

Agenda Item: 110/13

Governing Body (public) meeting

THURSDAY, 26 September 2013, 1.30PM- 3.00 PM
Great Hall, Hall Place, Bourne Road, Bexley, Kent DA5 1PQ

PRESENT:

Dr Howard Stoate	GP, Chair,
Dr Sid Deshmukh	GP Locality Lead Frognal
Dr Gunen Ucyigit	GP Locality Representative, Clocktower
Dr Sarah Chase	GP Locality Representative, Frognal
Sarah Blow	Chief Officer
Theresa Osborne	Chief Financial Officer
Dr Graham Rehling	Secondary Care Specialist
Keith Wood	Lay Member
Simon Evans-Evans	Director of Governance and Quality
Sarah Valentine	Director of Commissioning
Tia Giles	Representative from the Patients Council (Observer)

IN ATTENDANCE:

Mary Stoneham (notes) Corporate Office Manager

APOLOGIES:

Dr Varun Bhalla	GP Locality Lead North Bexley
Dr Sushanta Bhadra	GP Locality Representative, North Bexley
Yemisi Osho	Nurse Member
Sandra Wakeford	Lay Member
Dr Nadia Nemic	Director of Public Health

STANDING ITEMS	
89/13	WELCOME AND APOLOGIES FOR ABSENCE
89.13.1	Dr Howard Stoate welcomed members of the Governing Body and members of the public to the public meeting. The Chair explained that the NHS Bexley Clinical Commissioning Group Governing Body hold meetings in public to enable the public to observe the decision making process and there would be two opportunities for questions from the public during the meeting.
89.13.2	Apologies were received from Dr Varun Bhalla, Dr Sushanta Bhadra, Yemisi Osho, Sandra Wakeford and Dr Nada Lemic.
90/13	DECLARATIONS OF INTEREST
90.13.1	Dr Stoate asked if anyone had any interests to declare in respect of the meeting agenda.

90.13.2	The GPs declared an interest in that they are commissioned by NHS England to provide GP services.	
90.13.3	Sarah Blow updated the meeting on the recent NHS Bexley CCG GP Elections and confirmed: Dr Sid Deshmukh – GP Locality Lead Frogna and Dr Varun Bhalla – GP Locality Lead North Bexley had been re-elected. GP Locality Lead Clocktower remains vacant. Dr Howard Stoate re-elected as Chair of NHS Bexley CCG.	
91/13	MINUTES OF THE GOVERNING BODY PUBLIC MEETING DATED 25 JULY 2013	
91.13.1	The meeting AGREED the Governing Body (Public) Meeting minutes dated 25 July 2013.	
92/13	MATTERS ARISING	
92.13.1	<ul style="list-style-type: none"> ACTION LOG updated and completed. 	
92.13.2	COMPLAINT ISSUES RELATING TO INTEGRATED PERFORMANCE REPORT Dr Stoate referred members to the correspondence relating to concerns raised by the CCG over the level of integrated performance reporting and process submitted by the Commissioning Support Unit (CSU). Sarah Valentine confirmed that the Integrated Performance Report Month 3 had provided an improved level of reporting and the CCG/CSU would continue to work together to improve assurance to the Governing Body through the reporting process.	
94/13	CHAIRMAN'S UPDATE REPORT	
94.13.1	Dr Howard Stoate provided a summary of discussions from the Annual General Meeting earlier in the day. <ul style="list-style-type: none"> The Secretary of State had confirmed the dissolution of the South London Healthcare NHS Trust (SLHT) and the series of transactional changes which would become effective from 1 October 2013. Dr Ombarish Banerjee had provided a clinical update on the redesign of Musculoskeletal (MSK) services using a prime contractor model to be implemented from 1 April 2013. The Vice Chair of the Patient Council provided information on how the CCG engages with patients and local people. 	
94.13.2	The CCG had started to undertake a series of coordinated engagement events with other NHS organisations, social care providers, the voluntary sector, patient groups and GPs to develop commissioning intentions for 2014/15 and beyond with	

	<p>particular emphasis on the progression of the integrated care plans to strengthen health and social care services through the redesign of prevention and early intervention services.</p>	
94.13.3	<p>The CCG clinical leadership programme development is progressing and there are currently 30 GPs working to improve local healthcare through clinical commissioning in Belxey.</p>	
94.13.4	<p>• DECISION LOG FROM OTHER FORA</p> <p>The Governing Body noted the decisions that have been made by the Governing Body in different fora on behalf of the Governing Body.</p>	
94/13	<p>2013/14</p> <p>• QUALITY & SAFETY REPORT QUARTER 2</p>	
94.13.1	<p>Simon Evans-Evans reported that Bexley and Greenwich CCGs had held their first joint Oxleas Clinical Quality Review Meeting which will strengthen the process to monitor quality services across the boroughs. The Quality and Safety Sub Committee QSSC had discussed the report in detail and the Governing Body was asked to note the summary of issues highlighted in the meeting paper front sheet. Darent Valley had reported no Serious Incidents, one Never Event and no MRSA in Quarter 1. The new providers at Queen Mary's Hospital (QMH) site have been working in shadow form in preparation for the dissolution of the South London Healthcare NHS Trust (SLHT). A new CCG sub group of the QSSC had been set up to review adult and children's safeguarding.</p> <p>It was confirmed that the increased number of GP Alerts received provided valuable information to improve patient discharge arrangements from SLHT.</p> <p>The Governing Body noted the contents of the Quality & Safety Report 2 2013 for NHS Bexley CCG.</p> <p>• FINANCE PERFORMANCE UPDATE AS AT MONTH 4 (JULY) 2013/14</p> <p>Theresa Osborne confirmed that NHS Bexley Clinical Commissioning Group was on financial plan for Months 4. Full utilisation of available reserves and delivery of the Quality, Innovation, Productivity & Prevention (QIPP) would be required to meet the targets with the CCG mindful of the risks noted on page 12 of the meeting report. The contract at Dartford & Gravesham remained unsigned due to concerns regarding the accuracy of the data and continued to be a high risk. The risk to the Continuing Care target needed to be moved to the 2014/15 financial year. The Better Payment Practice Code target had</p>	
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	again improved to just below the target of 95%.	
94.13.6	The meeting discussed the main risks associated with the ability to deliver the significant QIPP savings aligned to the Prime Contractor Model (PCM), acute over performance and specialist commissioning transfer to NHS England at cost neutral value.	
94.13.7	<p>The Governing Body:</p> <ul style="list-style-type: none"> • Discussed & noted the Month 4 (July) financial position and forecast outturn detailed in this report which shows the CCG forecasting the required 1% surplus; • Noted the details of the 2013/14 allocations (programme and running costs) received and expenditure to date; • Noted the returns made to NHS England reporting the Month 4 financial position, QIPP delivery, use of 2% headroom and the risks and mitigations which the CCG has (Appendix 1 meeting paper); • Discussed & noted the key risks and cost pressures identified to achieving the surplus control total in 2013/14 and the management actions being taken to address and mitigate these risks; • Noted the month 4 actual reported performance against the key national finance targets. 	
94.13.8	<ul style="list-style-type: none"> • CONSOLIDATED CONTRACTS REPORTING 	
94.13.9	<p>Sarah Valentine tabled an up to date 111 acute report and summarised the key issues in the meeting paper which was split into four sections. SV asked the meeting to note the improved level of reporting in the Adult Community Contracting Performance. Section 2 (spelling error on Page 11 – should read 2.4.3 Anti-Coagulation Service (AQP) (last sentence) The remaining provider is Cotter and Bohmer – Laubis.</p>	
94.13.10	The redesigned integrated care services supporting older people in their own homes to date had avoided 122 unnecessary hospital admissions and patients had received the appropriate care at the right time. The new in patient neuro-rehabilitation service was now operational at QMH and services had been transferred from SLHT to Oxleas. The IAPT service physiological referrals were on target.	
94.13.11	Sarah Valentine asked for email comments on the tabled 111 report and in particular on the data broken down by GP practice.	
94.13.12	During discussion the Governing Body recognised the need to address financial issues relating to over acute performance and the need to deliver significant QIPP savings to achieve financial	

94.13.13	<p>targets at year end. GP referrals to SLHT had remained stable but there had been an increased level of activity which is being investigated. GP referrals to GSTT and Lewisham have increased and resulted in increased outpatient activity at these trusts. The South London Commissioning Support Unit have raised challenges with the SLHT over coding issues which would be financially beneficial to NHS Bexley CCG if successful. Sarah Blow confirmed that there had been a drop in 111calls nationally in the summer period which was attributed to the good weather and holiday period.</p> <p>The Governing Body: Noted the performance of the Community & Mental Health contracts shown in the meeting paper. Noted – 111 and acute reports tabled at the meeting. Noted current performance against targets for Bexley CCG and the actions being taken to address any areas of under performance.</p>	
ITEMS FOR DECISION		
95/13 95.13.1	<p>LONDON HOME OXYGEN SERVICES</p> <p>Sarah Blow presented the report and confirmed that home oxygen forms part of the London levies commissioned across London. The Governing Body had previously agreed the London levies and discussed the proposal that the Contract Management Board (CMB) is given autonomy to make decisions on contractual approvals up to £250K across London. Sonia Colwill, Director of Governance and Patient Safety in NHS Bromley CCG is the SEL CCG'</p>	
95.13.2	<p>The Governing Body: Approved the proposal for delegated authority as laid out in page 1 of the attached report Noted that the London levies have previously been agreed by the Governing Body.</p>	
96.13 96.13.1	<p>UNSCHEDULED AND URGENT CARE (NON-A&E) BUSINESS CASE</p> <p>Sarah Valentine presented the Full Business Case (FBC) to redesign and re-procure an integrated unscheduled care services using the Prime Contractor Model (PCM). The report details how services could be consolidated onto two existing sites integrating the current unscheduled care services with the new service redesign proposals. Following approval from the Governing Body the proposal will also require approval from the Health Overview & Scrutiny Committee and support from the Health & Wellbeing Board.</p>	
96.13.2	<p>The proposal detailed future integrated unscheduled care</p>	

	services developed strategically with improved access to extended services and additional hour GP cover.	
96.13.3	Confirmation had been received from NHS England that the Crayford GP Practice development had been approved.	
96.13.4	Dr Stoate stated this comprehensive vision would ensure that the population of Bexley would receive improved services via the two centres.	
96.13.5	The Governing Body discussed the need to ensure that the UCC and GPs work closely together to ensure that patients access services appropriately and cost effectively.	
96.13.5	The Governing Body: Approved the Unscheduled Care (Non-A&E) Business Case as attached to the report. Approved that this may now proceed to external procurement. Noted & Approved the recommendation for a stretch target of -35% reduction on current costs be set for the project.	
97.13	DRAFT PROCUREMENT POLICY	
97.13.1	Sarah Valentine stated that the Draft Procurement Policy had been considered by the July Governing Body Meeting with comments requested via email. No comments had been received and the Governing Body was asked to approve this policy which details step by step guidance on NHS procurement.	
97.13.2	The Governing Body: Approved the procurement policy.	
98/13	QUESTIONS FROM THE PUBLIC	
98.13.1	1. In response to a question regarding the length of time to approve the Crayford GP Practice business case. Dr Stoate explained that NHS England had to ensure the correct governance arrangements were in place to approve the business case. This has been a lengthy process for NHS England.	
98.13.2	2. The meeting was alerted to the A20 road signage near QMH which illustrated a Minor Injury Unit (MIU) at the QMH site and not an Urgent Care Centre (UCC) and was considered misleading to the public. Simon Evans-Evans noted that the Department of Transport has a limited number of approved directional signs that so not cover every eventuality.	
98.13.3	3. Concerns were raised regarding emergency treatment	

	<p>received by a patient with diabetes. Dr Stoate apologised for the delays experienced and could not advise on the reasons for the delays. He stated that there needed to be agreed patient pathways for patients with diabetes needed to be integrated into all areas of NHS care.</p>	
98.13.4	<p>4. Sarah Valentine confirmed that Cotter Bohmer– Laubis was a partnership that had sub contracted to other providers which was not an unusual process used in the NHS.</p>	
98.13.5	<p>5. Sarah Valentine explained the term 'Prime Contractor Model' (PCM) provides the mechanism whereby one main contractor delivers a contract to an agreed standard (specification and performance monitoring) using other contractors of their choice. The PCM is the responsible body for the delivery of the contract.</p>	
98.13.5	<p>6. Sarah Valentine confirmed that the new services will be operating from Erith Hospital as soon as possible. It was planned that the contract would be awarded in January 2014 and operational by April 2014.</p>	
98.13.5	<p>7. Sarah Blow stated that the CCG had plans to address the financial overspends with acute trusts discussed earlier in the meeting. The CCG had planned to achieve QIPP savings working with hospitals in the second part of the year to address the financial deficit but recognised the significant risks involved.</p>	
98.13.6	<p>8. Concerns were raised regarding the impact of closing the GP Walk In Centre in Crayford as some patients may need to use the bus service from Crayford to QMH which would cause problems as there was no direct bus. Sarah Valentine confirmed that there would be a GP Urgent Care Centre at Erith. She stated that a review of the current use of the Crayford GP Walk In Centre highlighted that there was minimal use of Crayford residents that did not require GP services.</p>	
ITEMS FOR DISCUSSION		
99/13	TSA UPDATE	
99.13.1	<p>Sarah Blow provided a brief summary on the Secretary of State's confirmation that the South London Healthcare Trust (SLHT) would be dissolved on 30 September 2013. The Queen Mary's Hospital (QMH) site would be owned by NHS Oxleas Foundation Trust with services provided by five leading local NHS Trusts: Dartford and Graveham</p>	

99.13.2	<p>Guys and St Thomas's Kings College Hospital Newly formed Lewisham and Greenwich Trust As well as Oxleas itself</p> <p>The changes at QMH will safeguard the hospital's future and ensure the provision of clinically sound and sustainable health services for local people with significant investment planned over the next few years to develop and improve buildings at QMH. QMH will be one of the first 'community-facing' hospitals in this country and through integrated ways of working together local health and social care services will mean that fewer people will need to be admitted to hospital. Local NHS organisations, London Borough of Bexley and other partners will ensure that the changes provide locally-based, safe and sustainable health services to meet current and future needs of Bexley residents and patients. Further information can be accessed via the QMH website (www.qmh.oxleas.nhs.uk).</p>	
99.13.3	The Governing Body noted the update provided in this document	
100/13 100.13.1	<p>111 UPDATE</p> <p>Sarah Valentine stated that following notification from NHS Direct their intention to withdraw 111 services nationally by 2014 the CCG had been working to procure services that ensure stability and quality of services. Sarah Valentine updated the Governing Body on the transfer of the South East London 111 service from NHS Direct to the London Ambulance Service NHS Trust (LAS) with services delivered via Beckenham Call Centre.</p>	
100.13.2	Sarah Blow confirmed that there was high national profile work being undertaken by a NHS England gateway process to ensure the safe transitional of services and CCG's Chief Officers were taking collateral decisions.	
100.13.3	The Governing Body noted the progress in transition arrangements for the 111 service	
101/13 101.13.1	<p>BOARD ASSURANCE FRAMEWORK</p> <p>Simon Evans-Evans presented the Board Assurance Framework (BAF) and advised the Governing Body that the Audit & Assurance Committee had reviewed the BAF and the full CCG Risk Register earlier in the week. The finance and quality high risks were being reviewed.</p>	
101.13.2	The Governing Body Noted the Risks reported as laid out in the attached Board Assurance Framework report.	

<p>102/13</p> <p>102.13.1</p> <p>102.13.2</p> <p>102.13.3</p>	<p>COMMISSIONING INTENTIONS</p> <p>Sarah Valentine stated that the commissioning intention leads had been agreed. The Commissioning Intentions now need to be align to the Operating Plan and incorporated in the Commissioning Strategy Plan for the next 3-5 years. Sarah summarised the meeting paper and stressed the need to ensure that all services are delivered safely and mindful of the Francis Report. There had been extensive consultation across Bexley with GPs, Local Authority and stakeholders. The Governing Body was asked to provide comments in the two boxes with question marks:</p> <ul style="list-style-type: none"> ○ Do you agree with the contents of the Commissioning Intentions document? ○ What would you like added to the Commissioning Intentions document? <p>Dr Stoate congratulated Sarah Valentine on the successful transformational work to date and comments from Governing Body members included:</p> <ul style="list-style-type: none"> ○ Inclusion of connection between health issues and issues on last page (Healthcare needs to address general issues and underlying pillows) ○ Ensure JSNA mapping services carried out at the same time and aligned together (JSNA lead by Local Authority – CCG input from QoF data and QIPP assessment) ○ Mental health strategy aligned to Commissioning Intentions (national drive to look at mental health NHS savings – need to discuss with public how/what to do differently going forward) ○ Plan on a Page provided to re-cap on what CCG delivered and what outstanding <p>The Governing Body noted and discussed the draft Commissioning Intentions 2014 onwards as shown at Appendix 1 of the meeting paper.</p>	
<p>103/13</p> <p>103.13.1</p>	<p>QUALITY ACCOUNTS 2012/13</p> <ul style="list-style-type: none"> ● SOUTH LONDON HEALTHCARE NHS TRUST (SLHT) – Final Version ● OXLEAS NHS FOUNDATION <p>Simon Evans-Evans stated that the Quality Accounts 2012/13 for SLHT and Oxleas had both been signed off by the providers and had been reviewed by the CCG Quality & Safety Sub Committee</p>	

103.13.2	The Governing Body: Noted for information the published version of the Quality Accounts for: 1) South London Healthcare NHS Trust 2) Oxleas NHS Foundation Trust	
ITEMS FOR INFORMATION		
104/13 104.13.1	The Governing Body NOTED the Summary sheets for minutes of Committees/Sub-Committees <ul style="list-style-type: none"> • Executive Management Committee 16 July/15 August 2013 • Finance Sub Committee 7 July 2013 • Information Governance Sub Committee 9 July 2013 • Medicines Management Group May/June/July 2013 • Primary Care Advisory Group (amendment to attendees – delete Dr Gunen Ucyigit and note that Dr Bill Cotter represented Burstled Wood and Bellegrove Surgeries. Dr Sarah Chase did not attend meeting. Woodlands surgery was represented by Lourdes Noronha . 	
105/13 105.13.1	ANY OTHER BUSINESS None.	
106/13 106.13.1	PUBLIC FORUM <ol style="list-style-type: none"> 1. Anti-Coagulation/Contracts & Procurement/Contracts Awarded/New Patient data scheme; care, data/QEH Dermatology Services Sarah Valentine had circulated a paper with the pre-circulated questions and answers to the Governing Body and members of the public and confirmed it would be placed on the NHS Bexley CCG website. <p>A question was asked about Boots contractual obligations in regard to the Anti-Coagulation Service (AQP). Sarah Valentine confirmed that following award of contract to Boots they had requested a change to the terms of the contract which had not been agreed by the CCG. The contract with Boots was never formally signed and implemented therefore there was no breach of contract.</p> <p>Action: Publish question & answer on the website</p>	SV
DATE OF NEXT MEETING		
107/13 107.13.1	Thursday 27 November 2013 from 1.30-3.30 pm in the Danson Room, 221 Erith Road, Bexleyheath, Kent DA7 6HZ	