MINUTES OF THE MEETING OF
BROMLEY CLINICAL COMMISSIONING GROUP
GOVERNING BODY
HELD ON THURSDAY 17 MARCH 2016
IN COMMITTEE ROOM 1, CIVIC CENTRE, BROMLEY

Present:  
Dr Andrew Parson  Clinical Chair
Dr Atul Arora  Clinical Lead
Mark Cheung  Chief Finance Officer
Dr Jon Doyle  Clinical Lead
Dr Mark Essop  Clinical Lead
Sonia Colwill  Director of Quality Governance & Patient Safety
Harvey Guntrip  Lay Member
Martin Lee  Lay Member
Sara Nelson  Nurse Member
Caroline Trewhitt  Lay Member
Dr Ruchira Paranjape  Principal Clinical Lead

In Attendance:  
Paulette Coogan  Director of Organisational Development
Mary Currie  Interim Director of Transformation
Linda Gabriel  Chair, Healthwatch Bromley
Cllr Robert Evans  Portfolio Holder, Care Services, London Borough of Bromley
Keith Fowler  Head of Corporate Affairs
Linda Gabriel  Chair, Healthwatch Bromley
Saimah Tahir (Secretary)  Governance Officer
Daniel Taegtmeyer  Clinical Commissioning Manager
Michael Maynard  Interim Urgent Care Lead
Peter Lewis  Senior Contracting Manager

Members of the Public/Staff Present
7 Members of the public signed the attendance register.

Immediately preceding the meeting a Public Forum session was held for members of the public present to ask questions relating to the agenda items. These questions, and the answers provided by the Governing Body, are available from the Secretary and have been published on the public website:
http://www.bromleyccg.nhs.uk/About-us/who-we-are/Pages/Bromley-CCG-meetings.aspx
WELCOME AND INTRODUCTIONS

The Chair welcomed CCG members and staff, colleagues from the London Borough of Bromley and Healthwatch Bromley, and members of the public to the meeting.

APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

Apologies were received from Mandy Selby, David Jeffries, Andrew Piotriowicz, Angela Bhan and Nada Lemic.

Dr Andrew Parson declared an interest in the AQP Adult Audiology Procurement (item 35/16).

Dr Ruchira Paranjape declared an interest in the Orpington Health and Wellbeing Centre (item 37/16).

The Chair and all the GP members with the exception of Mark Essop declared an interest in the PMS Contract Update (item 42/16).

MINUTES OF PREVIOUS MEETING

The minutes of the meeting of the CCG Governing Body held on 28 January 2016 were agreed to be a correct record and were signed by the Chair.

MATTERS ARISING FROM THE PREVIOUS MEETING

6.1/16 Development of the 111 Service – The Governing Body were informed that this would be considered under Part II of the meeting due to the content being commercially sensitive.

6.5/16 Review of PMS Contract – This would be discussed under item 42/16 of the agenda.

16/16 South East London TAP Policy – The South East London TAP policy would be shared at the next GP Cluster meeting.

URGENT BUSINESS

There was none.

CHAIR’S AND CHIEF OFFICER’S REPORTS

Mark Cheung reported on:

32.1 – Junior Doctors Strike

The Governing Body was assured that the doctor’s strike had, had little impact on services in Bromley. This was a result of the considerable planning by the CCG to mitigate any negative impact. Additional assurance was provided that patient safety had not been affected during the period.
32.2 – Winter Pressures and Norovirus

There had been a number of outbreaks of Norovirus within Bromley which had been challenging for acute services. However, the CCG had put considerable planning in place to combat the outbreak. Joint working arrangements had ensured that a consistent service was provided across all areas with stringent infection control in place.

The CCG had scheduled a review of the winter initiatives in place for the past winter to evaluate their effectiveness, which would be taking place in April. Initial feedback had been positive with patients welcoming the GP Clinical Hubs and extra appointments in GP surgeries.

32.3 – Accident and Emergency Performance

The Governing Body was informed that there was a London wide trend of increased Accident and Emergency attendance which had been reflected in Bromley. Work was underway to establish the cause of increase.

32.4 – Personal Medical Services Agreement (PMS) Review and the General Medical Services Equalisation (GMS).

The GP Personal Medical Services agreement review had now concluded and the CCG were looking to negotiate with all Bromley GPs affected.

The CCG were proposing to review the GP General Medical Services agreement in the next financial year. This would ensure that the GMS contract provided services equal to that of the PMS contract, resulting in Bromley residents receiving consistent services across surgeries and improved primary care services.

Andrew Parson reported on:

32.5 – Committee in Common

The first meeting of Our Healthier South East London’s Committee on Common had taken place earlier that day. Mark Cheung, Harvey Guntrip and Andrew Parson attended on behalf of Bromley CCG.

At their first meeting they had agreed the Terms of Reference as well as a joint decision making agreement. Members had discussed the recommendation for the consolidation of elective orthopaedics services which had been endorsed by a series of workshops in 2015. A case for change for Planned Care Orthopaedics within South East London had been suggested.

The discussion had centred on whether the three sites across South East London would be viable. There had not been enough support for the proposal with a recommendation of two sites being created being supported. An evaluation would take place to assess whether this would be feasible. In addition, a statutory consultation would also take place to ensure there was proper engagement.
32.6 - Safeguarding Deep Dive

Andrew Parson thanked Bromley CCG’s Safeguarding Team for their joint effort to ensure the Safeguarding deep dive went well.

32.7 - Transformation Work

The Governing Body was informed that the CCG’s Membership Body had been consulted on the number of Integrated Care Network hubs to be created. The Membership Body had agreed to the creation of three hubs. The Membership would continue to be engaged throughout the process and would meet again in the summer to check progress.

32.8 - Sustainability and Transformation Programme

The CCG had submitted its Sustainability and Transformation Programme footprint as part of the South East London CCG collective.

STRATEGY

33/16 INTEGRATED CARE NETWORKS (ICN) MOVING FORWARD IN 2016/17

Mary Currie introduced the report which provided an update on the progress of establishing Integrated Care Networks within Bromley. She explained that the ‘Out of Hospital Strategy’ published in September 2015 had recommended the introduction of the three Integrated Care Networks which would each serve a third of the population. This new approach aimed to promote more collaborative working between providers and give more coordinated, accessible and joined up care for patients.

A discussion ensued with the following points being noted:

- Considerable stakeholder engagement had taken place throughout the process to develop the Integrated Care Network model and was continuing to help shape the final approach.
- A detailed piece of work had been carried out to establish the geographical footprint for each ICN and identify each practice within the three areas. A report detailing the findings had been presented to the CCG’s Clinical Executive Group and Membership Body who agreed the proposed networks. The Governing Body gave further consideration and approved the 3 proposed Integrated Network geographies.
- An updated programme plan had been included within the report, this was a high level plan and a detailed plan sat underneath it.
- There was a robust governance structure in place which included regular reporting to both Bromley Council and the Clinical Commissioning Group. To date the Executive Leaders Group had provided oversight of the programme along with Bromley CCG’s Clinical Executive Group.
- The Governing Body had been asked to note the establishment of the New Integrated Care Network Board, which would include the previous Executive Leaders Group Members as it was not being continued.
A Memorandum of Understanding was being drafted and all providers would be asked to sign to show their commitment to collaborative working. This would not replace existing contracts but was an assurance mechanism.

The CCG were in the process of confirming the programme resource to support delivery of the project.

A Communication and Engagement Strategy had been developed to support effective delivery of the ICNs with the assistance of the Communications team in the CCG.

A Bromley Workforce Strategy was being created to ensure the correct workforce would be available for the network. Once finalised this would be shared with the Clinical Executive Group and other key stakeholders.

Clinical Pharmacists would be introduced, and tested in one of the three network to promote a patient centred approach focussing on improving safety and reducing harm.

The CCG had originally suggested seven ICN Hubs across Bromley. However, this had been reduced to three once engagement had taken place.

Assurance was provided that although the three proposed hubs were not close to the Biggins Hill areas, patients from the area would normally access health services in Orpington.

The CCG were committed to joint working with Bromley Council and attended weekly meetings to discuss issues and raise them at the Executive Leadership Forum.

Risks relating to the project had been added to Bromley’s CCG’s risk register under the umbrella of the Transformation risk. The register was updated weekly and reported regularly to both the Clinical Commissioning Group’s corporate meetings as well as to the Transformation Steering Group for consideration.

Providing a good quality of service was at the heart of each ICN hub, to ensure this there was ongoing clinical conversation.

The Governing Body ratified the three suggested locations for the Integrated Care Networks.

RESOLVED: The Governing Body -

- Noted the progress of the Out of Hospital Strategy.
- Noted the ICN high level programme plan for 2016/17.
- Noted the updated governance structure for 2016/17 and the creation of the Integrated Care Network Board.
- Ratified the three Integrated Care Network Geographies.

34/16 URGENT CARE

The Governing Body received a report from Michael Maynard, which highlighted the winter initiatives in place to combat the winter surge.

He explained that capacity in the Accident and Emergency Department had been increased over the winter period to:

- Help manage the winter surge.
• Enable a better quality of care to be provided by meeting the 4 hour Accident and Emergency target.
• Support the system recover from periods of poor performance.

This had resulted in increased performance over a 12 month period, with an improvement of 10% compared to the previous year.

In addition, a number of key processes had been implemented to improve reporting procedures and the management of daily issues. A robust escalation process allowed staff two opportunities a day to escalate issues across the service and a revised escalation plan which incorporated all escalation processes of partner services.

To provide a more focussed and cohesive approach across the service, the winter initiative programme was divided into two work streams: In Hospital and Out of Hospital.

The In Hospital programme targeted processes and procedures within the acute setting including the implementation of new pathways and the Accident and Emergency Department. The Out of Hospital programme looked at pathways into the hospital and focussed on patients in the Hospital who would be better treated in a community setting. This included the discharge and transfer process.

There were two main issues that affected the winter initiative scheme. The first was a South East London trend of increased attendance at emergency departments by patients which had been reflected in Bromley. The second was the delivery leads within Kings finding it challenging to deliver projects due to day to day operational issues.

The following schemes were highlighted and were currently under review to assess their effectiveness:

**Emergency Care Recovery Plan** – As part of the plan, work streams had been analysed resulting in additional staff being recruited to critical areas such as patient flow, internal professional standards, ambulatory care and the Acute Care Hub.

**Transfer of Care Bureau** – Each ward had been given a case manager to support discharge which resulted in speeding up the pathway and aiding complex discharges.

**In-reach** – Bromley Healthcare had provided community nurses who selected patients from the PRUH Accident and Emergency department who could be treated in the community. This had been positively received and the CCG was looking to continue this as a long term initiative, work was ongoing to create a model pathway.

**Discharge to Access at Home** – A four hour rapid support package would be created for patients who were waiting for care funding to be agreed, this was for a maximum period of two weeks. There was discussion on whether the MRT and
Transfer of Care Bureau could work together and provide the service going forward whilst additional staff were recruited.

In addition, there was a very detailed plan which encompassed the monitoring of risks and any issues that occurred.

RESOLVED:
That the report be noted.

35/16 DIRECT ACCESS ADULT AUDIOLOGY AQP PROCUREMENT PROCESS

_Harvey Guntrip Chaired the item due to a conflict of interest declared by the Chair._

The Governing Body considered a report from Daniel Serdoz, which sought approval to award, a four year contract for audiology service with the option to extend by one year. The aim of the service was to provide a comprehensive patient centred direct access adult service for age related hearing loss both inside and outside Bromley.

The current audiology service which was provided by three providers was due to expire on the 30 June 2016. In anticipation, the CCG had reviewed the current service in 2015 and had shaped the new specification with input from both a Patient Focus Group and the local voluntary sector.

The specification had gone out to tender with seven applications being received. During the process a provider had withdrawn. The remaining applications had undergone an evaluation panel with one failing to achieve the overall pass mark. Five providers had achieved the pass mark with one having conditions attached. Monitoring of the service would be through KPI’s detailed within the contract and site visits to ensure ongoing good quality of care.

In response to a question, Members were informed that the provider with conditions attached had been included as part of the contract to provide choice. Patients were not required to go to the provider and the CCG were not required to provide compensation if there was no activity. Assurance was given that all providers would need to meet the conditions specified in the contract.

RESOLVED: The Governing Body:
- Noted the current stage of the procurement.
- Noted the number of applications, evaluation and overview.
- Approved the award of the four year contract with the option to extend for a year.

36/16 CHILDREN & ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

The Governing Body received a report from Daniel Taegtmeyer, which detailed the implementation of the Local Children and Adolescent Mental Health Service Transformation (CAMHS) Plan. The CCG were awarded £661,000 for 2015/16 which has been committed to a number of programmes including pilots.
Bromley CCG had submitted a CAMHS Transformation plan to NHS England, detailing near term commitments for the next four years. NHS England having been assured had released funding to help local areas transform and improve patient experience.

Bromley was moving away from a diagnostic led approach to a needs based approach which took into consideration all the needs of a patient. In addition, the CCG were looking at early intervention model, patients who identified under tier 2.5 would not be considered to have mental health issues and would not qualify for help. The 2015/16 investment is focussed on developing capacity across the service, particularly for those patients identified within the Tier 2.5 range. This is the first phase of transformation as it begins the process of changing patient experience of accessing services and improving their outcomes.

The following programmes had been created with the funding:

**Front Door RMN** – Providing a single point of access for contact and triage, reduced waiting times for referral to treatment.

**Secure Email Connection** – There was now a N3 connection which ensured the wellbeing service was compliant with the mental health Data Set submission. This would improve communication between provider and referrer.

**Tier 2.5 Capacity Initiative** – Children and young people who had a Strength and Difficulties questionnaire score of 18 would be seen sooner. This would bridge the gap for those who presented and were above the current threshold for early intervention and those who did not meet the specialist CAMHS criteria.

**Schools Resilience Programme** – The initiative will ensure that school staff have access to at least monthly consultation for all secondary schools and provided mindfulness training, giving schools greater capacity to support pupils with emotional trauma and other issues.

The gaps in the service that had been identified would be funded to provide support. Areas benefitting from additional investment included: investment for specialist eating disorders, child sexual abuse and for children who had been placed outside of the borough to repatriated to Bromley to be supported closer to home. It was hoped that addressing these areas would prevent future issues.

A discussion took place with the following being noted:

- The ongoing mental health work and extra commissioned services were sustainable and part of Bromley’s greater Transformation plan.
- Putting in place preventative measures was vital to help people such as helping schools identify early signs of mental health issues.
- Children were being taught resilience and wellbeing to strengthen their mental health.
- All providers had an obligation to report their progress in line with their KPIs’.
- There was a single point of contact for all mental health services which improved communication and a secure email in which to send referrals.
Once all the initiatives were in place and performing well, the Mental Health team would approach schools to discuss eating disorders.

RESOLVED:
The Governing Body noted the report.

ORPINGTON HEALTH AND WELLBEING CENTRE

Ruchira Paranjape declared an interest in this agenda item and left the room for the duration of the discussion.

Mark Cheung introduced a report which provided an update on developments in the Orpington Health and Wellbeing centre since the previous report to the Governing Body in November 2015 and summarised the plans for the next stage.

There had been a major step forward with the Full Business Case being submitted to NHS England’s Projects Appraisal Unit (PAU) for review and appraisal. Once approved with any revision it would go for formal consideration to NHS England’s Capital Schemes. The CCG would need to approve the amendments made by NHS England and this would be done through Chair’s action.

The next stage was to gain approval from NHS England by the 31 March 2016, with the contract execution taking place at the same time. The CCG would then be in a position to implement their plan. NHS England would appoint a construction person to liaise with the builders to progress the design and development of the centre. An update would be provided at a future meeting.

Assurance was provided that the CCG’s Risk Register included the Orpington Health and Wellbeing Centre, which was monitored and amended to reflect the risk accurately. In addition, the CCG continued to engage with stakeholders within Bromley to ensure that the centre was fit for purpose and addressed the needs of its population.

It was noted that the Orpington Health and Wellbeing project had been considered under NHS England’s new project guidelines. This had resulted in considerable delay in construction. Assurance was provided that for future schemes the process would be quicker.

In response to a question, the Governing Body was informed that the CCG was actively engaging with both GP surgeries involved informing them of any costs and risks associated with the move.

RESOLVED: The Governing Body:
- Noted the update and progress report.
- Approved the full business case, subject to any amendments by NHS England which would be subject to Chair’s action.
The Governing Body received the Integrated Governance Report for month nine which provided assurance that the Clinical Commissioning Group was aware of any issues and was taking appropriate action to understand the situation and improve performance wherever possible.

The following points were noted:

- Improving Access to Psychological Therapies (IAPT) – the CCG was above target for the month of December with a performance of 1.35%, based on local data.

- Dementia - the target for December had been met with a performance of 69.2%. The Dementia Prevalence Calculator had still not been updated.

- C-diff - the target had been breached for December with eight cases being reported. Root cause analysis had taken place to establish the reason for deterioration.

- RTT – the incomplete target had been narrowly missed for December with performance of 91.8% against a target of 92.0%. It was noted the reporting was skewed due to Kings reporting break.

- 6 Week Diagnostic – the target had not been met for the month of December. Discussions were underway to agree an acceptable recovery trajectory.

- Members welcomed the inclusion of Kings Mortality data and were informed that it had been scrutinized by the Trust before being presented to the CCG. The Summary Hospital Level Mortality indicator was below the average for both the PRUH and Denmark Hill.

- The Governing Body would be receiving a report regarding the Southern Health Review.

- Oxleas Trust would be having a CQC inspection in April. The CCG, Bromley Council and Healthwatch would be sending in their views before the start.

- Assurance was provided that action plans were in place to address the vacancy rates and number of complaints at Kings.

- There had been a commitment from Kings Management team to address and improve the number of complaints received and was being progressed through the CQRG meeting.

- Assurance was provided that the CCG would meet its financial targets for year end. The CCG’s budget was being monitored daily to ensure the target for 2015/16 was met and that the CCG were ready for the next financial year.
• The CCG’s Operating Plan and Budget would be monitored and scrutinized for 2016/17 through its corporate meetings.

• The CCG were in negotiation with Kings for the 2016/17 contract, they were considered the biggest single risk.

• The CCG needed to meet the Referral to Treatment and Cancer targets which would be challenging.

• The CCG had been directed by NHS England to set aside one percent of their budget which equated to £4 million pounds.

It was noted that the Queen Elizabeth hospital in Birmingham had been identified as a significant mortality outlier. Assurance was sought that the hospitals within Bromley were not considered outliers. Sonia Colwill agreed to look into the matter and report back.

39/16 2016/17 DRAFT OPERATING PLAN AND BUDGET

Mark Cheung provided a brief verbal update and would bring a substantive paper to the next Governing Body meeting.

40/16 LOCAL SECURITY MANAGEMENT POLICY

The Governing Body received and ratified the Local Security Management policy which had been approved by the CCG’s Integrated Governance Committee.

41/16 GOVERNANCE

Integrated Governance Committee Terms of Reference
The Governing Body received a report from Keith Fowler outlining the changes to the Integrated Governance Committee Terms of Reference to include the Equality and Diversity Working Group within its terms.

Members were informed that the CCG were required to demonstrate compliance with the Public Sector Equalities Duty under the Equality Act 2010 and its duties in relation to inequalities in the Health and Social Care Act 2012.

As a result, the CCG had created the Equalities and Diversity Working Group which would include in its membership the CCG’s Chief Officer as Chair and representatives from Bromley Council, Community Links, Healthwatch and the CCG.

The Integrated Governance Committee had been appointed to oversee work undertaken by the Equality and Diversity Working Group and ensure a proper governance structure was in place. As a result, its Terms of Reference had been amended and the Governing Body had been asked to ratify the changes.

RESOLVED: The Integrated Governance Committee Terms of Reference were approved.
Audit Committee Terms of Reference
Mark Cheung explained that the Department of Health had introduced a new regulation which gave the CCG authority to select and appoint an external auditor from 2017. It had been suggested that each organisation create an Audit Panel who would be given the task.

The Audit Committee had discussed the guidance at length at its last meeting and had decided to nominate the Audit Committee to take the additional responsibility of the Audit Panel. The Audit Committee Terms of Reference had been amended to reflect the change and the Governing Body were being asked for approval.

RESOLVED: The Audit Committee Terms of Reference were approved.

42/16 PERSONAL MEDICAL SERVICE (PMS) CONTRACT UPDATE

Harvey Guntrip chaired the item as the Chair and most GP Members of the Governing Body had declared an interest. As this was an information only item the GPs, remained at the table but did not participate.

Jessica Arnold provided a verbal update on the progress of GP’s PMS contract within Bromley.

In September 2015, NHS England asked for a review of the PMS contract. There are two components to the contract: The London offer which the CCG and LMC were working on and the Local Offer which looked at what was right for Bromley.

The London offer was given in December 2015, it was discussed at the Governing Body and the Clinical Executive Group. In addition, robust engagement had taken place at Cluster meetings, with Practice Managers, Practice Nurses and with patients. Bromley currently invests £2.16 million on PMS contracts and was looking to invest a further £146 million to ensure all PMS contracts were providing the same service. Commissioning Intentions had been circulated regarding the contract with a distinction being made between the London and Local offers. The Primary Care Team had been working hard to ensure that a review of the PMS contract was completed by July 2016.

In addition, NHS England had given all CCGs two years to carry out a General Medical Services (GMS) contract equalisation exercise, to ensure that all practices across Bromley were offering the same level of service and £1.4 million had been allocated for this. The CCG were currently in the process of carrying out the review and hoping to complete the exercise ahead of schedule by October 2016 due to the high level of GMS practices within the borough.

A discussion ensued with the following being noted:
- GMS and PMS GPs were given a different price for each patient. PMS GPs received an additional £12.26 per patient.
- Patients would only find out what type of contract their surgery had if they asked.
- If a GMC practice changed to a PMC contract it was uncertain whether they could take on premiums at a later date. This was being discussed at a London level and not yet been finalised.
• GP Practices could advertise on their website the services they provided to provide choice.
• Once the review was completed, a paper would be sent to the Governing Body for approval, with GP Members abstaining from the vote.

RESOLVED: That the report was noted.

ITEMS FOR INFORMATION

43/16 ANNUAL SAFEGUARDING REPORTS

Annual Safeguarding Report for Children
The Governing Body received and noted a report which provided an overview of the arrangements in place to safeguard and protect children across Bromley.

Annual Safeguarding Report for Looked After Children
The Governing Body received and noted a report which provided an overview of the arrangements in place to safeguard and protect looked after children across Bromley.

Annual Safeguarding Report for Adults
The Governing Body received and noted a report which provided an overview of the arrangements in place to safeguard vulnerable adults in Bromley.

44/16 PRIMARY CARE JOINT COMMITTEES

The Governing Body received and noted the minutes of the meeting of the Primary Care Joint Committees held on 10 December 2015.

45/16 AUDIT COMMITTEE

The Governing Body received and noted the minutes of meetings of the Audit Committee held on 26 January 2016.

46/16 INTEGRATED GOVERNANCE COMMITTEE

The Governing Body received and noted the minutes of the meeting of the Integrated Governance Committee held on the 14 January 2016.

47/16 REGISTER OF INTERESTS

The Governing Body received the Register of Interests as at 8 March 2016.

48/16 ANY OTHER BUSINESS

There was none.

49/16 DATE OF THE NEXT MEETING

Thursday, 26 May 2016 at 2.00 pm in Harry Lyne Room, Beckenham Beacon, Beckenham.
The Chair asked for members of the public to be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest. These may include matters of commercial or personal sensitivity.

The Governing Body would be receiving the minutes of the previous Part II meetings.