

Minutes of the governing body meeting held in public
Thursday 5th September 2019, 2.45pm to 5.45pm
The Boathouse, Danson Park, Danson Rd, Bexleyheath DA6 8HL

PRESENT:

Dr Sid Deshmukh (SD) (chair)	Chair
Dr Sonia Khanna-Deshmukh (SKD)	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
Michael Boyce (MB)	Deputy Managing Director & Director of Quality
Stuart Rowbotham (SR)	London Borough of Bexley Director of Adult Social Care
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
Virginia Morley (VM)	Director of Commissioning Development

IN ATTENDANCE:

Julian May (JMay)	Administration Team Manager
-------------------	-----------------------------

APOLOGIES:

Keith Wood (KW)	Lay Member, Governance
Usman Niazi (UN)	Chief Financial Officer SEL Commissioning Alliance
Dr Koteswara Muralidhara (KM)	Secondary Care doctor
Neil Ross (NR)	Lay Member, Legal and Procurement
Nisha Wheeler (NW)	Director of Primary Care, IT and Information Governance
Vikki Wilkinson (VW)	Vice-Chair of Bexley Patient Council

OPENING BUSINESS	
63/19	OPENING BUSINESS
63.19.1	SD welcomed all to the governing body meeting. Apologies for absence were noted.
63.19.2	Members signed a copy of the declarations of interest register; there were no

	additional declarations in respect of agenda items.
63.19.3	The minutes of the meeting held on 4 July 2019 were APPROVED as an accurate record.
63.19.4	The action log was updated.
63.19.5	There were no matters arising.
PRESENTATION	
64/19	JOINT HEALTH AND WELLBEING STRATEGY
64.19.1	VM introduced the strategy as the result of 6 months of work in collaboration with a number of parties and accompanied by a significant engagement. The key success had been to outline priorities for health and wellbeing. Some work remained to finalise the strategy, including changes to the children and young people and frailty elements. The next step would be to produce an implementation plan. It was also planned to produce a document aimed at the general public rather than stakeholders. The strategy would be presented to the health and wellbeing board on the 17 th September 2019
64.19.2	MC congratulated VM on the piece of work, agreeing that the next step should be to identify a timeframe within which to complete the implementation plan and begin actions as soon as possible. It would also be important to have a way of measuring the success of the strategy.
64.19.3	RS welcomed the strategy as a way to inform the commissioning intentions for the coming year.
64.19.4	AG added that future tasks would be to align the strategy to the work of the Borough Based Board, and make pragmatic decisions on which areas could be implemented first.
64.19.5	NKB reiterated the importance of clinical leadership on the priorities of the strategy both in the CCG and wider system.
PUBLIC OPEN SPACE	
65/19	PUBLIC FORUM 1 OF 2
65.19.1	Sabi Ghosh asked how the Borough Based Board in Bexley would be formulated and function. Peter Adams added that at a recent event there had been a report on CCGs at which it was suggested that they would be grouped together as one
65.19.2	AB offered to cover the detail of the merger in the item 68 on the main agenda.
65.19.3	Peter Adams commented further to the obesity strategy that many children seemed to be taken to school in cars in the borough.
65.19.4	SKD pointed out that children could be driven to school children to school for a number of reasons such as security, or distance from the school. There were other ways that schools could help by promoting wellbeing and sport. AG supported



<p>65.19.5</p> <p>65.19.6</p>	<p>SKDs assessment that obesity challenge would need to be addressed on multiple fronts.</p> <p>Jenny Phillips – Noted that ten years ago an obesity strategy had been developed, which had not solved the problem, it was difficult to communicate effectively with patients. Peter Adams added that queues for unhealthy fast food were significant after school.</p> <p>AG suggested that while many had pointed to the slow progress of efforts to combat obesity, it was possible to change behaviour as had been shown in the reduction in smoking. Part of solution would be legislation, but there was also a key role for changing demand - the increased availability of salads at leading fast food chains and popularity of vegetarian diets showed that change was gradually occurring.</p>
-------------------------------	--

SUMMARY REPORTS FOR ASSURANCE AND DECISION

<p>66/19</p>	<p>MANAGING DIRECTOR’S REPORT</p>
<p>66.19.1</p> <p>66.19.2</p> <p>66.19.3</p>	<p>NKD outlined the managing director’s report highlighting the following:</p> <ul style="list-style-type: none"> • Healthwatch had compiled a compendium of feedback on the implementation of the long term plan, as well as a report on flu vaccinations and their own annual report. • Preparations for Brexit were ongoing and thanks to the work of the CCG lead Simon Beard the CCG was in a good position. • A judicial review in relation to stroke services in Kent and Medway would proceed to hearing. • CQC reports had been released for SLAM rated as ‘good’ overall. A report gave Darent Valley hospital a ‘requires improvement’ rating for ‘safe’ but ‘good’ ratings for other areas. There was good progress but still work for providers to do. • The 111 service now had a clinical completion process with more GPs and clinicians working in the service, enabling some patients to speak to GP straight away, and progress on direct booking of appointments through the service. • There have been some CQC assessments on the GP hubs, with some improvement needed. • A GP survey had revealed there was also some variation between practices. <p>MB noted that in relation to EPRR a reflective learning tool had been developed to help support other NHS organisations in London.</p> <p>PC described engagement on the long term plan was very successful. Early cancer diagnosis had been raised as a particular issue a number of times by the patient council and would need to be addressed. NKB noted that there were regular forums where the CCG could engage with localities. MBurgess suggested that events such as the cancer round table were also useful to circulate messages to primary care colleagues. SD noted that as part of the PMS premium and REMOS, GPs had been given tools to identify patients where were not attending screening to allow the practice to follow up. It was hoped that the next few months would see a significant uptake in screening.</p>



66.19.4	The Governing Body NOTED the managing directors report.
67/19	REPORT OF THE PRIME COMMITTEES
67.19.1	MB noted that the report gave a summary of decisions and discussions at the CCG's committees since the last governing body meeting. There were no decisions requiring ratification by the governing body.
67.19.2	The governing body NOTED the items discussed at CCG Committees.
68/19	SOUTH EAST LONDON COMMISSIONING REFORM PROPOSAL FOR CCG MERGER
68.19.1	AB introduced a paper describing proposals to create a dissolve the current CCGs and create a new single CCG for South East London (SEL). He pointed out that approval was sought for 'an' application, and that the final application submitted may include minor amendments. Members should also note that they were asked to confirm (section 1.5) their view that the member practices supported the proposals, recognising it would not be possible to test this support with a formal vote until the Primary Care Advisory Group meeting on 12 th September 2019.
68.19.2	The proposals were being made in the context of the NHS Long term plan, as well as a requirement to reduce management costs for CCGs by 20% by 2020, and thus part of the work was to remove any activity that did not add value. A single CCG would allow commissioning at a SEL level where appropriate, but Borough Based Boards were also key to the proposals. The local Borough Based Boards would facilitate a health and care approach, rather than a sub-optimal reliance on NHS-only commissioning. Large providers were already increasingly asked to collaborate across SEL and with other providers, as well as with other services in local neighbourhoods.
68.19.3	There was some urgency to the implementation of the proposals, based on the recognition that the quality, performance and financial challenges were beyond the ability of boroughs acting separately to resolve, and the need to implement management cost reductions in a way that looked after staff. A broad range of partners had been engaged with in developing the proposals, as it was important that the governing body could recommend the approach for agreement by the CCG membership.
68.19.4	Referring to the question on the structure of the Borough Based Board, AB referred to the description and diagram within the paper. Approval for the proposed board would be needed before the individuals serving on it could be identified. There would also need to be further talks to finalise the level of collaboration with the local authority. Governance would also be provided by a CCG governing body, and a constitution. The constitution was currently in draft as it was still to be determined how votes would be allocated to practices when voting on matters reserved to the membership. As required by the regulator, the proposed executive structure had been outlined. In addition to the mandatory accountable officer and CFO roles, six 'place-based directors' had been included, which could optionally be dual posts with the local authority as had been agreed in Lambeth.



68.19.5	<p>Engagement had been wide-ranging with over 144 meetings held. Support had been received from providers, Healthwatch had agreed to collaborate, and each local authority had expressed support for a merged CCG alongside enhanced local commissioning. However the largest stakeholder would be people living in south east London, and in general there had been a positive response from residents to the reforms. A number of changes had been made in response to comments received for example:</p> <ul style="list-style-type: none"> • In response to concern that attention to local matters would be diminished, commitments had been made to retain local teams, local leadership and equity of leadership across the 6 boroughs. • In response to concerns about connectivity and accountability a commitment had been made to maintain relationships with local boards such as Overview and scrutiny committee and health and wellbeing boards, as well as establishing borough based boards. • Accessibility of meetings had been queried, and the intention was that the SEL governing body would tour the boroughs for its meetings, in addition to the borough based boards locally. • A commitment has been made to look at mental health commissioning both at a local and south east London level, to address a concern that it may lose local focus.
68.19.6	<p>MC welcomed the inclusion of the chief nurse as part of the SEL governing body in response to engagement with nurses on governing bodies. A single CCG would also make it easier to attract and retain talented people rather than previously where CCGs were competing for the same pool of staff. AB agreed that the inclusion of a chief nurse was very positive, and building capacity and capability would be a benefit of the single CCG.</p>
68.19.7	<p>AG asked how the Borough Based Boards would work in relation to major decisions, and if individual boroughs could veto decisions. He also asked if Directors of Public Health would be members. AB responded that although there would be no formal veto for the Borough Based Boards, there was a commitment that a major service change requiring consultation would need the support of all clinical voting members. There was flexibility regarding the composition of the borough based boards, and in all boroughs the Director of Public Health attendance has been welcomed.</p>
68.19.8	<p>PC praised the engagement process and the commitment in time for example the director of commissioning system reform spending two hours discussing the changes with the patient council. A touring governing body was a good idea, but engagement via videoconference and Twitter could also be considered for public meetings. AB welcomed the use of video to help people interact with meetings as a good idea to explore.</p>
68.19.9	<p>SR expressed appreciation for the good engagement with local authority so far, which built on an already strong foundation of integration in Bexley, both in commissioning and provision. A SEL CCG would help deliver at-scale services which were difficult for local boroughs to commission, and the Borough Based Boards would provide local assurance. He queried how the SEL CCG would work with Dartford and Gravesham NHS trust which was used by Bexley residents but outside south east London. Conversations were also required to determine what should be local and what should be at scale, and elected members of the council</p>



	would want assurance the Borough Based Boards would have real authority to make decisions.
68.19.10	AB noted that delegation to borough based boards had been limited to specific areas related to out of hospital services. There was an opportunity to co-design structures with Local partners. South east London would continue to work with Dartford and Gravesham NHS trust and they would continue to have associate membership to the STP.
68.19.11	The governing body APPROVED the application for merger and its submission to NHS England and Improvement on 30 September 2019.
68.19.12	The governing body APPROVED the proposed senior executive team for the new CCG.
68.19.13	The governing body NOTED : <ul style="list-style-type: none"> • the process and principles by which the management structure of the new CCG will be derived and implemented. • that an application for the merger application will only be progressed if the approvals sought are agreed in all six CCGs according to the same process

FINANCE, PERFORMANCE AND QUALITY UPDATES

69/19	BETTER CARE FUND (BCF) PLAN 2019/10
69.19.1	VSP noted that the better care fund supported transformation and the delivery of integrated community care. The plan focused on integrating care around the person and linking in with prevention, self-care and links to wider services such as social care and housing. As part of a discharge pathway the better care fund had been used to place patients on a reablement pathway. There was also a commitment to maintain the two hour response to help people at home and at risk of being admitted to hospital. The CCGs minimum contribution had been subject to a 5.6% uplift .
69.19.2	MC asked if the finances were assured in relation to the plan. DM confirmed that they were.
69.19.3	SR observed that although the performance on delayed transfers of care was above target, there was some feedback system-wide that this was not sufficient. There needed to be some thought on whether this meant the target in the BCF would need to be shifted and if so how this would be funded.
69.19.4	NKB noted that there was a whole system challenge related to people in hospital who did not need to be and where this could have been avoided but some intervention outside the hospital. The Transfer of Care Collaborative sought to support the flow through local hospitals for both Greenwich and Bexley.
69.19.5	The governing body APPROVED Bexley's better care fund plan for 2019/20
70/19	MONTH 4 FINANCE REPORT
70.19.1	DM introduced the financial report for month four, which had been discussed at the



70.19.2	<p>IGP committee. The CCG was reporting an overspend of £1.7m. It was still too early in the year to definitively identify trends with the data available, however there were no material variances from the plan requiring members' attention. The CCG would receive £7.5m of commissioner support funding provided it delivered an overspend no higher than £7.5m, allowing it to break even at year-end. The first installment of this funding had been received. The CCG had £1.8m of unidentified QIPP remaining in its QIPP, which was reduced from the £2.3m unidentified reported in July. The ongoing reduction of unidentified QIPP needed to be clear focus for the entire governing body, as it was the key risk to the CCG meeting its overall control total.</p> <p>The governing body:</p> <ul style="list-style-type: none"> • NOTED the Month 4 (July) financial position and forecast outturn financial positions which are currently in line with the annual plan submitted to NHS England. • NOTED the details of the 2019/20 allocations (programme and running costs) received and expenditure to date. • NOTED the returns made to NHS England reporting the Month 4 financial position. • NOTED 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. • NOTED the financial position for month 4 (July) for primary medical services as provided by NHS England. • NOTED the month 4 actual performance against the key national finance targets.
71/19	<p>INTEGRATED QUALITY SAFETY AND PERFORMANCE REPORT</p> <p>71.19.1 MB drew attention to the following points in the quality and safety report</p> <ul style="list-style-type: none"> • A successful sepsis training programme had been delivered jointly with Dartford and Gravesham trust. • LGT have recruited a new Director of Quality Improvement which should drive improvements. • Lotta Hackett had been instrumental in a programme of outreach to different groups in Bexley over the year. NKB echoed the appreciation of the work on engaging residents. <p>71.19.2 The governing body NOTED the integrated quality safety and performance report.</p>

72/19	ACUTE PERFORMANCE
72.19.1	RS noted that local reports were now aggregated with the other CCGs in south east London. There remained challenges on non-elective services particularly in relation to short stay and same day admissions. The CCG would need to support the acute trusts with out of hospital services and preventative projects, and work was underway to secure the necessary information and intelligence to support this.
72.19.2	Although cancer performance targets for two week waits and the 31 day standard had been achieved, there was continued challenge on the 62 day standard, driven by prostate and lung pathways. Further work was required on the gastrointestinal pathway. Diagnostic services were challenged in respect of endoscopy across all sites.
72.19.3	VB commented that compared to other CCGs referrals from Bexley had reduced which seemed to show that the Referral Management Optimisation (ReMOS) scheme was having an effect.
72.19.4	The governing body NOTED the month 3 Acute performance update.
73/19	NON-ACUTE PERFORMANCE REPORT
73.19.1	<p>VSP referred members to the non-acute report.</p> <ul style="list-style-type: none"> • The IAPT access position was improved, and although the target was increasing by Q4 of 2019/20 the CCG was confident it would be met. Work continued on a revised and shortened triage approach. • The provider had made significant progress to improve IAPT recovery. There were challenges because of the drive to recruit more clients with long term conditions and medically unexplained symptoms, however the CCG was confident existing protocols were sufficient. • IAPT second appointment waits were also improving and had reduced to 90 days on average and counselling and depression groups had been developed. • Children and young people's access to service was improving, with a tele-triage service developed and data expected from the KOOTH on-line service which should help towards the target. • Bexley had exceeded the target on personal health budgets, driven by the successful expansion of PHBs to wheelchair users, and exploring options to expand the use of PHBs with CHC and LD services. • The out of area placement position was improved by consistent management of beds at Woodlands and strong discharge planning. • The dementia diagnosis waiting times had been affected by staffing issues, but the 17 week diagnosis average had been brought down to 11 weeks with effort focused on bringing down to 6weeks, using lessons learned in other boroughs. • SMI physical health checks were underperforming in Bexley as across south east London. Data issues may have led to under-reporting, but conversations with the local medical council and others had been positive on commissioning models.
73.19.2	RS noted that Bexley was performing best across Bexley Greenwich and Lewisham for diabetes treatment targets. There were challenges in relation to non-



	elective admissions and re-admissions, with an increase in people admitted with hypoglycaemia.
73.19.3	MC commented that it seemed progress was being made on dementia and asked if there was a recovery trajectory which would indicate when the target would be met.
73.19.4	PC noted the common thread of health and inequalities and asked that work on this be continued. He requested that the governing body be assured of the quality of the KOOH service, and that it was leading to good outcomes for young people given that it would be used to contribute to the target. He welcomed the update on diabetes, which would be the subject of a deep dive at the patient council.
73.19.5	VSP confirmed that there would be analysis and review on KOOH to determine the impact. NKB noted that the system had worked elsewhere, and a multichannel approach was important in reaching young people.
74/19	SAFEGUARDING ANNUAL REPORT
74.19.1	MB asked the governing body to note the report and priorities for 2019-20. He reflected that Bexley had been the first in the country to move from the childrens safeguarding board to the new arrangements for childrens safeguarding with three statutory partners. An independent scutineer had been engaged, and the partners had begun work on priorities, and made significant progress in embedding the new arrangements, which had resulted in good feedback.
74.19.2	The adult safeguarding board had secured a new chair after the departure of Annie Callanan, and the CCG had successfully worked with the council to handle some complex cases during the interval between chairs. A number of audits had been conducted and processes had been refined as a result. The board had also worked on some priorities including modern day slavery, promoting awareness of adult safeguarding and LeDeR reviews.
74.19.3	MC noted there was a pattern of missing data on DBS compliance shown in the report, and asked that the issues would be followed up, through clinical quality review groups (CQRGs). MB confirmed that this was reported on the risk register and the chair of the board would make representations to the organisations concerned.
74.19.4	NKB observed that the changes to children’s safeguarding were significant and the governing body would need to be mindful of how this would be delivered across South East London.
74.19.5	The governing body APPROVED the annual report, the priorities for 2019/20 and NOTED progress on priorities for the previous year.
75/19	LOOKED AFTER CHILDREN REPORT
75.19.1	MB reported that the local authority and South London and Maudsley NHS FT had undertaken a training program locally to provide training to foster carers for those in their care withdrawing from substance misuse. Bexley performed above the national average for healthchecks, immunisations and vaccinations as well as dental checks for looked after children. A key priority for the next year was to listen



75.19.2	to the experiences and perspectives of children who were looked after. VSP highlighted that there were concerns with the difficulty of recruiting foster carers partly due to a level of complexity because of the adverse early experiences of some looked-after children. MB confirmed that the problem was recognised across the CCG and local authority who were working to address it.
75.19.3	SD noted that VSP had previously requested a clinical lead for children and young people and asked clinical members if they were interested. SKD expressed interest in the role.
INTEGRATED GOVERNANCE	
76/19	BOARD ASSURANCE FRAMEWORK (BAF)
76.19.1	MB asked the governing body to assure themselves that the risks on the register were consistent with their view of the key risks facing the organisation. There were 7 risks rated 15 and above, with risk 508 also appearing in the south east London risk register.
76.19.2	The governing body NOTED the risks in the corporate register with a residual risk rating of 15 and above.
PATIENTS, PUBLIC AND CCG PARTNERS	
77/19	PUBLIC HEALTH UPDATE
77.19.1	AG reported : <ul style="list-style-type: none"> • The prevention strategy and obesity prevention strategy had been condensed into a readable document. The documents on the obesity strategy were ready and would be submitted to public cabinet. Input was awaited from the CCG on the prevention action plan. • Work had begun on actions from the prevention strategy prior to final agreement. A meeting with primary care had been instituted and was proving to be an exciting action-orientated space for discussion. • A universal children's service was being developed and next steps were being developed after an initial workshop. This concept would unify a 0-19 service with a young people's programme around mental health, sexual health, as well as gang membership, tying in with the requirement for sex education in schools effective from 2020. • The north Bexley Strategy was progressing, with a population needs assessment and research on a model complete, and a feasibility study pending.
77.19.2	NKB confirmed the CCG was working on outstanding prevention strategy actions. The work on the North Bexley strategy was important and would be assisted by the identification of Thamesmead as a 'healthy new town' pilot.
77.19.3	The governing body NOTED the public health update.
78/19	UPDATE FROM THE PATIENT COUNCIL
78.19.1	PC reported that the patient council would meet shortly to focus on primary care in a 'deep dive' event. A range of activities would help educate the council about



	<p>primary care. The council would also reflect on ways of maintaining a dialogue with the CCG and governing body, as well as ways to engage with and support the emerging primary care networks.</p> <ul style="list-style-type: none"> • The mentoring scheme had enabled mentees to raise questions where were being taken forward by members of the governing body. • The patient council had also explored ways of better engaging with the deaf community, through better accessibility and via trusted champions.
78.19.2	RS suggested that in other areas holding meetings in schools had proved a good way of engaging with young people and PC welcomed the idea.
78.19.3	The governing body NOTED the update from the patient council.
79/19	PUBLIC FORUM
79.19.1	Sabi Ghosh noted that during the course of volunteering work he had noticed a widespread lack of knowledge of services available to patients. For example at an talk in a local church less than 10% of the audience were aware of the 8-8 hubs. Talking to the public and making them aware of services was crucial.
79.19.2	Terry Murphy thanked Lotta Hackett for her work on engagement. He added that quarterly leaflets to the membership helped to distribute information on cancer screening. He asked if there would be a central hub with local spokes in the new south east London model.
79.19.3	NKB pointed out that each borough was equally represented on the governing body of the new CCG. It was proposed that that the Southwark local authority offices at Tooley street would be an accessible location for staff working at SEL level, but there would continue to be offices in local boroughs, where many CCGs were already co-located with the local authority.
INFORMATION AND REFERENCE	
80/19	MINUTES OF OTHER COMMITTEES FOR INFORMATION
80.19.1	The governing body NOTED the minutes of other committees.
CLOSING BUSINESS	
81/19	ANY OTHER BUSINESS
81.19.1	There was no other business.
82/19	NEXT MEETING OF THE GOVERNING BODY MEETING HELD IN PUBLIC
82/19.1	2.45pm to 5.45pm, Thursday 5 th November 2019, Council Chamber.