

Minutes of the governing body meeting held in public

Thursday 7th November 2019 2.45pm to 5.45pm

Council Chamber, civic offices 2 Watling Street DA6 7AT

PRESENT:

Dr Sonia Khanna-Deshmukh (SKD)	Locality Lead, Frognal & joint clinical vice-chair
Dr Varun Bhalla (VB)	Locality Lead, North Bexley
Dr Koteswara Muralidhara (KM)	Secondary Care doctor
Keith Wood (KW)	Lay Member, Governance
Paul Cutler (PC)	Lay Member, Patient and Public Involvement
Lisa Wilson (LW)	Locality Representative, Clocktower
Mark Burgess (MBurgess)	Locality Representative, Frognal
Dr Clive Anggiansah (CA)	Locality Representative, North Bexley
Dr Mehal Patel (MP)	Locality Representative, North Bexley
Andrew Bland (AB)	Accountable Officer
Neil Kennett-Brown (NKB)	Managing Director
Usman Niazi (UN)	Chief Financial Officer SEL Commissioning Alliance
Michael Boyce (MB)	Deputy Managing Director & Director of Quality
David Maloney (DM)	Director of Finance
Nisha Wheeler (NW)	Director of Primary Care, IT and Information Governance
Robert Shaw (RS)	Chief Operating Officer
Dr Anjan Ghosh (AG)	London Borough of Bexley Director of Public Health

IN ATTENDANCE:

Julian May (JMay)	Administration Team Manager
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APOLOGIES:

Valerie Shanks-Pepper (VSP)	Director of Integrated Commissioning
Dr Sid Deshmukh (SD) (chair)	Chair
Stuart Rowbotham (SR)	London Borough of Bexley Director of Adult Social Care
Mary Currie (MC)	Governing Body Nurse
Neil Ross (NR)	Lay Member, Legal and Procurement
Dr Jhumur Moir (JM)	Locality Lead, Clocktower
Virginia Morley (VM)	Director of Commissioning Development
Vikki Wilkinson (VW)	Vice-Chair of Bexley Patient Council

OPENING BUSINESS

82/19	OPENING BUSINESS
82.19.1	SKD welcomed all to the governing body meeting. Apologies for absence were noted.



82.19.2	Members signed a copy of the declarations of interest register; there were no additional declarations in respect of agenda items.
82.19.3	The minutes of the meeting held on 5 September 2019 were APPROVED as an accurate record.
82.19.4	The action log was updated.
82.19.5	There were no matters arising.
PRESENTATION	
83/19	SYSTEMWIDE PREVENTION STRATEGY AND OBESITY PREVENTION STRATEGY.
83.19.1	<p>AG reminded members that the system-wide prevention strategy had been developed over the course of a year and aimed to address four challenges facing Bexley:</p> <ul style="list-style-type: none"> ● Improving health and wellbeing in the borough in light of changes to demography and structure of services and specific issues such as obesity, frailty and isolation. ● Organisational and financial stability, given financial pressures on both local authority and NHS, and the ability of robustly implemented prevention to enable financial stability. ● The need to change the shape of demand for services and ultimately reduce it. ● Service improvement and transformation providing opportunities to formalise and embed prevention.
83.19.2	<p>The vision for 2025 was for the people of Bexley to live longer, healthier lives. To achieve this the prevention strategy aligns a number of other strategies to ensure that collectively they have maximum impact, and additionally identifies key actions:</p> <ul style="list-style-type: none"> ● Delivering an integrated universal children's system to support parents, and enable children to have the best early start and outcome, recognising that Bexley needs to improve in this area. ● Development of the primary care prevention plan, with its own set of 6 priorities aiming to maximise impact across the life-course. ● Prevention and early intervention in the community ● Making every contact count ● Workplace wellbeing, recognising that by helping the councils 1800 employees we will be helping some Bexley residents directly as well as influencing others.
83.19.3	A purpose of strategy is also to change the culture in Bexley, so that everyone felt they had a role to play and were encouraged to do things to help themselves. The strategy was a five year strategy but intended to build momentum to implement changes over the longer term.
83.19.4	The obesity prevention strategy had been developed in the context of 180,000 Bexley adults who were overweight or obese, as well as children leaving school with an increased level of obesity to when they started. A number of interventions to address this included:



	<ul style="list-style-type: none"> • Increasing availability of healthy foods. • An environment which inspires physical activity. • Recognition of the links with mental health. • Good livelihoods. • Equip the workforce with the tools to contribute to delivering the strategy. • Embed healthy lifestyles. • Improve weight management support. • Communicate core and targeted healthier lifestyle messages.
83.19.5	Commitments had been made by both council and NHS to actions to move forward the strategy, but the biggest part of the success of the strategy would be from residents themselves, so a 'movement' needed to be started so that leaders and individuals in community could all play their part.
83.19.6	SKD welcomed the strategy and the holistic approach, noting that clinical care only constitutes 20% of the determinants of health. Changes to the culture were important, as well as being specific about how changes would be implemented.
83.19.7	PC praised the process of creating the strategy which had modelled good ways of working and involving people. The concept of creating a 'movement' and involving people had particular resonance.
83.19.8	NKB welcomed the strategy, especially welcoming the primary care prevention work which had seen good engagement from GPs. The strategy would be a collective response to a challenging environment.
83.19.9	SKD commented that the obesity strategy focused on BMI, however centripetal and visceral fat distribution were also very important but did not seem to be accounted for directly in the strategy. AG noted that the majority of evidence focused on BMI meaning the strategy needed to use this measure. The primary care work would be able to bring further insight on this area.
83.19.10	SKD highlighted the impact of the availability of healthier foods. Although some fast food outlets were offering healthier options, they may not be advertising these healthier options in the same way as high fat, high sugar options. AG confirmed that data was being gathered about the spread of unhealthy food. The council had more influence on future development zones than existing ones, however existing outlets could be encouraged to make a healthier catering commitment. Education could be provided on ways to reduce health impact of foods without reducing profitability, for example using thick-cut chips and healthier types of oil. Small incremental changes would be necessary as it was not possible to compete with the advertising budgets of large food companies.
83.19.11	The governing body NOTED and AGREED the 5 year systemwide prevention strategy and the obesity prevention strategy for Bexley.
PUBLIC OPEN SPACE	
84/19	PUBLIC FORUM 1 OF 2
84.19.1	Sabi Ghosh asked in view of the SEL strategy which had been signed off what would to happen to patient council and patient council network.



84.19.2	AB replied that the merger application contained commitments to maintain and enhance patient and public involvement in every borough, sharing best practice across south east London. NKB added that as an example Greenwich CCG were looking at ideas and best practice from the Bexley council. One idea was to develop the patient council into a resident's council having a say on a wider range of issues. Forums were only one of many ways that local people could be engaged.
84.19.3	Hilary Rowley described a positive experience of a visit to the UCC at Queen Mary's hospital Sidcup for treatment for a fracture, where the journey from initial examination by a doctor, to x-rays and nurse practitioner follow up was quick, efficient and all under one roof. Good information had been provided giving a choice of where to visit for follow up treatment. A further positive story concerned a fast track referral on a suspicious mole; a biopsy was made within a week and a diagnosis made in the following week. Subsequent care with Moorfield and Guys was very joined-up, and the patient was provided with specialist nurses contacts at both Guys and Moorfields who liaised via video link and were available to answer any concerns.
84.19.4	John Harris reported a negative experience, in which a GP appointment was unavailable within a month, and the UCC after having carried out a number of checks advised an urgent visit to A&E where after a long delay to be seen, the same tests were duplicated despite a letter being sent. He questioned why the UCC could not commission or undertake tests directly to avoid this delay and duplication.
84.19.5	SKD thanked members of the public for the experiences they had shared. She suggested that GP surgeries should always offer an urgent appointment where necessary and should not keep patients waiting for a month. The urgent care centre was not intended for complex or acutely serious cases, and referral for diagnostic tests needed to be made by GPs to hospital consultants who would specialise in interpreting results. Some duplication, for example an emergency department repeating history and examination for patient who had been at UCC, was necessary in order to check if there had been any deterioration during the wait. However the experience should be captured to examine the lessons learned.

SUMMARY REPORTS FOR ASSURANCE AND DECISION

85/19	MANAGING DIRECTOR'S REPORT
85.19.1	NKD referred members to the managing director's report highlighting the following points. The healthy new towns initiative from NHS England selected Thamesmead as an area for further work and support, and to test the lessons learned from the Ebbsfleet demonstrator site. This was an exciting opportunity to work with all stakeholders including developers such as Peabody so that the development ensured the best outcomes for its new residents.
85.19.2	The Governing Body NOTED the managing directors report.
86/19	REPORT OF THE PRIME COMMITTEES
86.19.1	MB noted that the report gave a summary of decisions and discussions at the



	CCG's committees since the last governing body meeting, and a presentation of those matters requiring governing body approval. One such matter was the terms of reference of the primary care commissioning committee (PCCC), which had been agreed and recommended by the PCCC committee for approval by the governing body.
86.19.2	The governing body NOTED the items discussed at CCG Committees.
86.19.3	The governing body APPROVED the terms of reference of the Primary Care Commissioning committee.
87/19	PROPOSED AMENDMENT TO IVF TREATMENT POLICY
87.19.1	RS explained that the amendment to the IVF treatment policy had been made to ensure equality of access for single women. Subject to the agreement of other CCGs in south east London, the amendment would be approved at an OHSEL board. There would be further work ongoing to review the treatment policy to ensure that it provided fair access to other groups.
87.19.2	SKD welcomed the change, noting the importance of granting fair access to IVF for single women.
87.19.3	The governing body APPROVED the amendment to the IVF treatment policy.
FINANCE, PERFORMANCE AND QUALITY UPDATES	
88/19	MONTH 6 FINANCE REPORT
88.19.1	UN informed members that the overall SEL financial forecasts at month 6 indicated both year-to-date and full year successful delivery of the plan. There were challenges, and so work would need to continue to ensure the position was maintained. Although there were changes planned to the CCGs a normal full set of planning processes would be carried out.
88.19.2	DM presented the report setting out the financial position for month six. The report had been discussed in detail at the CCG's integrated governance and performance committee. The CCG was reporting an overspend but this was in line with the financial plan for the year.
88.19.3	The key issue or risk facing the CCG was to resolve the unidentified QIPP. The value of QIPP gap in start budgets was £3.2m at the beginning of the year and this had improved to £1.6m. The whole team was focused on financial recovery and this QIPP figure would fall further.
88.19.4	Another key area was the prescribing budget, where financial pressures were largely due to national factors including an increase in the price of category M drugs which risked having an impact of £671k.
88.19.5	The financial plan for 19-20 depended on the achievement of the financial plan for 18-19, which required Bexley to deliver an overspend no higher than £7.5m. If achieved this would allow the CCG to receive additional commissioner support funding (CSF) allowing it to break even. Some of this CSF had already been



<p>88.19.6</p> <p>88.19.7</p> <p>88.19.8</p>	<p>received. Although financial pressures tend to increase in winter, the forecast was that the CCG would achieve its forecast outcome.</p> <p>NKB added that the senior management team needed to maintain a clear grip of financial performance and strong controls were now in place. The finance team were doing a good job but it would be a collective effort to achieve the required savings. The negotiation of the core block contracts across south east London had been key to meeting the financial challenge, but work would need to continue.</p> <p>KW noted that he was satisfied that the level of risk was reducing which gave assurance that the underlying issues were being addressed.</p> <p>The governing body:</p> <ul style="list-style-type: none"> ● NOTED the Month 6 (September) 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 6 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 6 (September) for primary medical services as provided by NHS England. ● NOTED the Month 6 actual performance against the key national finance targets.
<p>89/19</p> <p>89.19.1</p> <p>89.19.2</p> <p>89.19.3</p>	<p>INTEGRATED QUALITY SAFETY AND PERFORMANCE REPORT</p> <p>MB presented the report, noting that the quality team had put forward a programme of work. The report provided detail on the work of the team.</p> <p>PC praised the report structure with highlights from different providers and commented that the patient experience section highlighted the importance of the mystery shopper reports. He asked how mystery shopper feedback could be utilised in the CCG.</p> <p>MB noted that 670 mystery shoppers had been recruited and the information received was being studied. The CCG would need to decide ways to reach the 2,000 mystery shopper target as well as deciding how to distil the feedback to create meaningful pieces of improvement work.</p> <p>The governing body NOTED the integrated quality safety and performance report.</p>



90/19	ANNUAL COMPLAINTS AND PATIENT EXPERIENCE REPORT
90.19.1	MB referred to the report which gave the governing body assurance that the CCG was meeting its obligations in relation to complaints and patient experience. There had been 727 direct contacts with patients. Although it appeared that there were more complaints, this was partly due to engagement work which gave more people a voice. The CCG was working with a number of communities such as the deaf community to understand their experience of services. It was important that as engagement took place it was monitored, but also that the captured feedback resulted in improvements.
90.19.2	PC reported that the community champions on the patient council were recruiting people to describe their experience of healthcare. Their role was important as some people did not necessarily wish to engage directly with the CCG, but were happy to share their experiences with an intermediary such as a community group.
90.19.3	Members discussed how best practice would be shared throughout south east London as part of the merger. AB noted that the mystery shopper and community champion work may be work that other CCGs could benefit from, and there was likely to be good practice in all CCGs which could be shared.
90.19.4	The governing body NOTED the annual complaints and patient experience report.
91/19	ACUTE PERFORMANCE
91.19.1	RS presented the acute performance report, assuring members that full details of the report were monitored in meetings of all south east London CCGs.
91.19.2	In relation to referral to treatment within 18 weeks(RTT) although no provider met the national target, the list of patients waiting was being managed, with Guys and St Thomas's NHSFT and Kings College Hospital NHSFT slightly ahead of planned recovery trajectory and Lewisham and Greenwich Trust slightly behind.
91.19.3	The 31 and 62 day targets were still being achieved but there was a continued need to work on underlying issues. The two week wait standard was missed but was within tolerance.
91.19.4	Challenges remained in relation to inter-trust transfers, and in endoscopy, especially at GSTT where there was an issue around waiting times. There was continued pressure on accident and emergency in both LGT sites.
91.19.5	RS reported that in a recent session on winter readiness good work was being done in relation to collective working on admission prevention. There had been improvements in Dartford and additional therapists in the emergency department were well received. The surge team supported hospitals, and an additional ten beds supported slow re-ablement, to ensure as well as being medically fit, people were able to return home. Focus was on looking at the overall flow of patients to ensure that where they did come to hospital they were supported to return home as quickly as possible.
91.19.6	NKB added that he had received positive reports on workforce from LGT who had



91.19.7	reported a reduction in the vacancy rate. Work was underway to promote uptake of the flu vaccine. SKD added that some capacity in one of the newer care homes had been made available for step down beds.
91.19.8	The governing body NOTED the acute performance update.
92/19	NON-ACUTE PERFORMANCE REPORT
92.19.1	NKB referred to the non-acute performance report, which had been discussed at the CCG's integrated governance and performance committee.
92.19.2	MBurgess queried Bexley's performance of 0% against the dementia diagnosis wait target of 6 weeks, observing that it was the worst in south east London and three CCGs had managed to achieve 100% target.
92.19.3	NKB said that this may be linked to the different providers used. Some CCGs used South London and Maudsley NHSFT, whereas Bexley used Oxleas NHSFT who had a different process.
92.19.4	Action: VSP to provide update on actual waits for dementia diagnosis in Bexley and commentary on performance against the 6 week target.
92.19.5	The governing body NOTED the non-acute performance report.
INTEGRATED GOVERNANCE	
93/19	BOARD ASSURANCE FRAMEWORK (BAF)
93.19.1	MB reminded members that the BAF reported risks with a residual rating of 15 and above of which there were. Risk 508 also appeared in the south east London risk register.
93.19.2	The governing body NOTED the risks in the corporate register with a residual risk rating of 15 and above.
PATIENTS, PUBLIC AND CCG PARTNERS	
94/19	PUBLIC HEALTH UPDATE
94.19.1	AG updated members on work being undertaken in Public Health: <ul style="list-style-type: none"> ● How to practically deliver the prevention strategies operationally and how to report on progress. ● The primary care prevention plan was receiving good engagement by GPs and PCN clinical directors, and had developed priorities ● Much more needed to be done to promote flu vaccination in readiness for winter. ● The process of redesigning substance misuse services had begun and a detailed health needs assessment would shortly be commissioned. ● More needed to be done in the CYP space, and joint working with childrens services and headteachers was being promoted. At a recent meeting with



	<p>headteachers on mental health for children in schools it was noted that GP input would be beneficial as they may face similar challenges to head teachers in relation to children with poor mental health. AG noted that attendance by a GP member would be useful if possible.</p> <ul style="list-style-type: none"> • The north Bexley work was now at the stage of developing a ‘straw man’ approach and conducting a feasibility study. A decision had been made to take a strategic view, and the north Bexley vision work would not be short-term and would seek to address challenges in the estates area but also improvements and linking in with healthy new towns.
94.19.2	SKD welcomed the primary care prevention strategy and said that the meetings were positive and had identified measurable actions which could be implemented.
94.19.3	Action: GP members to volunteer for meeting with headteachers on mental health if possible by contacting AG.
94.19.4	The governing body NOTED the public health update.
95/19	UPDATE FROM THE PATIENT COUNCIL
95.19.1	PC reported that the patient council had met to focus on primary care in a ‘deep dive’ event. This had proved an excellent way for the patient council to be educated about primary care. NW had attended as well and council members has successfully generated a long list of ideas and suggestions for primary care to work on. The council used an electronic voting system to capture views of which service members would use, which was a useful system and could be applied elsewhere.
95.19.2	The area second area of discussion was the future of the patient council, and the opportunity to find different ways to work with the community. Patients are keen to look at how they can work with councillors and the democratic system in the context of south east London reform.
95.19.3	A successful menopause event was held in the Marriot Hotel, Bexleyheath with over 70 women attending from a variety of groups. Work was now underway on how to build on this and hold similar events.
95.19.4	SKD thanked PC and LW for helping to arrange the Menopause event. She noted that this had arisen as a result of a question at governing body, which showed the system was working. She suggested that the organisers could consider inviting men for a future event.
95.19.5	The governing body NOTED the update from the patient council.
96/19	PUBLIC FORUM
96.19.1	Peter Adams Asked about the growing problem of obesity particularly in schools, noting that fast food outlets ought to be restricted from opening until all schoolchildren had left school and gone home.
96.19.2	AG noted that the council had limits on what it could do because of other legislation, but could implement a range of measures to bring about incremental



96.19.3	change, and shift demand. The challenge was difficult as foods high in sugar and salt tasted good, and were available fast.
96.19.4	Roger Brown Referred to the question raised about waiting for doctors, and asked why there was such a wide disparity in waiting times between practices in Bexley.
96.19.4	SKD noted that the particular case concerned would need to be looked at separately as no patient should have to wait a month for an urgent appointment.
INFORMATION AND REFERENCE	
97/19	MINUTES OF OTHER COMMITTEES FOR INFORMATION
97.19.1	The governing body NOTED the minutes of other committees.
CLOSING BUSINESS	
98/19	ANY OTHER BUSINESS
98.19.1	There was no other business.
99/19	NEXT MEETING OF THE GOVERNING BODY MEETING HELD IN PUBLIC
99.19.1	2.45pm to 5.45pm, Thursday 16 th January 2020, Council Chamber.

