

**NHS Southend CCG Governing Body Meeting in Public**

Minutes of the meeting held on Thursday 25<sup>th</sup> September 2014 at 14.20  
in the Boardroom, Suffolk House, Baxter Avenue, Southend on Sea

Attendees:

<b>Name</b>	<b>Title</b>	<b>Organisation</b>
Charles Cormack	CCG Chair	NHS Southend CCG
Dr Paul Husselbee	Clinical Chief Officer	NHS Southend CCG
Melanie Craig	Chief Operating Officer	NHS Southend CCG
Paul Sly	Interim Recovery Director	NHS Southend CCG
Dr Brian Houston	GP Governing Body Member	NHS Southend CCG
Dr Bilquis Agha	GP Governing Body Member	NHS Southend CCG
Dr Krishna Chaturvedi	GP Governing Body Member	NHS Southend CCG
Dr Peter Long	GP Governing Body Member	NHS Southend CCG
Dr Fahim Khan	GP Governing Body Member	NHS Southend CCG
Dr Jose Garcia	GP Governing Body Member	NHS Southend CCG
Linda Dowse	Chief Nurse	NHS Southend CCG
Janis Gibson	Lay Member PPI	NHS Southend CCG
Jason Skinner	Interim Chief Finance Officer	NHS Southend CCG
Dr Andrea Atherton	Director of Public Health	Southend Borough Council
Dr Suparna Das	Secondary Care Consultant	NHS Southend CCG

In Attendance:

Samantha Shepherd (Minutes)	PA to Chair, Clinical Chief Officer and Chief Operating Officer	NHS Southend CCG
David Eagles	Partner	BDO UK

**General Business**

1.0 Welcome and Apologies for Absence

1.1 Charles Cormack welcomed the Governing Body members and gave a special welcome to members of the public.

1.2 Apologies for absence were received from:

Dr Peter Long, GP Governing Body Member at NHS Southend CCG, Simon Leftley, Corporate Director for People at Southend Borough Council and Dr Kelvin Ng, GP Governing Body Member at NHS Southend CCG.

1.3. The Chair welcomed two new members to the Governing Body Dr Jose Garcia, GP Governing Body Member and Clinical Lead for Mental Health and Prescribing and Jason Skinner Governing Body Member and Interim Chief Finance Officer.

1.4. The Chair announced that Dr Das, Secondary Care Consultant is coming to the end of her term in December 2014 and regrettably leaving SCCG. The recruitment is now in hand to recruit the outstanding vacancy. The Chair personally thanked Dr Das for her hard work and contribution to the Southend CCG.

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2.0. Declarations of Interest

- 2.1. Dr Brian Houston confirmed a declaration of interest in relation to the meeting agenda with regards to SEPT.
- 2.2. Dr Bilquis Agha confirmed declaration of interest in the Southend Medical Centre with regards to the Resilience Grants.

3.0. Minutes of the Meeting held on 31<sup>st</sup> July 2014 and Action Log

- 3.1. The Minutes of the Governing Body Meeting held on 31<sup>st</sup> July 2014 were reviewed for accuracy.

**Resolved: Governing Body approved the minutes of the meeting held on 31<sup>st</sup> July 2014 as an accurate record.**

- 3.2. The Action Log was reviewed and updated.

**Resolved: The Governing Body noted and agreed all completed actions.**

4.0. Clinical Chief Officer Update

- 4.1. The Clinical Chief Officer informed the Governing Body that after careful consideration and considerable thought it is his intention to resign from his position at Southend CCG which has been very much a personal decision.
- 4.2. The Clinical Chief Officer confirmed he has enjoyed his role, working with Southend CCG colleagues and GPs in Southend, first to get through the authorisation process and then to develop it into an organisation that is starting to improve outcomes for patients and the people of Southend.
- 4.3. It was expressed that Southend CCG have been chosen as Year of Care pilot site and one of the small number of Health and Social Care Pioneers. Southend CCG have been fortunate to have visits from various board members of NHS England including Medical Director and the Chief Finance Officer who have been able to see great work that they have been doing around integration and developing information technology to monitor patients care pathways. The team should be proud of what Southend CCG have achieved.
- 4.4. The Clinical Chief Officer also noted that Southend CCG has also had challenging times and currently working to implement the CCGs recovery plan that will get Southend CCG back into financial balance.
- 4.5. It was advised that the Clinical Chief Officer has found it very difficult to balance the needs of his patients as a part time GP and his current role within the Southend CCG and therefore is not able to increase his commitment to the CCG and as such he feels that it is better that he steps down to allow the role to be taken on by somebody who is able to give it their focus on a full time basis.
- 4.6. The Clinical Chief Officer confirmed that he is required to give three months' notice of his departure but has asked the Chair if he would consider allowing him to leave his post by 1<sup>st</sup> December 2014. This decision will not only be helpful to his practice but also to the CCG that needs to be able to keep as much focus as possible on its recovery plan. However, the

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Clinical Chief Officer advised whilst arrangements for his replacement are being made he will remain within his role.

- 4.7. The Clinical Chief Officer thanked all members for their support during his time at the CCG. He advised many people have put a lot of hard work into developing the organisation and it has been his pleasure to be part of that and he hopes that he has made a small difference to improving health services for the people of Southend.
- 4.8. Finally, the Clinical Chief Officer wished the Governing Body Members and the rest of the CCG every success over the coming months.
- 4.9. The Chair expressed that it would be hard to make a sufficient thank you to the Clinical Chief Officer but advised without his hard work and vision Southend CCG would not have achieved what has been accomplished to date.

**Resolved: This item was a verbal update and was noted by the Governing Body.**

### **Clinical and Service Development**

#### **5.0 Southend's 5 Year Strategic Plan**

- 5.1 The Clinical Chief Officer updated the Governing Body on the requirements of health system strategic planning and to ask the Governing Body to approve the latest version of the plan (v7.1) for submission to NHS England on 26 September 2014.
- 5.2 The Clinical Chief Officer provided a background of the Strategic Plan advising that plan is based on Everyone Counts: Planning for Patients 2014/15 to 2018/19 which establishes the approach for NHS commissioners to work with providers and partners in local government to develop strong, robust and ambitious five year plans to secure the continuity of sustainable, high quality care for all. The guidance emphasises the need for an outcomes focused approach to planning, aligned to the NHS National Outcomes Framework, and for plans to reflect stretching local ambition over the five-year period.
- 5.3. The plan has now been developed with key gaps from the feedback given. Summarising the progress on QIPP, BCF and Primary Care. Ambitions on how they would be delivered and clearly aligned to ensure that the CCGs latest financial position is reflected in the financial predictions.
- 5.4. The Chair advised that the plan has been revised and reviewed on a number of occasions.
- 5.5. The Chief Operating Officer updated the board to advise that the signatures have been allocated from Chief Executive at Southend Borough Council, Chief Executive at SEPT, Chief Executive at Southend Hospital and Cllr Norman as Chair of the Health and Wellbeing Board.
- 5.6. Dr Brian Houston advised that it would be beneficial to have one of the time to learn sessions on what the QIPP plans are so GPs can go through individually what they are aiming to achieve. The Chair agreed.
- 5.7. The Governing Body is asked to note the requirements for health system strategic planning, the Southend unit-of-planning's commitment to continuing its strategic planning and to approve version 7.1 of the plan for submission to NHS England on 26 September 2014.

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**Resolved: The Governing Body noted the requirements for the health system strategic planning and approved version 7.1 of the strategic plan for submission to the NHS England.**

6.0 Better Care Fund

- 6.1 The Chief Operating Officer advised that the purpose of the report is to advise the Governing Body on the plans to deliver schemes in the Better Care Fund for 2015/16, and to advise Governing Body members of the final national submission of the Better Care Fund template.
- 6.2. The report follows a previous report to Governing Body in May 2014, where the financial allocation was approved.
- 6.3. The date for the Better Care Fund submission was 19 September 2014. The submission has been made subject to Governing Body approval today. The submission is described as an 'intention' from the CCG at present.
- 6.4. The Southend Health and Wellbeing Board have approved the plan through delegated authority at a meeting on 19th September 2014 with representatives from the council (the Director for People), the CCG (the Chief Operating Officer) and the Chair of the Health & Wellbeing Board.
- 6.5. The Chief Operating Officer advised that a full risk log is included in the BCF submission. Given the challenging financial context for all public sector organisations in Southend, the CCG need to be confident that the schemes will meet the national conditions of the BCF including reduction in emergency admissions, protecting social services and reducing residential care. Furthermore the impact on providers needs to be clear and planned.
- 6.6. The Chief Operating Officer confirmed that further work is planned between the council and CCG to work through financial arrangements in an open book manner to ensure the fund is jointly planned and efficiencies are maximised. A workshop is planned in early October to progress this and also work is also planned with the main providers, SUHFT and SEPT, to ensure there is confidence and alignment of plans to deliver the reduction in emergency admissions.
- 6.7. The Chief Operating Officer advised that the Southend Health & Wellbeing Board is responsible for managing and delivering the BCF. The Chief Operating Officer also expressed that the JEG support this process. The CCG Governing Body will also require direct oversight of the fund to ensure there is robust financial planning and management. There are a range of metrics to monitor BCF delivery and it is recommended that these are included in the CCG integrated performance report reviewed by the Quality, Finance and Performance Committee and the Governing Body.
- 6.8. The Chief Operating Officer advised the recommendation of the Governing Body is to approve the submission of the Better Care Fund and note the risks and next steps.
- 6.9. The Chief Operating Officer confirmed that a progress update on the BCF and Pioneer Programme will be reported to Governing Body in November 2014 and include performance metrics in future integrated performance reports.

**Resolved: The Governing Body approved the Better Care Fund.**

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7.0 Resilience Grant

- 7.1 In June 2014, the CCG received notification from NHS England that monies would be available on a non-recurrent basis to support operational resilience and referral to treatment 2014/15.
- 7.2 Urgent care funding was allocated to CCGs on a fair-share basis, resulting in an allocation for Castle Point and Rochford (CP&R) CCG and Southend CCG of £1,102,038 each.
- 7.3 In addition, Southend CCG received £768,000 and CP&R CCG received £500,000 to support system RTT (18wks) plan commissioning costs for Basildon and Thurrock University Hospitals Foundation Trust (BTUH) and Southend University Hospital Foundation Trust (SUHFT). This funding is fully committed; £1,170,000 to SUHFT and £95,000 to BTUH.
- 7.4 The funding has been made available to support the successful delivery of the systems Operational Resilience Plan with monies being made available upon successful assurance of the plans. These plans must include the use of primary care, community and mental health services as well as social services to support patients with urgent care needs or to help avoid such urgent episodes altogether.
- 7.5 Grants have largely been awarded to the delivery of the Resilience Grants plan. The SUHFT have not received as much funding as before. Focus has been on community settings. SUHFT have raised concerns regarding this. Discussions are currently ongoing with SUHFT.
- 7.6 Dr Suparna Das noted that scheme 66. was a significant amount of money for the purpose of use? The Chief Operating Officer advised it is for Patient Transport and not for A&E Transport which is separate running partner.

**Resolved: The Governing Body noted the outcome of the agreed Resilience Grant process.**

8.0 Primary Care Strategy

- 8.1 In the absence of Dr Peter Long, Dr Jose Garcia advised that NHS England required all of its Area Teams to develop a Primary Care Strategy. This was published in Essex in July 2014 as a consultation document.
- 8.2 In Essex, the Area Team has developed its Primary Care Strategy through a series of workshops with primary care contractors, the Essex Local Medical Committee and the public. It also established an editorial group to which all CCGs were invited. Dr Jose Garcia confirmed that it has resulted in the production of a Primary Care Strategy for Essex which includes a section specific to each of the Essex CCGs.
- 8.3 Dr Garcia advised that the Essex Area Team has consulted widely on its strategy and the CCG has also distributed this to representatives of its practice patient participation group forum. The development of the Southend CCG strategy has been led by Dr Peter Long, Clinical Lead for GP engagement with Dr Paul Husselbee, Clinical Chief Officer.
- 8.4 The development of the document itself has been informed by public feedback collected at the CCG's public event in January 2014, discussion with Southend Member GP Practices at two subsequent GP Member Forums and discussion at unit of planning workshops to

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develop the five-year strategy for Southend. The planning workshops were attended by the CCG along with key partner organisations, such as Southend Borough Council, Southend Hospital and community and mental health service providers and the Southend Association of Voluntary Services.

- 8.5. The CCG's Clinical Executive Committee has discussed and developed the documentation at its meetings in May, July and August 2014 and in August 2014 agreed that a recommendation should be made to the Governing Body to approve the strategy.
- 8.6. Dr Garcia advised Southend CCG is working with NHS England Essex Area Team to develop the approach to the co-commissioning of local GP practice services:
- 8.7. Dr Jose Garcia invited the Governing Body Members to approve the recommendation from the Clinical Executive Committee to agree the primary care strategy in which the strategy will be provided to the Area Team for inclusion in the final version of the Essex Primary Care Strategy.
- 8.8. The Chair asked what the benefits are for the public and population and how the public will be informed to go to the right place. Dr Garcia confirmed that GPs will be relaying the information to the patients and expressed that the information must be given correctly and the practice is the first point of call.
- 8.9. The Clinical Chief Officer advised that the public should not be worried about the change.
- 8.10. The Chair asked requested the paper is brought back to the Governing Body Seminar in November 2014 to discuss and receive further clarity on he definition of services being available.

**Resolved: The Governing Body agreed the Primary Care Strategy however with the definition of services available to be discussed at the Governing Body Seminar in November 2014.**

9.0. Specialist Fertility Services

- 9.1. Dr Brian Houston provided an overview of the procurement evaluation process recently completed for specialist fertility services (SFS) and to approve the clinical access criteria recommended by the Clinical Executive Committee.
- 9.2. The proposed start date for new contracts will be on 1<sup>st</sup> December 2014. The NHS Standard Contract 2014/15 shall be used for all successful bidders. Contract length is for 3 years with an option to extend by a further 2 years.
- 9.3. In order to preserve continuity of patients care, a patient who has already started infertility treatment with one provider who no longer provides care under the new contractual arrangements from 1st December 2014 onwards will still have their entire package of care, e.g. up to 3 IVF cycles, with that initial provider.
- 9.4. In order to ensure there is no break in provision for Specialist Fertility Services for East of England CCGs the 5 current providers have been contacted to extend their current contracts to end on 30th November 2014.
- 9.5. Dr Brian Houston asked the Governing Body to note the evaluation process for the procurement of SFS and approve the recommendation for resultant contract award and adoption of clinical criteria.

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**Resolved: The Governing Body noted the evaluation process for the procurement of SFS and approved the recommendation of resultant contract award and adoption of clinical criteria.**

### **Quality, Finance and Performance Scrutiny**

#### 10.0. Integrated Performance Report

- 10.1. The Clinical Chief Officer advised the Governing Body that they would be familiar with the important standing item on the agenda. The report brings together the three key areas for the CCG of quality, performance and finance.
- 10.2. The Clinical Chief Officer explained the importance of getting the quality of services Southend CCG commission right, effective care, safely delivered with a positive patient experiences. If Southend CCG get the quality right, the report goes towards ensuring that Southend CCG are informed on performance in the key areas and can look in great depth of what warns areas are being issued.
- 10.3. The summary report is divided into six areas which are then rated to define performance and areas that are working well and those not so are then highlighted.
- 10.4. The outcomes ambition measures and Better Care Fund measures are still work in progress. The outcomes ambitions measure are awaiting data uploading and are based on the previous year's performance. Better Care Fund Plans have only just been submitted.
- 10.5. The Clinical Chief Officer advised that with regards to the quality premium, Southend CCG are still having issues with the delivery of the IAPT targets. This has been well debated by the Clinical Executive Committee and Southend CCG is continuing to work with Castle Point and Rochford CCG and SEPT to improve performance.
- 10.6. Performance targets that come under NHS Constitution Measures are performing relatively well; A&E, Cancer and treating people within 18 weeks of referral. The CCG still have some problems with the 62 day cancer treatment target and 18 weeks at some speciality level.
- 10.7. With regards to Quality, Innovation, Productivity and Prevention which is acronym for improving efficiency and effectiveness, Southend CCG have got well developed plans that are starting to deliver but the CCG must be cautious and prudent in how to report these at this stage.
- 10.8. The Clinical Chief Officer confirmed at this early part of the financial year Southend CCG are on target to deliver the agreed £2.1m deficit.
- 10.9 The Clinical Chief Officer invited members to note the Integrated Performance Report.

**Resolved: The Governing Board noted the Integrated Performance Report dated September 2014.**

#### 11.0. BDO Annual Audit Letter

- 11.1. David Eagles, Partner at BDO UK joined the meeting to present the BDO Annual Audit Letter. David advised the purpose of external audit of options is for a financial state on a

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true and fair opinion, conclusion on arrangement of efficient and effective on economy opinion and regularity and significant amount of fraud.

- 11.2. David advised the key findings on the audit financial statements which confirmed that CCG breached its expenditure and revenue resource limit for the year and this was reflected in the qualified regularity opinion. BDO did not identify any significant deficiencies in control within the CCG. However, the CCG received a number of third party service auditor reports in relation to outsourced activities which identified weaknesses in controls. BDO were unable to place any reliance on these controls for our audit of the financial statements. BDO reported that the summarisation schedules were consistent with the financial statements.
- 11.3. David advised the key findings on the use of resources. The CCG breached its statutory financial duty to remain within its revenue resources limit. The CCGs financial challenges are significant in the medium term with a need to find increasing levels of QIPP savings, all of which will only be possible if QIPP planning, monitoring and management arrangements are notably improved and sustained. With the exception of issues relating to the setting of a balanced budget in the short term, and the challenge in achieving assumed QIPP savings targets in the context of a challenging health economy, the BDO have been able to conclude that, in all significant respects, the CCG has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2014. BDO issued a modified value for money conclusion on 6 June 2014.
- 11.4. David advised on other matters arising that the CCG has breached its statutory financial duty to ensure that revenue resource use does not exceed the amount specified in the directions. The qualified regularity opinion issued on 6 June 2014 constitutes a referral to the Secretary of State for Health under section 19 of the Audit Commission Act 1998. BDO issued the audit certificate to close the audit for the year ended 31 March 2014 on 6 June 2014.
- 11.5. The Chair thanked David Eagles for informing the Governing Body regarding the BDO Annual Audit Letter.

**Resolved: The Governing Body noted the BDO Annual Audit Letter.**

### **Governance & Corporate Business**

#### **12.0. Annual Assurance Review**

- 12.1. The Chair presented the conclusion of the Annual Assurance Review and Sustainability Review carried out by FTI consulting.
- 12.2. As part of the assurance process with NHS England formal quarterly review meetings are held with the Essex Local Area Team, which culminates in a year end annual review.
- 12.3. Key issues were raised. It was agreed that there would be a follow up regarding VTE data reporting and the data source for the CCG and Area Team is now consistent. It was also agreed that the CCG would share and disseminate the learning around its strategic planning process which has now been shared with Area Team.
- 12.4. In the Annual Assurance Review it was advised that 95% delivery of the A&E target from Quarter 2 is on target and the delivery of a credible Joint Improvement Plan with Southend Hospital is currently being developed.

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12.5. Dr Bilquis Agha and Dr Fahim Khan advised the Chair that the Governing Body would like to be more informed with the issues raised from the NHS England Area Team. In particular the criticism contained in the letter dated 18<sup>th</sup> June was a significant concern for the board. The Chair informed the board that various meetings had been held with NHS England Area Team regarding these comments and this was the reason the board had not previously been informed. The Chair agreed to keep the board fully informed at all stages ..

12.6. The Governing Body was asked to note the Annual Assurance and Sustainability Review

**Resolved: The Governing Body noted the Annual Assurance and Sustainability Review.**

13.0. Collaborative Agreements

13.1. The Chief Operating Officer withdrew the South Essex Collaborative Agreement paper as Thurrock CCG has raised some concerns. The Collaborative Agreement will be brought back to the Governing Body Seminar in November 2014.

13.2. The Chief Operating Officer asked the Governing Body only to approve the Collaborative Commissioning Agreement Part 2 Contract Management for Children and Young People's Emotional Wellbeing and Mental Health Service.

**Resolved: The Governing Body approved the Collaborative Commissioning Agreement Part 2 Contract Management for Children and Young People's Emotional Wellbeing and Mental Health Service.**

14.0. Chairs action for approval

14.1. The Chair advised that the CCG has been approached by a number of pharmaceutical companies who have offered rebates on the prices that Southend CCG currently pay for specified medicines. This was noted as a model that is common place in secondary care.

14.2. The Director of Strategic Prescribing for NHS England (East Anglia and Eastern Academic and Health Science Network) has established a review group for such schemes that considers their clinical efficacy as well as the financial benefit and any administrative burden for participating CCGs.

14.3. It was recommended that Chair's action be obtained to approve the general principle of rebate schemes. The specific schemes are Takeda (Prostap), Zoladex (Astra Zeneca), Pradaxa (Boehringer Ingelheim) and Insuman Insulin Range (Sanofi)

14.4. The Chair advised that it is important to note that there may be pressure from NHS England in the near future and any agreements in place may be abandoned.

14.5. The Chair advised that the Dr Brian Houston and Dr Kelvin Ng have been consulted as Clinical Leads.

14.6. The Governing Body asked to approve the Chairs action taken on the Pharmaceutical Rebates.

**Resolved: Governing Body approved the Chairs action taken on Pharmaceutical Rebates.**

15.0. Emergency Preparedness, Resilience and Response Assurance Process 2014/15

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- 15.1. The Clinical Chief Officer advised the Governing Body to note the level of Emergency Preparedness, Resilience and Response Assurance achieved, note the results of the self-assessment, note the action plan for achieving full assurance and agree the inclusion of the NHS England Sitrep report into the CCG Incident Response Plan.
- 15.2. The report was prepared by Mid Essex CCG who continues to provide Southend CCG emergency planning service.
- 15.3. The Clinical Chief Officer advised that the document sets out the current position for CCGs in relation to emergency preparedness as well as a self-assessment for noting. The CCGs Head of Corporate Services will be collating the CCGs provider's responses and submitting a further paper to the Southend CCG Weekly Executive in early October 2014 which will ensure the CCG is clear on its responsibilities going forward. Further updates will be provided to the Governing Body in due course.

**Resolved: The Governing Body noted the level of Emergency Preparedness, Resilience and Response Assurance achieved, noted the results of the self-assessment, noted the action plan for achieving full assurance and agreed the inclusion of the NHS England Sitrep report into the CCG Incident Response Plan.**

16.0. Governing Body Assurance Framework

- 16.1. The Chief Finance Officer presented the Governing Body Assurance Framework in its new, streamlined format, consolidating previous risks into a more manageable way which mean that risk owners are better able to consider the controls and mitigation in place for each risk, thereby providing a higher level of assurance to the Governing Body.
- 16.2. There were no new risks for the month of September 2014 and no risks are presented for closure. The GBAF is linked to the corporate risk register which received separate scrutiny at the quality, finance and performance committee on a month basis.
- 16.3. Members of the Governing Body were invited to approve the CCG's approach to risk management to ensure the appropriate level of control and resulting assurance.

**Resolved: The Governing Body approved the Governing Body Assurance Framework for September 2014.**

17.0. NHS SCCG Policies

- 17.1. The Governing Body was invited to approve the following policies which had been reviewed through the Joint Staff Forum or through the CCG's internal Policy Assurance Group. The Quality Finance and Performance Committee had approved the policies on 18<sup>th</sup> September 2014:
  - a. Equality and Diversity
  - b. Whistleblowing
  - c. Conflict of Interest
  - d. Reimbursement of expenses (for members of the CCG patient participation groups)
  - e. Counter Fraud, Bribery and Corruption Policy
  - f. Risk Management Strategy

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**Resolved: The Governing Body Meeting approved the NHS Southend CCG Policies as above.**

18.0. NHS SCCG Committee Reports

- 18.1. The Governing Body are asked to note the minutes and Chairs reports from the other Southend CCG Governing Body Committees:
- a. Clinical Executive Minutes 10<sup>th</sup> July 2014
  - b. Quality, Finance & Performance Committee Minutes 16<sup>th</sup> July 2014 and 20<sup>th</sup> August 2014
  - c. Audit and Risk Committee 30<sup>th</sup> July 2014

**Resolved: The Governing Body noted the above named Committee Minutes.**

19.0. Questions from Members of the Public

- 19.1. Mr K Adamson asked that the Southend Medical Centre will be open on a Saturday morning and Sunday evening, however he would like to know how it will be advertised, when the hours of operation will take affect and when would it be considered a success? The Chair advised that the Southend Medical Centre practice will undertake the advertisement of the new opening hours. The Chief Operating Officer advised that Dr Siddique who leads the bid team confirmed that he has the detailed plans for advertising directly to patients and the metrics to the Governing Body which will show the monthly basis of the practice achieving its promise to prove the money is being well spent. The grant has been awarded on a 6 month basis and will be reviewed to invest on a permanent scheme. The Chief Operating Officer also confirmed that the metric will be available on the Southend CCG website for reference.
- 19.2. Mr K Adamson asked if there is a Service Restriction Policy on hip replacements. It has been seen that Southend Hospital are complaining they are not getting sufficient funds. Also there appear to be a lot of restrictions for the patients of Southend, what is the practically behind this? The Chair advised that for each patient it is appropriate for the patient to have what is seen to be needed for them individually. . Dr Brian Houston also confirmed that it is not just an area issue, it is a national problem. The purpose of the committee is to get the best for the patients. Southend CCG are trying to do their best, no real answers but have to make the best of what we have got. The Chair confirmed that Southend CCG strive to make Southend services the best they can possibly be.
- 19.3. Mr Ali asked, it has been known that a community hospital is being implemented to take pressure away from Southend Hospital and Primary Care Services. How would a community hospital operate? The Chief Operating Officer advised that there are no plans for a community hospital in Southend, There are plans for a community pathway for patients to be treated in a community service hub.
- 19.4. Mr Ali asked that he would like hard copies of the Governing Body papers available for the public attendees. The Chief Operating Office advised Mr Ali that the board will consider the option and will advise at the next Governing Body in November 2014.
- 19.5. Mr Ali advised that the deficit is a problem for the Southend CCG and the other local commissioning groups. He also commented on the changes in leadership in the local health trusts. . The Chair advised that changes are constant part of life. The retirement of Dr Husselbee and the departure of Dr Das at the end of her 2 year term, no organisation

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should be dependent on any one person an important aspect of any organisation is that change will happen and processes are in place to cover these to ensure a resilient organisation.

19.6. The Chair thanked everyone for their attendance to the Governing Body in Public for September 2014.

20.0 Any Other Business

20.1. No other business was raised.

21.0. Date of Next Meeting

21.1. The next meeting will be held on Thursday, 27<sup>th</sup> November 2014 in the Boardroom at Suffolk House.

The meeting closed at 5.45pm.

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