPN could also be approached.
49.19.7	Dina Phillips asked: People who use mental health services in Bexley have great knowledge and insights into what works for improving both physical and mental health. What will the CCG do to make sure more people are able to share their lived experiences to create better services?’
49.19.8	VSP agreed that the input of people with lived experience was important across all our services but especially in mental health. Bexley recovery college, and the Crisis café were good example of creating a space where those with lived experience can share with others. A grant had been received to fund a lived-experience post to forge better links within the community. A Bexley joint mental health strategy would shortly be developed and the CCG was seeking local people to support this.
49.19.9	Adam Smith asked ‘What progress has been made in the last 9 months to make sure that every person with a learning disability in Bexley receives a health check?’
49.19.10	NW explained that the CCG had recognised that more focus would be required in this area. A group has been working with Mencap and CCG leads to deliver improvement. At a Big Health Fayre, 150 people attended and 51 received a healthcheck. Oxleas community nurses were visiting GP practices to provide training and advice on administering health checks to a high standard.



SUMMARY REPORTS FOR ASSURANCE AND DECISION	
50/19	MANAGING DIRECTOR'S REPORT
50.19.1	<p>NKD introduced the managing directors report. The report included the following updates:</p> <ul style="list-style-type: none"> • South east London would be the first STP in London to join the 3rd wave of the ICS programme. This would give SEL a good opportunity to move forward with the Long Term Plan. • Great opportunity to work with voluntary sector and others. • GP members were encouraged promote the Long term plan in their practices. • The Interim NHS People plan was had been published and feedback was welcomed. • Work was underway on the Erith health centre, with short term upgrades and also a plan for the next year. • Four primary care networks had been agreed and gone live in Bexley, three aligned to existing localities and a fourth covering practices to the east. • Thamesmead had successfully applied to become a 'healthy new town' under the NHS England scheme.
50.19.2	The Governing Body NOTED the managing directors report.
51/19	REPORT OF THE PRIME COMMITTEES
51.19.1	CF drew attention to the prime committees report, comprising a record of the decisions made by CCG committees as well as recommendations made to the governing body for decision. There were two terms of reference for approval which had been agreed by their respective committees. There was also a proposal that the south east London BAF be used in governing body meetings and any duplication avoided.
51.19.2	The governing body NOTED the items discussed at CCG Committees.
51.19.3	<p>The governing body APPROVED</p> <ul style="list-style-type: none"> • The Commissioning Strategy Committee terms of reference as recommended by that committee. • The Integrated Governance and Performance Committee terms of reference as recommended by that committee. • That Bexley CCG would use the SEL BAF for governing body meetings and ensure there was no duplication of acute or SEL-wide financial risks on the Local BAF.
52/19	SOUTH EAST LONDON COMMISSIONING REFORM
52.19.1	AB provided an update commenting that no decision was required as yet. A merger of CCGs was proposed from 1st April 2020, and a final decision would be required at September's governing body.
52.19.2	In Bexley there would be a place based board, with delegated authority to plan out-of-hospital services, and it was intended that this would work in close collaboration



	with the local council.
52.19.3	These changes recognised that Bexley residents used some services across the south east London system, as well as services delivered very locally such as their local GP surgery.
52.19.4	The way staff worked together across the system would be more important than the organisational structure that they worked in. The paper suggested three possible modes of working with the local authority. Option one where the local authority simply had greater involvement would be a set-back given the progress already made. Not all boroughs would be able to progress to full collaborative commissioning straight away, but one of these models would be needed in order for the place based board to be established and to take care of the community based care system.
52.19.5	Capacity and capability were also important as all CCGs were required to deliver a 20% reduction in management costs by April 2020 compared to April 2018. Because the CCG did not spend its full allocation, the reduction may be 11-12%, and the money saved would be reinvested in frontline services. A significant amount of work would be done by a single team, although some teams may be based in the local boroughs. The CCG merger was only a step towards the integrated care system development.
52.19.6	
52.19.7	PC commented that the patient council had used an in-depth session on the changes to raise concerns about how the place based board would work.
52.19.8	AB stated that the place based board would need to work for each local area, and their establishment was an opportunity to change the debate and address some of the wider determinants of health. The governing body NOTED the update on commissioning system reform programme in south east London and the actions being taken.
FINANCE, PERFORMANCE AND QUALITY UPDATES	
53/19	FINAL ANNUAL ACCOUNTS
53.19.1	DM referred members to the report setting out the final position for 2018-19. The audited annual accounts had been approved at the CCG audit committee in May. The CCG was overspent by £9,940k by the end of the year, consistent with forecast outturn. The accounts had been submitted on time and there had been no movement between draft and final accounts thanks to the work of the finance team.
53.19.2	AB thanked the finance team for their work to deliver the accounts on time.
53.19.3	The governing body NOTED <ul style="list-style-type: none"> • The final audited accounts for 2018/19 which have been produced in line with NHS England guidance. • That the final audited accounts were approved by the audit committee to be submitted to NHS England within the required timeframe
54/19	MONTH 2 FINANCE REPORT
54.19.1	UN noted that the finance plan for Bexley aimed for a deficit of no more than



	<p>£7.5m, which would allow the CCG to receive £7.5m commissioner support funding and achieve a break even position. At month 2 the CCG was on track to deliver the plan although there was some risk to the position. Reviews had been conducted to look for opportunities for further delivery.</p>
54.19.2	<p>DM added that the CCGs governance committees had focused on the risks to this position. Two additional risks were the unwinding of the prime contractor model for MSK and its replacement being commissioned in line with the budget, as well as the need for south east London CCG boards to approve financial support for Bexley in 2019-20.</p>
54.19.3	<p>MC observed that the CCG was not in a good position in relation to unidentified QIPP and asked if there was a solid process to resolve this. DM confirmed that a review had identified some priority actions as well as short-term actions which would have impact this year. The amount of unidentified QIPP should start to reduce in the second quarter although work on this issue would be ongoing for the whole year.</p>
54.19.4	<p>The governing body NOTED</p> <ul style="list-style-type: none"> • that the Month 2 (May) 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 2 financial position. • the key risks identified to achieving the predicted position in 2019/20 and the management actions being taken to address and mitigate these risks where possible. • the financial position for month 2 (May) for primary medical services as provided by NHS England. • the month 2 actual performance against the key national finance targets.
55/19	INTEGRATED QUALITY SAFETY AND PERFORMANCE REPORT
55.19.1	<p>CF presented the report outlining the latest developments in quality and safety. The CCG's quality team had worked with Darent Valley hospital to hold a successful event focusing on sepsis for Greenwich and Bexley GPs and further similar events were intended. Assurance visits had been undertaken for Oxleas and Darent Valley hospital.</p>
55.19.2	<p>SKD welcomed the focus on sepsis, and the crucial assurance visit. PC noted that the CCGs quality and safety committee had examined the report in detail. It was positive that some good practice had been found, but it was a challenge to ensure this good practice was scaled up and made to work for everyone.</p>
55.19.3	<p>The governing body NOTED the integrated quality safety and performance report.</p>
56/19	NHS BEXLEY ACUTE PERFORMANCE REPORT – MONTH 12
56.19.1	<p>RS presented the report, based on the figures fixed at the end of month 12 2018-19. It had been agreed that monitoring of the acute contracts would be undertaken once for south east London. Block contracts had been secured with all acute</p>



	providers apart from Dartford and Gravesham Trust, but work would continue to support the delivery of services within contract.
56.19.2	It would be possible to examine how this was progressing after month three figures which would provide a month one freeze and month 2 flex position on activity.
56.19.3	A&E departments continued to experience challenges, and more focus would be needed especially on mental health presentations. There was an increase in patients requiring double-handed care, and the team were working to establish causes and transfer as many as possible to single-handed packages of care. Diagnostic capacity was challenged in Lewisham and Greenwich Trust. There had been some improvements in cancer performance, particularly around endoscopy.
56.19.4	PC described progress on 52-week waiters as encouraging but emphasised that efforts should continue to ensure that waits were as low as possible.
56.19.5	MC asked for clarification on whether the CT scanner had been replaced at Kings as previously advised as the report suggested the issue was still outstanding.
56.19.6	Action: RS to confirm the status of the CT scanner at the Kings College Hospital Denmark Hill site.
56.19.7	The governing body NOTED the NHS Bexley Acute performance Report

INTEGRATED GOVERNANCE

57/19	BOARD ASSURANCE FRAMEWORK (BAF)
57.19.1	CF reported that the board assurance framework contained seven risks with a residual rating above 15. Full details were given on each risk. STP wide risks were now being dealt with under delegated authority by south east London IGP committee.
57.19.2	NKB warned that the CCG would need to maintain grip on business as usual during the period of south east London reforms and ensure that things are not missed or duplicated.
57.19.3	The governing body NOTED the risks in the corporate register with a residual risk rating of 15 and above.

PATIENTS, PUBLIC AND CCG PARTNERS

58/19	PUBLIC HEALTH UPDATE
58.19.1	AG reported : <ul style="list-style-type: none"> • that the council was working closely with the CCG on the joint health and wellbeing strategy, a statutory strategy which would need sign off at the cabinet and would form the key plan for work over the next 5 years. • Work to develop integrated childrens services had begun with a workshop attended by 55 people. It was hoped to develop a Childrens chapter of the JSNA as an evidence base for the work. It was hoped that GPs would own this work with technical support from a steering group. • A report on immunisations had been shared with some colleagues showing



58.19.2	<p>a drop compared with the STP particularly on MMR.</p> <ul style="list-style-type: none"> • A north Bexley vision for the next 10 years was in train with a comprehensive population needs assessment being completed. • NW reported healthy debate at our PCDWG on the obesity strategy as well as support from primary care colleagues for prevention. <p>SKD reflected that it was the duty of everyone in the system to encourage take up of vaccinations. AG noted that there was evidence that an anti-vaccination movement was growing within the UK. CA agreed that there was anecdotal evidence of a drop-off in vaccinations in north Bexley, and although there was still respect for healthcare professionals from the public there was also a battle with messages on social media.</p>
58.19.3	The governing body NOTED the public health update.
59/19	UPDATE FROM THE PATIENT COUNCIL
59.19.1	<p>PC reported a busy period for the patient council.</p> <ul style="list-style-type: none"> • The patient councils view was that the system reform proposals fitted the needs of Bexley well although there was a need for older and frail people to be protected. • Increasing numbers of stories were being heard of the impact of mental health on young people, with some stories of parents being scared to leave their children alone. The patient council had challenged the CCG to do more to address this issue. • IT and data sharing were felt to be useful to protect privacy but it was important to ensure small organisations were appropriately signposted to support. • The patient council felt prevention was one of the top priorities for system reform. • The patient council wanted to explore primary care networks more and had organised a deep-dive in September. • An event at on the Long Term plan in the Marriott hotel had attracted over 40 confirmed attendees, showing that a willingness for the public to engage with high level strategy.
59.19.2	NKB reflected on his attendance at a recent patient council, commenting on the productive and functional model in Bexley and the engaging and positive atmosphere. The feedback on the priorities of the health and wellbeing strategy had been particularly useful.
59.19.3	The governing body NOTED the update from the patient council.
60/19	PUBLIC FORUM
60.19.1	Shiela Burston expressed disappointment that a short stakeholder meeting on the proposed changes to diabetes provision across Bexley, Greenwich and Lewisham had taken place which had not been sufficient to air the issues concerned.
60.19.2	RS stated that the meeting would not be an isolated opportunity to discuss issues but would be the start of an on-going series of engagements.



60.19.3	Sabi Ghosh asked if the patient council, governing body meetings or the primary care commissioning committee would still exist after the south east London changes.
60.19.4	NKB responded that it was likely there would be a patient council, but there was an opportunity for this to be evolved to consider a wider range of issues. The south east London CCG Governing body would take place in Southwark, however there would be place based boards which would consider similar issues to the PCCC and which it was hoped would be public meetings.
60.19.5	Sabi Ghosh expressed concern that proceedings of the place based board would become affected by party politics.
60.19.6	AB suggested that this was unlikely, but patients should be reassured that the NHS mandate and NHS constitution provided a guarantee of the services that should be provided locally. It was hoped that the place based board would agree a place based-strategy and then be responsible for its driving its implementation.
60.19.7	Roger Brown noted that local people did not seem to be aware of the CCG and the services available to them. He noted that some CCGs had newspaper columns with dates of key meetings. He felt this could have helped people such as the example given in the voluntary sector presentation, who did not access the voluntary sector services for seven years.
60.19.8	AB observed there are lots of opportunities for CCGs to communicate, and CCGs could share good practice across boroughs. PC noted that the patient council members spoke to people in between meetings and had networks which collectively numbered thousands. NW suggested that the Bexley Magazine was one way that the CCG communicated with its members.
60.19.9	Terry Murphy noted that there was good information sharing by the patient council and those involved in other meetings.
INFORMATION AND REFERENCE	
61/19	MINUTES OF OTHER COMMITTEES FOR INFORMATION
61.19.1	The governing body NOTED the minutes of other committees.
CLOSING BUSINESS	
62/19	ANY OTHER BUSINESS
62.19.1	NKB asked for feedback on an early draft of the health and wellbeing strategy which members had received in their pack of papers. The strategy was jointly being worked on by the CCG and the public health team.
63/19	NEXT MEETING OF THE GOVERNING BODY MEETING HELD IN PUBLIC
63/19.1	2.45pm to 5.45pm, Thursday 5 th September 2019, Council Chamber.