

**Minutes of the governing body meeting held in public**  
**Thursday 5<sup>th</sup> March 2020 2.45pm to 5.45pm**  
**Council Chamber, civic offices 2 Watling Street DA6 7AT**

**PRESENT:**

Dr Sid Deshmukh (SD) (chair)  
 Keith Wood (KW)  
 Paul Cutler (PC)  
 Neil Ross (NR)  
 Mark Burgess (MBurgess)  
 Andrew Bland (AB)  
 Neil Kennett-Brown (NKB)  
 Usman Niazi (UN)  
 David Maloney (DM)  
 Nisha Wheeler (NW)  
 Robert Shaw (RS)  
 Alison Rogers (AR)  
 Dr Jhumur Moir (JM)  
 Dr Varun Bhalla (VB)  
 Dr Clive Anggiansah (CA)

Chair  
 Lay Member, Governance  
 Lay Member, Patient and Public Involvement  
 Lay Member, Legal and Procurement  
 Locality Representative, Frognal  
 Accountable Officer  
 Managing Director  
 Chief Financial Officer SEL Commissioning Alliance  
 Director of Finance  
 Director of Primary Care, IT and Information Governance  
 Chief Operating Officer  
 Acting Director of Integrated Commissioning  
 Locality Lead, Clocktower  
 Locality Lead, North Bexley  
 Locality Representative, North Bexley

**IN ATTENDANCE:**

Clare Fernee (CF)  
 Clare Hunter (CH)  
 Julian May (JMay)

Assistant Director Medicines Management  
 Deputy DCO SEND  
 Administration Team Manager

**APOLOGIES:**

Dr Sonia Khanna-Deshmukh (SKD)  
 Mary Currie (MC)  
 Lisa Wilson (LW)  
 Simon Beard (SB)  
 Vikki Wilkinson (VW)  
 Michael Boyce (MB)  
 Virginia Morley (VM)  
 Stuart Rowbotham (SR)  
 Dr Mehal Patel (MP)  
 Dr Anjan Ghosh (AG)  
 Dr Koteshwara Muralidhara (KM)

Locality Lead, Frognal & Joint Clinical Vice-Chair  
 Governing Body Nurse  
 Locality Representative, Clocktower  
 Assistant Director for Corporate Services  
 Vice-Chair of Bexley Patient Council  
 Deputy Managing Director & Director of Quality  
 Director of Commissioning Development  
 London Borough of Bexley Director of Adult Social Care  
 Locality Representative, North Bexley  
 London Borough of Bexley Director of Public Health  
 Secondary Care doctor

OPENING BUSINESS	
<b>15/20</b>	<b>OPENING BUSINESS</b>
15.20.1	SD welcomed all to the last governing body meeting for Bexley CCG. Apologies for absence were noted.

15.20.2	Members signed a copy of the declarations of interest register; there were no additional declarations in respect of agenda items.
15.20.3	The minutes of the meeting held on 16th January 2019 were <b>APPROVED</b> as an accurate record.
15.20.4	The action log was updated.
15.20.5	There were no matters arising.

#### PUBLIC OPEN SPACE

<b>16/20</b>	<b>PUBLIC FORUM 1 OF 2</b>
16.20.1	<b>Cllr Richard Diment</b> enquired about progress of works at the UCC at Erith. RS said that an update would be provided shortly.
16.20.2	<b>Cllr Richard Diment</b> noted that the procurement for the new urgent care service would be approved by south east London CCG, and asked why the borough level boards would not approve it. RS explained that borough based boards for Greenwich and Bexley would recommend the decision to be taken by the south east London CCG. AB confirmed that the south east London CCG would take the final decision as the legal entity, based on recommendations by the borough boards, but would also have a duty to consider any impact on the rest of south east London.

#### SUMMARY REPORTS FOR ASSURANCE AND DECISION

<b>17/20</b>	<b>MANAGING DIRECTOR'S REPORT</b>
17.20.1	<p>NKB highlighted the following from the managing director's report.</p> <ul style="list-style-type: none"> <li>• South east London's response to the long term plan had been published and a link included in the paper.</li> <li>• Richard Douglas the newly appointed SEL ICS chair was meeting with Bexley council leader and others and would provide support to the SEL exec team.</li> <li>• Funding for our community urgent response services had been secured to improve the response rate for people in Bexley and south east London from April 2020.</li> <li>• The ICS has been accepted for the population health management development programme, and Bexley's clocktower PCN was participating among other PCNs across London.</li> <li>• London borough of Bexley had been accepted to stage 2 of shaping places for healthier lives programme working with Greenwich to support better health in Thamesmead</li> <li>• The high court had ruled in favour of a Hyper Acute Stroke Unit at Darent Valley Hospital as well as other hospitals in Kent, which would allow high quality care to be provided to Bexley patients.</li> <li>• UCC procurement update is included, as well as a pilot around wearable technology.</li> <li>• In primary care there was change underway with the new GP and draft</li> </ul>



<p>17.20.2</p> <p>17.20.3</p>	<p>specifications are being published. Mergers were taking place between Crook Log and Sidcup Medical Practice and Bulbanks and Riverside as agreed at the public meeting of the Primary Care Commissioning Committee.</p> <ul style="list-style-type: none"> <li>Queen Mary's hospital Sidcup had been shortlisted for patient experience award.</li> </ul> <p>MBurgess asked whether the new community urgent response services were new or an expansion of existing services. AR confirmed that existing rapid response provision would be strengthened, giving them the resources to respond within two hours in 85% of cases. The extra resources allocated would allow the service to be evaluated and improved.</p> <p>The Governing Body <b>NOTED</b> the managing director's report.</p>
<p><b>18/20</b></p> <p>18.20.1</p> <p>18.20.2</p>	<p><b>REPORT OF THE PRIME COMMITTEES</b></p> <p>CF presented the regular report of decisions and items of note discussed at the CCGs prime committees. There were no items recommended for the governing bodies approval.</p> <p>The governing body <b>NOTED</b> items discussed since the last governing body meeting, and <b>NOTED</b> that there were no items requiring approval by the governing body.</p>
<p><b>19/20</b></p> <p>19.20.1</p> <p>19.20.2</p> <p>19.20.3</p>	<p><b>SEL CCG system reform update</b></p> <p>NKB provided an update on the system reform program, confirming that</p> <ul style="list-style-type: none"> <li>the proposals were now fully supported by NHS England.</li> <li>The governing body of the new CCG would be led by Dr Jonty Heaversedge as chair and include Dr Sid Deshmukh and Dr Clive Anggiansah as GP representatives, with SEL lay members meeting with local lay representatives.</li> <li>Bexley's governing body nurse representative had been appointed as nurse representative for the south east London governing body. The place based director would shortly be appointed.</li> <li>Work on the staff reorganisation was still ongoing.</li> <li>New IT systems were being developed as an enabler led by Nisha Wheeler.</li> <li>The important work undertaken to engage with the public was detailed in the report and there was a commitment to continue this engagement, recognising that more work was needed on engaging with hard-to-reach groups.</li> </ul> <p>PC described development of engagement work as encouraging, and welcomed the opportunity created for the borough based board to work with the Bexley local authority on the wider determinants of health. He highlighted culture as a key priority to develop in the borough based boards and across south east London, which would be helped by commissioners, providers, the voluntary sector and others coming together as partners.</p> <p>NKB noted that a director of HR and Organisational Development would be</p>



19.20.4	<p>appointed, and a company had been engaged to examine ways of working with partners across the system. The director of system development across Greenwich and Bexley would have an organisational development role across both boroughs.</p> <p>The governing body <b>NOTED</b> the report and the progress on the implementation of the merger of the six south east London CCGs and <b>CONFIRMED</b> that assurance had been provided that the implementation of the merger was on plan and that the new CCG would be in place on 1st April 2020.</p>
<p><b>20/20</b></p> <p>20.20.1</p> <p>20.20.2</p> <p>20.20.3</p> <p>20.20.4</p>	<p><b>SHIELD annual report</b></p> <p>CH introduced the report which described the new SHIELD (Shelter, Haven, Inspiring, Empowering, Leading, Defending) arrangements for child safeguarding. The three equal partners pursued a series of priorities including priority 1 Missing children and young people, priority 2 focusing on parents experiencing mental ill health, priority 3 basic child protection. The next priorities would be priority 4 adolescent Risk and priority 5 revisiting basic child protections, which would be discussed at the health and wellbeing board in March. CH commented that agencies involved had been supportive and that Bexley had been the first to move to from the old safeguarding board and received a positive visit from Sir Alan Wood whose recommendations had led to the new arrangements.</p> <p>NKB welcomed the report and the progress made and asked about future priorities and the child death overview panel (CDOP) process. CH advised that the police would be leading priority 4 on adolescent risk. Noted that the local authority had felt that priority 5 would be worthwhile re-visiting to ensure that the basics of child protection were being carried out. The CDOP process was now being run on a tri-borough basis, led by Lewisham, together with Greenwich and Bexley, because individual boroughs did not have sufficient numbers of cases to enable full analysis of themes and lessons learned.</p> <p>PC welcomed the report and praised the graphic layout, re-iterating the importance of listening to children and young people, and crucial issues they raised around bullying and social media, to ensure they were kept safe. Referring to some feedback from other areas, he asked if the new arrangements ensured representatives of the right organisations of appropriate seniority were available. CH confirmed that the response and engagement from partners and stakeholders had been very good and the learning hub model had worked well.</p> <p>The governing body <b>NOTED</b> the Shield annual report.</p>
<b>FINANCE, PERFORMANCE AND QUALITY UPDATES</b>	
<p><b>21/20</b></p> <p>21.20.1</p>	<p><b>MONTH 10 FINANCE REPORT</b></p> <p>DM introduced the report setting out financial position for period 10. There was an overspend position in line the CCGs financial plan. If the CCG continued to stay on plan it would receive the remainder of the commissioner support funding. There were no significant financial issues to raise. The QIPP plan for the year had now been identified completely. Level of financial risk being reported at period 10 has been reduced and further reductions were expected.</p>



21.20.2	DM expressed his thanks for the hard work of the finance team over the year which had enabled the CCG to be on track to meet its financial control total. UN joined in praising the work of the Bexley team and staff working across the CCG to deliver the plan. KW reflected that the achievement of financial balance had seemed impossible 6 months ago, and gave credit to the work of staff as well as joint working arrangements across south east London. NKB observed that achieving this financial result gave a good basis for the future south east London CCG.
21.20.3	<p>The governing body</p> <ul style="list-style-type: none"> <li>• <b>DISCUSS &amp; NOTED</b> the Month 10 (January) financial position and forecast outturn financial positions which are currently in line with the annual plan submitted to NHS England.</li> <li>• <b>NOTED</b> the details of the 2019/20 allocations (programme and running costs) received and expenditure to date.</li> <li>• <b>NOTED</b> the returns made to NHS England reporting the Month 10 financial position.</li> <li>• <b>DISCUSS &amp; NOTED</b> 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.</li> <li>• <b>NOTED</b> the financial position for month 10 (January) for primary medical services as provided by NHS England.</li> <li>• <b>NOTED</b> the month 10 actual performance against the key national finance targets.</li> </ul>
<b>22/20</b>	<b>INTEGRATED QUALITY SAFETY AND PERFORMANCE REPORT</b>
22.20.1	CF introduced the integrated quality safety and performance report, which also gave the latest available data against quality measures and the improvement framework.
22.20.2	NKB draw attention a joint targeted area inspection focusing on child and adolescent services which had gone well and would shortly report its findings. He noted that a local hospital trust was undergoing a CQC inspection and the outcome would be monitored.
22.20.3	PC highlighted work of the PPG under its newly elected chair Julia Hart and vice chair Terry Murphy. Recent meetings were very positive and achieved the aim to hand over more work to the PPGs themselves, share best practice and ensure key relationships were in place.
22.20.4	KW asked that the Bexley Borough Based board be kept sighted on this data. NKB confirmed that there would be a central team, but data specific to Bexley could be presented, grounded in reality by patient experience work such as the mystery shopper.
22.20.5	The governing body <b>NOTED</b> the integrated quality safety and performance report.
<b>23/20</b>	<b>ACUTE AND NON-ACUTE PERFORMANCE REPORT</b>
23.20.1	RS summarised acute performance, noting that accident and emergency continued



	to have challenges a Princess Royal University hospital, but there had been a improvement over several days at Queen Elizabeth Hospital. Guys and St Thomas's (GSTT) continued to have monthly meetings to improve referral performance. There had been a slight drop in the performance against the two week wait standard for Cancer. Additional funds had been allocated for diagnostics which remained a challenge particularly in endoscopy. A new target for providing diagnosis within 28 days should be welcomed as early diagnosis was crucially important. He thanked the commissioning team for their work on maintaining standards.
23.20.2	AR reported key elements of the non-acute performance. Access to IAPT was currently short of the target and a recovery target agreed with providers would be very challenging. Although the IAPT recovery target was not met, performance remained just below the target. Dementia diagnosis continued to be a challenge around waiting times. A recovery plan in relation to SMI physical health checks would translate into a supplement to the primary care network DES incentive going forward. There were positive results with early intervention and psychosis performance, and the early access target for CAMHS had been exceeded.
23.20.3	NKB pointed out that the priorities highlighted in the report would continue to be important going forward within the borough to level-up performance across south east London.
23.20.4	The governing body <b>NOTED</b> the acute and non-acute performance updates.

#### INTEGRATED GOVERNANCE

<b>24/20</b>	<b>BOARD ASSURANCE FRAMEWORK (BAF)</b>
24.20.1	CF introduced the BAF which contained the corporate risks with a residual rating of 15 and over. There were two qualifying risks that members would be familiar with relating to the risks of over-performance at Darent Valley hospital (DVH) and in relation to QIPP project mobilisation. All risks including those not on the register were regularly reviewed with risk owners.
24.20.2	NKB pointed out that a deal had recently been secured with DVH which would help mitigate risk 546. Resource would be sought to help with the QIPP project resource identified in risk 549.
24.20.3	The governing body <b>NOTED</b> the risks in the corporate register with a residual risk rating of 15 and above.

#### PATIENTS, PUBLIC AND CCG PARTNERS

<b>24/20</b>	<b>PUBLIC HEALTH UPDATE</b>
24.20.1	The item was postponed to a future meeting.
<b>26/20</b>	<b>UPDATE FROM THE PATIENT COUNCIL</b>
26.20.1	PC noted that there had not been a further patient council but shared some



	<p>reflections on the 3 years spent in role. He was grateful for the involvement and support of everyone from patients and carers to senior management, which he felt had shown a value-based way of working. Michael Boyce in particular had shown an ability to turn feedback in to policies and improvements for patients.</p> <p>The NHS was an ‘anchor institution’ and would always mean more in people’s lives than merely medical treatment, and motivated people to engage with it and sit through meetings and attending patient council. Human relationships would therefore continue to be vital for the NHS commissioning, even though different people may prefer different levels of involvement.</p> <p>It would then also be important to ensure logistics were in place to turn comments and ideas gained from these relationships into improvements in reality. Those in responsibility in the NHS should realise the power that they held, ensuring that it was not used to block change, but instead acknowledge the power dynamics and relationships in a transparent and honest way.</p> <p>A consistent feature of engagement with patients had been their willingness to take on work and their eagerness to find out how they could help. The NHS should invest in this goodwill and the insight from patients as assets with which to improve services.</p>
26.20.2	SD thanked PC for his work and commitment and expressed the hope that the borough based board would be able to carry on this legacy.
26.20.3	The governing body <b>NOTED</b> the update from the patient council.
<b>27/20</b>	<b>PUBLIC FORUM</b>
27.20.1	<b>Mr Sabi Ghosh</b> thanked Paul Cutler for his work and encouragement. He noted that during the SEL reforms he had felt that Bexley should have a strong voice to fight for its interests, as although it was perceived as a rich borough there was significant deprivation in some areas, in view of this he asked on the progress of the appointment of a borough based director. AB noted that governing body members had shared the concern, and a series of meetings had been planned, which he fully expected to result in the appointment of a borough based director before the change to the new CCG.
27.20.2	<b>Mr Peter Adams</b> thanked Paul Cutler for his work in helping patients to understand and engage with the CCG and its meetings, and for the improvement he had seen in the CCG over recent years. He also recognised the help of Lotta, Annie and Maria in the patient engagement team.
<b>INFORMATION AND REFERENCE</b>	
<b>28/20</b>	<b>MINUTES OF OTHER COMMITTEES FOR INFORMATION</b>
28.20.1	The governing body <b>NOTED</b> the minutes of other committees.
<b>CLOSING BUSINESS</b>	
<b>29/20</b>	<b>ANY OTHER BUSINESS</b>
29.20.1	SD thanked all the governing body members for their work and contribution. AB thanked SD as chair for his leadership and guidance, as well as his work with member practices.



<b>30/20</b>	<b>CLOSURE OF THE PUBLIC MEETING</b>

