

Minutes of the governing body meeting held in public
Thursday 16th January 2020 2.45pm to 5.45pm
Council Chamber, civic offices 2 Watling Street DA6 7AT

PRESENT:

Dr Sid Deshmukh (SD) (chair)	Chair
Dr Sonia Khanna-Deshmukh (SKD)	Locality Lead, Frognal & Joint Clinical Vice-Chair
Mary Currie (MC)	Governing Body Nurse
Keith Wood (KW)	Lay Member, Governance
Paul Cutler (PC)	Lay Member, Patient and Public Involvement
Neil Ross (NR)	Lay Member, Legal and Procurement
Mark Burgess (MBurgess)	Locality Representative, Frognal
Lisa Wilson (LW)	Locality Representative, Clocktower
Andrew Bland (AB)	Accountable Officer
Neil Kennett-Brown (NKB)	Managing Director
Usman Niazi (UN)	Chief Financial Officer SEL Commissioning Alliance
Simon Beard (SB)	Assistant Director for Corporate Services
David Maloney (DM)	Director of Finance
Nisha Wheeler (NW)	Director of Primary Care, IT and Information Governance
Robert Shaw (RS)	Chief Operating Officer
Alison Rogers	Acting Director of Integrated Commissioning
Vikki Wilkinson (VW)	Vice-Chair of Bexley Patient Council

IN ATTENDANCE:

Annie Gardner (AG)	Head of Patient Experience & Equalities
Julian May (JMay)	Administration Team Manager

APOLOGIES:

Dr Jhumur Moir (JM)	Locality Lead, Clocktower
Dr Varun Bhalla (VB)	Locality Lead, North Bexley
Michael Boyce (MB)	Deputy Managing Director & Director of Quality
Virginia Morley (VM)	Director of Commissioning Development
Dr Clive Anggiansah (CA)	Locality Representative, North Bexley
Stuart Rowbotham (SR)	London Borough of Bexley Director of Adult Social Care
Dr Mehal Patel (MP)	Locality Representative, North Bexley
Dr Anjan Ghosh (AG)	London Borough of Bexley Director of Public Health
Dr Koteswara Muralidhara (KM)	Secondary Care doctor

OPENING BUSINESS	
01/20	OPENING BUSINESS
01.20.1	SD welcomed all to the governing body meeting. Apologies for absence were noted.



01.20.2	Members signed a copy of the declarations of interest register; there were no additional declarations in respect of agenda items.
01.20.3	The minutes of the meeting held on 7 November 2019 were APPROVED as an accurate record.
01.20.4	The action log was updated.
01.20.5	There were no matters arising.
PRESENTATION	
02/20	MYSTERY SHOPPER AWARDS
02.20.1	Awards were presented on the occasion of the fifth year of the mystery shopper. Scheme. PC observed that the 5270 pieces of individual feedback had been submitted over the five years of the mystery shopper scheme, which now had 685 members. SD noted that feedback from the scheme enabled the CCG to work with providers to make sure services were fit for people's needs. AG added that the mystery shopper scheme brought to light positive as well as negative experiences of care.
02.20.2	Awards were presented as follows: Individual positive feedback award: <i>Giuseppina (Jo) Mounger</i>
02.20.3	Healthcare provider positive feedback award: <i>Alex Chipperfield, Ophthalmology Service Manager, Queen Mary's Hospital</i>
02.20.4	Outstanding Team positive feedback award: <i>The Site Services and Estates Team for Queen Mary's Hospital Helen Manchester, Operational Manager Queen Mary's Hospital Denise Webb, Site Services Facilitator, Queen Mary's Hospital</i> This award also recognised the contributions of public partners: <i>Linda Bellingham, Dawn Brooker, Terry Murphy, Saby Ghosh.</i>
PUBLIC OPEN SPACE	
03/20	PUBLIC FORUM 1 OF 2
03.20.1	Sabi Ghosh enquired about the funding formula used to allocate funds for Bexley, and noted that the SELCCG governing body meeting would only be in Bexley once a year. AB replied that funding for the borough was based on population as well as other factors including weighting for age and deprivation. Changes were made to the formula for calculating the funding from time to time. Members of the public would be welcome to attend any governing body meeting held by the new CCG, although the meetings would likely go on tour through the boroughs. There would also be borough based board meetings in public held in each borough.
03.20.2	Peter Adams expressed surprise that there were not equivalents to the Bexley mystery shopper scheme in other boroughs. AB suggested that all boroughs would want to learn from good practice in other



03.20.3	<p>boroughs.</p> <p>Cllr Richard Diment referred to the CQC closing down several GP practices in neighbouring Kent and asked what measures were in place to ensure this will not happen in Bexley, given that several practices were yet to have a CQC inspection. NW replied that the CCG was working with the GP federation and practices as a priority to support them to ensure they were working in the right way and were ready for the process of CQC inspection.</p>
SUMMARY REPORTS FOR ASSURANCE AND DECISION	
04/20	MANAGING DIRECTOR'S REPORT
04.20.1	<p>NKB highlighted the following from the managing director's report.</p> <ul style="list-style-type: none"> • A system reform update had been included. Dr Jonty Heaversedge had been appointed Chair for south east London CCG. Most staff would be affected and a consultation on the changes had now closed on 17th January 2020. • A briefing on the new Bexley borough based board had been presented to the health and wellbeing board and was included in the governing body papers. • Work done by NW and her team to support ICT transition across Bexley and Greenwich had improved provision and reduced costs. Work was now underway on developing IT provision for the south east London CCG. • VM was undertaking some exciting work with the Greenwich and Bexley populations in Thamesmead on a bid to the 'Shaping Places for Healthier Lives' Programme. • Dartford, Gravesham and Swanley CCGs were consulting on urgent care provision in the area. Cllr Richard Diment updated the meeting that a decision had recently been made to offer networked provision across two sites at Gravesham and Dartford and Gravesham. • In Bexley the urgent care provision at Queen Mary's hospital and Erith, together with the urgent care centre at Queen Elizabeth Hospital, would be the subject of a procurement exercise for a single provider of UTC services across the sites. • Lewisham and Greenwich NHS trust had completed its new board with the appointment of Suzanne Wills as Chief Operating Officer and Rachael Backler as Director of Performance. These appointments should really help the trust continue its improvement journey.
04.20.2	<p>AB reminded members that Integrated Care Systems (ICS) were being developed in every part of the country in response to the long term plan. In London, south east London was currently the only ICS, and governance being developed for ICS's required the appointment of a non-executive chair. South east London was delighted to welcome Richard Douglas into the role, whose experience included the director of finance for the department of health for a number of years. The next governing body would be the last meeting for Bexley CCG after which there would be a governing body at south east London CCG.</p>
04.20.3	<p>The Governing Body NOTED the managing directors report.</p>
05/20	REPORT OF THE PRIME COMMITTEES



05.20.1	SB presented the regular report summarising matters discussed at other prime committee meetings and decisions made. There were no items needing approval by the governing body.
05.20.2	The governing body NOTED items discussed since the last governing body meeting, and NOTED that there were no items requiring approval by the governing body.
06/20	SEL ICS response to the Long Term Plan
06.20.1	NKB introduced the south east London response to the NHS long term plan. The full document was available on the OHSEL website and a summary of the key messages was included in the paper. The response highlighted the importance of partnership across the south east London Health and social care system to improve on quality and maintain financial sustainability going forward. A strategy for Bexley borough had been discussed at the health and wellbeing board, however the ICS response presented an overall framework across south east London. The governing body were invited to comment on the document which would be presented to the public OHSEL board and submitted to NHSE and NHSI.
06.20.2	PC commented that the document resonated with both local and national priorities. It was important not only to have knowledge of the issues, but also sufficient knowledge to implement interventions that would actually work. Any plans should take account of a diverse community and avoid the impression that things were being 'done to' the local populations. The work should be mainstreamed across commissioning and finance functions, and centralised where appropriate.
06.20.3	NKB explained that a lot of work had taken place to ensure commissioning was consistent. Initiatives such as enhanced health in care homes had proved effective in other areas there was an opportunity to roll them out further. Where there was evidence of a successful intervention it should be quickly rolled out, learning lessons from the minor eye conditions service, which was successful but could have been adopted more quickly in other boroughs.
06.20.4	NKB pointed out that the population was diverse both across south east London and within boroughs. The right approach was crucial, and engagement should extend beyond public meetings. Workforce would also be crucial for providers to deliver the plans, and the national workforce plan would be released shortly.
06.20.5	AB responded that the long term plan itself was only a section of what needed to be achieved in relation to people's health and wellbeing and reducing inequalities in health and social care. The system needed to rise to the challenge to improve acute and community based care as well as addressing national priorities, and work with local residents to do this.
06.20.6	SD noted that there were a number of deaths attributable to risk factors such as smoking and high blood pressure, as well as diet related factors. NKB noted smoking cessation was still one of the single biggest things that would improve health, and was the subject of a key national programme with GPs incentivised to improve uptake.



06.20.7	NR pointed out that some figures estimated that a quarter of children were already obese when starting school, and there was an exciting opportunity to work with the local council as a borough based board to address some of these challenges.
06.20.8	NKB noted that the Bexley system had just approved the obesity strategy, together with other priorities for Bexley outlined on p184 of the document.
06.20.9	The governing body NOTED and SUPPORTED the SEL ICS response to the long term plan.
07/20	EPRR readiness report 2019
07.20.1	SB presented the Emergency Preparedness, Resilience and Response (EPRR) report which described the CCG's plans for responding to emergency incidents. NHS organisations had EPRR obligations under the civil contingencies act 2004 and NHS England had asked the CCG to complete a self assessment to assure itself that there were plans in place, this assessment was reviewed by NHS England in an interview process.
07.20.2	Bexley CCG's submission had been examined in detail by the integrated governance and performance committee. The CCG was fully compliant with no issues with procedures or remedial action plans required.
07.20.3	AB noted that not all CCGs had a compliant position in this important area, and congratulated SB for his work. NKB added recognition of SB's work for Greenwich CCG which was also fully compliant.
07.20.4	NR asked what would be in place going forward as the structure changed. SB replied that although the plans presented were for Bexley CCG, plans were being developed for the single CCG as part of system reform, which would incorporate best practice from across south east London.
07.20.5	That the governing body NOTED the outcome of the assurance review undertaken by NHS England & NHS Improvement on the CCG's EPRR readiness.
FINANCE, PERFORMANCE AND QUALITY UPDATES	
08/20	MONTH 8 FINANCE REPORT
08.20.1	DM sets out the financial position up to month 8, and was discussed in detail at the integrated governance committee in September. Members would be aware that if the overspend by year end was no higher than £7.5m the CCG would receive £7.5m commissioning support funding. Around £2.6m of this funding had already been received. A key area of overspend is prescribing, but this is driven by a national change in category M costs. There had been a reduction in unidentified QIPP during the month through budget reviews. There remained a risk with MSK activity, but it was hoped that this risk could be mitigated by year-end.
08.20.2	UN reflected the significant progress made and paid tribute to the hard work involved. He pointed out that issues within prescribing were not failure of the CCG to do something but as a result of national changes. All the actions the CCG had



08.20.3	<p>undertaken to deliver had been delivered.</p> <p>The governing body</p> <ul style="list-style-type: none"> • NOTED the Month 8 (November) 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 8 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 8 (November) for primary medical services as provided by NHS England. • NOTED the month 8 actual performance against the key national finance targets.
<p>09/20</p> <p>09.20.1</p> <p>09.20.2</p> <p>09.20.3</p>	<p>INTEGRATED QUALITY SAFETY AND PERFORMANCE REPORT</p> <p>SB introduced the integrated report, noting</p> <ul style="list-style-type: none"> • continued work around LD health checks with a working group exploring ways to increase uptake. • The CCG had been working closely with Lewisham and Greenwich Trust (LGT) on the outcomes of recent CQC inspections. At the end of January the chief nurse of LGT had attended the CCGs quality and safety committee and outlined challenges and steps taken to address them. The CCG would continue to support LGT to deliver safe services for Bexley residents. • Other areas of focus included infection prevention and control, patient and public engagement, and ensuring the workforce race equality standard was met by providers and health care organisations. <p>PC welcomed the work with people with learning disabilities and urged that it remain a high priority. A recent point in relation to inequality regarding an asthma attack had arisen and this would be raised in the quality committee.</p> <p>The governing body NOTED the integrated quality safety and performance report.</p>
<p>10/20</p> <p>10.20.1</p>	<p>ACUTE AND NON-ACUTE PERFORMANCE REPORT</p> <p>RB referred members to the acute report. Performance against 4 hour waits remained challenged in Lewisham and Greenwich trust and Kings College London NHS trust. There had been no improvement in performance against the 18 week referral to treatment target but there were ongoing actions. In relation to cancer there was continuing focus on the 62 day wait standard. In the area of diagnostics the main challenge was in relation to endoscopy and echo-cardiology and some improvement had been seen. Measure to improve diabetes included investment and communications in primary care and a further business case was now being developed.</p>



10.20.2	PC thanked Michelle Barber for coming to engage with the patient council on diabetes plans. He shared an anecdote from a patient who had been told that the waiting list was 2 months, but a private patient could be seen within around 10 days, and asked about cost differences between public and private provision.
10.20.3	AB suggested that contractual relationships with providers would need to consider the full pathway of care, and reflect the intention to move from a payment by results model toward a system of collective responsibility for finance. It would be important for the system to work together to ensure that everyone was treated in the most cost effective way.
10.20.4	AR noted that Bexley was regarded as a top performer on out of area placements for mental health. There were also good results on targets for the use of personal health budgets due to their use for people using wheelchairs, and also increasing of personal health budgets to allow continuing health care clients to manage their own care.
10.20.5	Challenge remained around IAPT, and there was continuing work to ensure that there was sufficient capacity to meet the increasing trajectory of cases. The team were reducing triage time in order to allow more time for provision. However the discharge of a number of people who were inappropriate for the service had also affected figures. The CCG was very close to meeting its CAMHS access targets through the use of telephone triaging and the introduction of the Kooth online counseling service. Work on SMI healthchecks and perinatal health was continuing, with a focus on resolving data issues.
10.20.6	MC asked about the IAPT second appointment performance. AR explained that there was work being undertaken on reporting, and although the situation was improving it was not improving fast enough, so additional work was being undertaken on this.
10.20.7	NKB noted that after a short period of illness Valerie Shanks-Pepper had decided to leave the CCG, and thanked Alison Rogers for acting as Director of Integrated Commissioning.
10.20.8	The governing body NOTED the acute and non-acute performance updates.

INTEGRATED GOVERNANCE

11/20	BOARD ASSURANCE FRAMEWORK (BAF)
11.20.1	SB assured members that risk had a high profile in the CCG and was discussed at all committees. Risks rated as 15 and above were included in the board assurance framework. The paper also considered the risks being considered at a south east London level, with some of these risks also being included on the local register where appropriate. There had been little significant movement on the rating of risks since the last governing body, however on some risks mitigations had allowed the score to be reduced.
11.20.2	The governing body NOTED the risks in the corporate register with a residual risk rating of 15 and above.



PATIENTS, PUBLIC AND CCG PARTNERS	
12/20	PUBLIC HEALTH UPDATE
12.20.1	The item was postponed to a future meeting.
13/20	UPDATE FROM THE PATIENT COUNCIL
13.20.1	PC updated members on the morning session which had combined the Patient Council with the Engagement, Patient Experience & Equality Committee, and had given patient council members the opportunity to see the assurance taking place in the background. It had been useful to have the new Acting Director of Commissioning in attendance, as well as to look at the communications and prospectus for the new SEL CCG.
13.20.2	In relation to the proposed reforms and merger there was also a debate on the advantages of large and small scales. There was consensus that work with south east London CCG could focus on what was working well locally already, as well as what could work well in the future. A number of contributions were made to feed into the development of the south east London CCG. It was proposed to offer unconscious bias training to the patient council to enhance their work.
13.20.3	The council discussed the MSK work and access for patients self-referring to physiotherapy. It was noted that DNA rates are much lower where patients self-referred, and it was agreed that the more responsibility that was given to patients the more they would take on.
13.20.4	NKB welcomed the update and observed that it was important to continue this legacy going forward into the borough based board arrangements. PC said
13.20.5	The governing body NOTED the update from the patient council.
14/20	PUBLIC FORUM
14.20.1	Peter Adams enquired about progress with the urgent care centre that were becoming urgent treatment centres. RS replied that options to create additional clinical space were being explored, although this had been complicated by the presence of asbestos in the building. The focus on the changes was the physical building and disabled provision. Procurement was starting for the UTC contract going forward.
14.20.2	Peter Adams asked about whether other boroughs were merging in the same way as south east London, and asked about the peoples panel and borough based boards. AB replied that south east London was the first ICS in London, however in south west London the CCGs would be merging and also in north central London CCGs would be coming together. NCL intended to work closer together. NEL had a different configuration of patient flows and may merge in 2021. NKB commented that the managing director's report listed the membership of the borough based board, pointing out that it would be a committee in common with the council, with every other meeting being held in public.
INFORMATION AND REFERENCE	



15/20	MINUTES OF OTHER COMMITTEES FOR INFORMATION
15.20.1	The governing body NOTED the minutes of other committees.
CLOSING BUSINESS	
16/20	ANY OTHER BUSINESS
16.20.1	MBurgess asked about what the name of the locally based organisation for website branding etc. NKB replied that 'Bexley alliance' had been discussed as a name.
17/20	NEXT MEETING OF THE GOVERNING BODY MEETING HELD IN PUBLIC
17.20.1	2.45pm to 5.45pm, Thursday 5 th March 2020, Council Chamber.

