NHS
Bexley
Clinical Commissioning Group

Minutes of the governing body meeting held in public
Thursday 7th March 2019, 2.45pm to 5.45pm

PRESENT:

Dr Sid Deshmukh (SD) (chair)	Chair
Andrew Bland (AB)	Accountable Officer
Neil Kennett-Brown (NKB)	Managing Director
Mary Currie (MC)	Governing Body Nurse
Malcolm Hines (MH)	Acting Chief Financial Officer
Dr Sonia Khanna-Deshmukh (SKD)	Locality Lead, Frognal
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
Dr Anjan Ghosh (AG)	London Borough of Bexley Director of Public Health
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 & Director of Quality
Dr Varun Bhalla (VB)	Locality Lead, North Bexley
Vikki Wilkinson (VW)	Vice-Chair of Bexley Patient Council

IN ATTENDANCE:

Usman Niazi (UN)	Chief Financial Officer SEL CCG Alliance
David Maloney (DM)	Director of Finance
Ben Travis (BT) (item	Chief Executive Lewisham and Greenwich NHS Foundation Trust
Jim Lusby (JL) (Item	Director of Partnership Lewisham and Greenwich NHS Foundation Trust
Jo Ferry (JF) (item 26)	Senior Public Health Manager
Julian May (JMay)	Administration Team Manager

APOLOGIES:

Dr Clive Anggiansah (CA)	Locality Representative, North Bexley
Nisha Wheeler (NW)	Director of Primary Care, IT and Information Governance
Stuart Rowbotham (SR)	London Borough of Bexley Director of Adult Social Care

OPENING BUSINESS	
01/19	**OPENING BUSINESS**
15.19.1	SD welcomed all to the governing body meeting. Apologies for absence were

	noted.
15.19.2	Members signed a copy of the declarations of interest register; there were no additional declarations in respect of agenda items.
15.19.3	The minutes of the meeting held 17th January 2019 were **APPROVED** as an accurate record.
15.19.4	The action log was updated.
15.19.5	There were no matters arising.
	PROVIDER PRESENTATION
16/19	**DELIVERING THE ROAD MAP: VISION VALUES AND STRATEGY FOR LEWISHAM AND GREENWICH NHS TRUST (LGT)**
16.19.1	SD welcomed BT and JL and asked if their presentation could also touch on concerns raised by the governing body in relation to paediatric and mental health admittances.
16.19.2	BT informed members that Lewisham and Greenwich NHS Trust had produced a road map to allow the trust to engage with partners about the trusts future. There were some items which would be addressed over the next two years, as well as a commitment to develop a clinical strategy. This would not be done in isolation and the trust would work with partners and the provider alliance to develop clarity on the future of services.
16.19.3	Key priorities included improving quality and safety and meeting key constitutional standards. The trust would need to address a significant workforce challenge and ensure that the trust lived its values, and working towards a joined up health and social care system.
16.19.4	A CQC inspection in 2017 had rated the trust 'requires improvement' overall, however it had improved in 12 domains and decreased in only one, and the trust had been able to point to specific improvements since the last report. It was encouraging that there were good scores all round for the 'caring' domain, reflecting how staff went about their duties. The trust aimed to achieve a 'Good' rating overall by 2021. The regulator has now removed LGT from the list of challenged providers.
16.19.5	A full elective programme was taking place with a wider range of services within and across the system on how to manage demand. There had been a request nationally to reduce the number of long waiters for referral to treatment and there are now only two long waiters at Lewisham and Greenwich NHS Trust. Regarding paediatric and mental health admittances, there were good links with Oxleas NHS trust and the trust was working with them on the mental health pathway. In relation to paediatrics there remained occasional spikes of high activity on some days.
16.19.6	A new clinical facility had been opened, on schedule, with a combination of medical and surgical beds. This had been helpful in dealing with a challenging times, and would also provide decamp space to allow much needed refurbishment to take place on other wards.

16.19.7	BT described workforce as the biggest challenge facing the trust, but there had been some improvement in the staff survey and with more joiners than leavers over the last couple of months. Over 1000 staff had taken part in a vote on the trusts values, and an independent review into bullying and harassment had been published on the website. Although the report was very uncomfortable reading, the issue has now been highlighted and the trust could start to make improvements.
16.19.8	The trust had a planned deficit of £53m but would be able to deliver this number, helping to increase the confidence of regulators. The trust had been asked to deliver an additional £43m of savings after which the trust would be able to access one-off financial support.
16.19.9	JL noted that the trust recognised its position as a major provider of acute care for Bexley, but also saw itself as a key part of developing partnerships in the system, and had made a commitment to the LCP in Bexley. The tone and inclusivity of discussions in the LCP programme board meetings was encouraging, and provided a good platform for the trust to take a proactive role in developing services in south east London, as a provider of around a third of the acute activity.
16.19.10	NKB thanked BT and JL for the presentation, and noted the opportunity to standardise, share learning and achieve benefits of scale across boroughs of Bexley Greenwich and Lewisham. The key would be to do this in a way which preserved sensitivity to the differences between local populations. He noted the good work on workforce and asked if the recent increase in recruitment was a result of the plan or whether then plan was expected to deliver further benefit.
16.19.11	BT noted that plans were currently being implemented, and so the increase in recruitment was likely due to the recruitment and retention work done over the summer of 2017. However, people closer to the frontline now had more say and the recruitment processes has become more efficient. Additionally, because the findings of the report were challenging in areas, an independent panel is being established to hold the executive to account on their delivery of measures to address any bullying and harassment.
PUBLIC OPEN SPACE	
17/19	**PUBLIC FORUM 1 OF 2**
17.19.1	**Councillor Diment** asked what arrangements were in place for the CCG to receive information on the performance of GP practices in the borough, and whether these reports were checked to verify their accuracy.
17.19.2	MB advised that the primary care commissioning committee meeting was a meeting held in public where issues and monitoring of GP practices were discussed. A quality dashboard maintained by the CCG brought together all soft and hard intelligence on GP practices such as CQC reports, the Quality Outcomes Framework information and feedback from friends and family tests as well as the GP survey. Practices were regularly visited by members of the CCG's primary care team who met with GP partners and practice managers to discuss issues relating to the practices performance.
SUMMARY REPORTS FOR ASSURANCE AND DECISION	

18/19	**MANAGING DIRECTOR'S REPORT**
18.19.1	NKB introduced himself as the joint managing director of Bexley and Greenwich CCGs following Theresa Osborne's successful appointment as Director of System reform.
18.19.2	Key points from the Managing directors report were: • NHS Long term plan had been released including important elements such as the start well, live well, age well agenda, as well as a new contract template to support systems in working together. • Primary care networks (PCNs) were being rolled out nationally and the deadline for applications is at the end of the May 2019. These PCNs aligned with the existing local care networks in Bexley, providing an opportunity to accelerate work already advanced in Bexley. • The decision on stroke care arrangements affecting Kent and Medway had taken place. The joint committee had decided unanimously in favour of the option in which Darent Valley Hospital would be a hyper acute stroke unit. This would benefit Bexley residents • A new integrated governance and performance (IGP) committee in common at south east London had been providing an opportunity to address common issues across south east London. For example Lambeth and Southwark were better able to address long waits for referral to treatment at Kings College Hospital, and the IGP allowed Bexley to work with them to address the issues. • The Urgent Care Centre at Erith had been the subject of constructive discussions and it was now proposed to work with the landlord, Oxleas NHSFT to look at sharing clinical and reception spaces to avoid the need to relocate the urgent care centre. • AJ as Director of Public health had been working on the development of a strategy for the north of the borough. The intention was to establish the right model of care for residents, and then allow estates decisions to follow on from what was required. Avoiding relocating the UCC would allow provision of the service to be secured for a further 3 years while the North Bexley strategy was developed. • Changes to staff across south east London also included the implementation of a shared chair for Kings College London NHS Trust and Guys and St Thomas's NHS Trust to help drive improvement. It was also encouraging that there was a new integrated regional director across NHS England and NHS Improvement David Sloman.
18.19.3	PC noted that a number of updates in the report involved mental health, and asked how the CCG could prioritise mental health and co-ordinate approaches to physical and mental health. NKB noted that the national mental health investment standard stipulated in the long term plan was a key opportunity to work across Lewisham and Greenwich Trust and Oxleas NHSFT to improve mental health care.
19/19	**REPORT OF THE PRIME COMMITTEES**
19.19.1	MB asked members to note the report of the prime committees outlining the decisions made and topics discussed at the CCGs sub committees. MB also asked the governing body to approve the changes to the Schedule of Matters Delegated to Officers as recommended by the Integrated Governance & Performance

	Committee.
19.19.2	The governing body **NOTED** the items discussed at the CCG's committees held since the last governing body meeting in January 2019 and **APPROVED** the amendments to the Schedule of Matters Delegated to Officers.
20/19	**SOUTH EAST LONDON TREATMENT ACCESS POLICY (TAP)**
20.19.1	MB advised members that the south east London treatment access policy (TAP) had been developed through a clinically led process and has already been approved at previous governing body meetings. The current version built on the previously approved policies with recent changes made to bring it in line with the latest NICE guidance.
20.19.2	PC asked if there was any detriment to some groups rather than others in the policy. He asked how patients had been engaged and whether an assessment of the impact on equality had been made.
20.19.3	MB responded that he was satisfied that the process had been followed with regard to equality impact assessment in relation to the TAP. AG added that all the changes were based on NICE guidelines and that engagement work had taken place.
21/19	**FINANCIAL BUDGETARY AND CONTRACTING FRAMEWORK FOR 19/20**
21.19.1	The CCG was still completing negotiations with trusts working with the Integrated Contracts Delivery Team across south east London. It would be important to secure agreement with trusts to avoid a mediation process. Further discussions would be held at the April IGP to recommend a final budget decision to the governing May body meeting.
21.19.2	The long term plan and associated budget figures had been received in January 2019. As well as exciting developments in regard to improving health care the CCGs have received allocation information. For London overall there was nearly a 6% increase in core services funding. Delegated primary care allocations would increase by over 6%. The running costs remained similar, but CCGs would be required to make a further significant cut on their running costs. The total resources for 2019-20 would be over £365m for the year.
21.19.3	This increase however did not account for the brought forward deficit from previous years. There was also a substantial increase in the tariff rates of 3.8% less a 1.1% efficiency saving, and the report listed other commitments such as new requirements for community services and mental health. Overall there was a good increase, but with a high level of pre-commitment of the funds allocated
21.19.4	During 2018-19 the CCG had had a deficit driven mainly by high levels of acute spend. Taking into account internal work done to contain and reduce the deficit it was expected to report a £10m deficit at the financial year end. Currently the CCG was not planning to redress the deficit from previous years in 2019-20. There had been recognition of Bexley's situation in that it was required to achieve a £7.5m in-

	year deficit for 2019-20, after which the CCG would have access to a further £7.5m commissioner support funding, allowing the CCG to break even in-year for 2019-20.
21.19.5	The QIPP programme for the coming year was also outlined in the report. Discussions with providers were ongoing aiming to agree contractual positions which would minimise the risks to Bexley's financial position, for example block and 'cap-and-collar'. The CCG was also continuing the work with GP practices relating to referrals.
21.19.6	KW observed that an enormous amount of work had gone into the planning, but expressed concern that the work could be done before the IGP committee to complete the budget. In its current state he asked if the governing body could authorise rather than approve the paper.
21.19.7	MC asked if there had been sufficient opportunity to share best practice across south east London to ensure that Bexley were taking every opportunity to generate QIPP savings.
21.19.8	PC noted that it would be important to meet the criteria to receive the commissioner support funding and warned that there may be a risk that the uplift in tariffs would also be demanded by providers of services outside the tariff.
21.19.9	AB advised that the governing body should acknowledge that a budgetary gap may not be met in time for the meeting, but recommended the governing body approve the document. He confirmed that work had been done to ensure that every opportunity for QIPP savings is being explored. The tri-borough approach and a single set of commissioning intentions was in place. Although the CCGs were good at sharing learning, the delivery of schemes was still challenging, and there may be scope for ensuring the right people were in the right place across south east London.
21.19.10	MH added that in addition to the tri-borough work there was work across all six CCGs on CHC and mental health, and work to improve collaboration even further was proceeding. As PC had outlined, the commissioner support fund was crucial. Additionally, the CHC group had been seeking to agree a common approach to uplifts for providers.
21.19.11	NKB reflected that one of the historic challenges now addressed by the BGL working was where schemes were previously done separately by individual CCGs. This year would be different with a common set of commissioning intentions, incorporating measures such as unified outpatient transformation across shared providers.
21.19.12	DM commented that all parts of the system had financial challenges and would have to work together to take costs out of the system rather than passing them between organisations.
21.19.13	The governing body • **APPROVED** the financial framework for 2019-20; • **DELEGATED APPROVAL** of the final 2019/20 budget position to the IGP committee at the April 2019 meeting;

	• **NOTED** the Bexley CCG Control Total target of achieving an in year deficit of £7.5m which subject to conditions being met will then attract Commissioner Sustainability Funding (CSF) of £7.5m to allow the CCG to breakeven in year; • **NOTED** the on-going work being undertaken to achieve our required financial position for 2019/20; • **NOTED** the on-going work to agree the achievement of the SEL CCG's control total for 2019-20; • **NOTED** the actions being taken to agree additional QIPP, possible disinvestment, and limited investment, to ensure we achieve our commissioning and financial targets for the next few years; • **NOTED** that the overall current QIPP programme is £16.3m, in order to get to £7.5m deficit, • **RECOMMENDED** the budgetary framework to the GP membership; • **NOTED** a final paper will come to the IGP in early April for approval, and the Governing Body in May for ratification.
	FINANCE, PERFORMANCE AND QUALITY UPDATES
22/19	**MONTH 9 FINANCE REPORT**
22.19.1	MH introduced the month 9 finance report. He noted that the overall position which included large pressures from the acute sector. Since the report, there had been work with the ICDT to get to a year-end agreement for Lewisham and Greenwich NHS trust and Guys and St Thomas's which had now been reached. There was however no year-end agreement with Kings secured, in line with other south east London boroughs. Mutual support had been agreed with SEL CCGs, and the position had improved to a £10m forecast in-year deficit, with little change anticipated before the closing of the accounts. DM would be taking over in the new year.
22.19.2	KW noted that the governing body ought to formally record its receipt of the £3m in mutual aid and the recognition that the amount would have to be paid back.
22.19.2	The governing body **NOTED** the receipt of £3m mutual support from south east London CCGs, and that this support would be repayable on 1 April 2019.
22.19.3	The governing body **NOTED** • that the Month 9 (December) 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 9 financial position. • the key risks identified to achieving the predicted position in 2018/19 and the management actions being taken to address and mitigate these risks where possible. • the financial position for month 9 (December) for primary medical services as provided by NHS England. • the month 9 actual performance against the key national finance targets.
23/19	**INTEGRATED QUALITY SAFETY AND PERFORMANCE REPORT**

23.19.1	MB referred members to the integrated quality, safety and performance report. He noted that Referral To Treatment had been a particular issue especially around those waiting over 52 weeks for treatment and that this was one of the focus areas of the quality team. MB highlighted Lewisham and Greenwich Trust had 2 waiting over 52 weeks. The number of waiters at Kings College London was high, 85 in September 2018. However, there has been a downward trend since then with 52 reported in December 2019. Monitoring and work continues to reduce this number further.
23.19.2	MB mentioned that the new children's safeguarding partnership arrangements which have been in place since October 2018 continue to work well and the CCG has now started work with the partnership on the parental mental health priority which the CCG is the lead agency for. The governing body **NOTED** the integrated quality safety and performance report.
24/19	**NHS BEXLEY ACUTE PERFORMANCE REPORT – MONTH 8**
24.19.1	MB referred members to the report noting that the format would shortly be changed to make it simpler and more straightforward. MB commented on the current performance around constitutional standards.
24.19.2	The governing body **NOTED** the NHS Bexley Acute performance Report – month 8.
INTEGRATED GOVERNANCE	
25/19	**BOARD ASSURANCE FRAMEWORK (BAF)**
25.19.1	MB referred members to the board assurance framework containing risks with a residual rating of 15 and above. There were nine risks meeting the criteria, primarily related to finance, the delivery of QIPP and the delivery of constitutional standards. One new risk (486) had been added in relation to those waiting over 52 weeks for treatment.
25.19.2	The risk (283) relating to Maternity services at Lewisham and Greenwich Trust had now been reduced following work and action taken by the trust. MB noted that the CQC has rated maternity services as good. However the trusts dashboard presented at the clinical quality review group meetings remained red rated in some areas. A detailed paper on the risk would be presented to the integrated governance and performance committee in April 2019.
25.19.3	The governing body **NOTED** the risks in the corporate register with a residual risk rating of 15 and above.
PATIENTS, PUBLIC AND CCG PARTNERS	
26/19	**PREVENTION STRATEGY AND OBESITY STRATEGY**
26.19.1	AG emphasised the importance of the strategy, which would be presented to the health and wellbeing board on 18th March for approval. A decision had been made to engage widely in the development of the strategy and nearly 200 people had been engaged with including the overview and scrutiny committee.

26.19.2	The strategy itself covered primary secondary and tertiary prevention across the life course and addressed the full system challenges rather than just priority areas. Three domains people, places, and policies were combined with 6 themes, healthy children, healthy adults; healthy policies and practices; healthy communities workplaces and home; healthy environment; economic independence; and a thriving local economy. An initial 125 actions arising from the strategy had been consolidated to 25 key actions.
26.19.3	The CCG would lead the response to a set of actions arising from the strategy, including the development of primary care prevention, a maternity strategy, and joint working with children. In the policy and practice space more could be done building on 'making every contact count.'
26.19.4	MC welcomed the strategy and the way in which it had been co-produced. She commented that it would be important to engage with executives at the CCG to agree realistic timescales and milestones for the completion of actions, and to ensure it would fit in with other pieces of work and strategies.
26.19.5	NKB noted that the prevention strategy would be a crucial part of a wider strategy for the borough which would inform discussions about how resources were allocated.
26.19.6	SKD supported the strategy and praised the incorporations on a number of domains. It would be important to develop specific approaches so that the outcomes could be measured. A culture change was needed in attitudes to healthcare to give people the incentive to take charge of their own lives rather than hoping to be 'fixed'. There were opportunities to consider the impact of loneliness on health, and initiatives such as mindfulness in schools, reducing time spent on social media.
26.19.7	AG noted that the action plan would contain the specific measures that were arising out of the strategy. The children's part of the priorities covered early years, providing the best start in life and school age. Obesity and mental health was a challenge in this area in particular for schools, and tackling the root causes would be crucial.
26.19.8	PC noted that the work of the CCG would need to reference the prevention strategy, to ensure that commissioning decisions were evidence based.
26.19.9	JF introduced the Obesity prevention strategy, noting that the plan was still in draft. Key points were • Excess weight was a problem in Bexley, with 3 in 10 children overweight as measured in reception class becoming 6 in 10 overweight by adulthood. • Contributory factors included poor diet, and sedentary behaviours, with lack of sleep and physical activity. • The aim of the strategy was to reduce the rate of excess weight by 2% over the coming 5 years, which was ambitious target given the existing upward trajectory. • Themes for the intervention included shaping the built environment with a focus on promoting walking, supporting a community culture of physical activity and healthy eating and prompting individuals to make healthier changes through self-activation and lifestyle change

	• Feedback to the survey suggested an increased focus on high risk groups such as people with learning disabilities or who were pregnant, and actions were underway to scope the service available and identify any gaps in provision.
26.19.10	Action that could be taken included providing help with breastfeeding initiation and maintenance, working with schools and colleges as well as looking internally to ensure there was an appropriate food offer within the council and CCG. Public health hoped to establish an obesity pathway to ensure people could be directed to the services that could help them, and a social media and marketing strategy to promote advice.
26.19.11	NKB welcomed the strategy, noting that in his local Greenwich slimming world group an individual had lost 5.5 stone and experienced improvements in his MSK, and cardiology. He suggested that there may be some work to make healthier foods more available in the local area. He also suggested that working with other CCGs may help.
26.19.12	SKD praised the interesting strategy, and stated that there was so much that could be done with schools and parenting classes to teach people how to get pleasure from food by preparing it from scratch and sharing socially. An approach to encourage people for what they could do rather than what they should not do was likely to be more effective.
26.19.13	KM noted that the strategy would need to be implemented well to generate a return. Different approaches such as low carb high fat or high protein could work for different people. Some ideas that could work were a lab for local people to access advice and training, investment in psychologists to deliver motivational interviews, and linking with the national diabetes prevention initiatives. A trial of an 800 calorie diet had achieved significant weight loss and diabetes remission for 30% of patients.
26.19.14	**T**he governing body **NOTED** the system-wide prevention strategy and the Obesity Strategy
27/19	**UPDATE FROM THE PATIENT COUNCIL**
27.19.1	PC updated the board on a busy time for the patient council. The council had been interviewing all members as part of a period of reflection and would present the outcomes. A deep dive on the prevention strategy highlighted the issue of loneliness, and the effect on physical and mental health and also the number of those in work but still having to receive support.
27.19.2	The council also reviewed the transformation strategy, and put in 26 hours of unpaid time to develop an introduction to make the strategy useful and understandable for local people.
27.19.3	The council was recruiting new members who had attended some meetings on a trial basis. The patient participation group had been re-launched and now represented over 30 different services. A ‘pathways to leadership’ mentoring scheme had been launched, meeting monthly to develop a number of young people for leadership positions within the system.

27.19.4	AG suggested that the north Bexley strategy could benefit from the input of the patient council. PC agreed to help arrange for the council to continue the discussion.
27.19.5	The governing body **NOTED** the update from the patient council.
27/19	**PUBLIC FORUM**
27.19.1	**Mr Sabi Ghosh** observed that the issue of loneliness and the need for befriending volunteers was a common theme in his experience with voluntary work. He asked in relation to plans for the UCC whether there would be a formal consultation. He noted that reports were that there was insufficient space for the UCC.
27.19.2	NKB noted that although the space appeared constrained, the other services such as phlebotomy and MSK using the site operated at specific times and had separate waiting areas. By consolidating the waiting room and clinical spaces, space could be created to continue the UCC unchanged at the current site, meaning no consultation was required. However the CCG and council were beginning to engage with stakeholders around a strategy for North Bexley over the next 5-10 years, which would focus on healthcare needs first to then inform aan estates strategy.
27.19.3	**Mr Sabi Ghosh** asked if issues with the UCC including the service shutting down and shutting its doors at 8pm would be resolved.
27.19.4	NKB stated that discussions were ongoing with the provider about ensuring sufficient clinical cover to cover spikes in demand, which together with the improved space would help avoid closures. To avoid a large number of patients arriving just before the 10pm closing time, the last patients would be admitted at 8pm to allow all of the patients to be safely seen.
27.19.5	**Mr Sabi Ghosh** asked if the proposal to reorganise the site to allow the UCC more space was now definitely going to happen.
27.19.6	NKB noted that agreement had been secured with most of the providers and Oxleas as landlord had agreed to look into the issue.
INFORMATION AND REFERENCE	
29/19	**MINUTES OF OTHER COMMITTEES FOR INFORMATION**
29.19.1	The governing body **NOTED** the minutes of other committees.
CLOSING BUSINESS	
30/19	**ANY OTHER BUSINESS**
30.19.1	There was no other business
31/19	**NEXT MEETING OF THE GOVERNING BODY MEETING HELD IN PUBLIC**
31/19.1	2.45pm to 5.45pm, Thursday 2nd May 2019, Council Chamber.