

NHS Southend CCG Governing Body Meeting in Public – Part I

Thursday 6th October 2016 at 14.10 – 17.10hrs

Priory Suite, Harcourt House, 5-15 Harcourt Avenue, Southend on Sea, Essex SS2 6HT

MINUTES

Attendees:

Dr Andrea Atherton	Director of Public Health	Southend Borough Council
Dr Kate Barusya	GP Governing Body member	NHS Southend CCG
Melanie Craig	Chief Officer	NHS Southend CCG
Margaret Hathaway	Interim Chief Finance Officer	NHS Southend CCG
Janis Gibson	Lay Member for Public and Patient Involvement	NHS Southend CCG
Dr Fahim Khan	GP Governing Body member	NHS Southend CCG
Jacqui Lansley	Joint Associate Director of Integrated Commissioning	NHS Southend CCG / Southend Borough Council
Dr José Garcia Lobera	CCG Chair	NHS Southend CCG
Dr Kelvin Ng	GP Governing Body member	NHS Southend CCG
Matt Rangué	Chief Nurse	NHS Southend CCG
Dr Devesh Sharma	Secondary Care Consultant	NHS Southend CCG
Robert Shaw	Joint Director of Acute Contracting and Commissioning	NHS Southend CCG / NHS Castle Point & Rochford CCG
Nick Spenceley	Lay Member for Governance	NHS Southend CCG
Dr Taz Syed	GP Governing Body member	NHS Southend CCG
In Attendance:		
Samantha Shepherd	Executive Assistant / Minute Taker	NHS Southend CCG

General business

1. Welcome and apologies for absence

- 1.1. JGL welcomed both the Governing Body members and members of the public to the meeting.
- 1.2. JGL welcomed Nick Spenceley to his first Governing Body in Public as the newly appointed Lay Member of Governance.
- 1.3. Apologies were received from Dr Krishna Chaturvedi, Clinical Executive Chair and GP Governing Body member; and Dr Brian Houston, GP Governing Body member.

2. Declarations of interest

- 2.1. No declarations of interest were received from the Governing Body members.

3. Minutes and action log of the meeting held on 4th August 2016

- 3.1. The minutes of the Governing Body in public meeting held on 4th August 2016 were reviewed and approved as an accurate record of the meeting with no changes.

RESOLVED: The Governing Body APPROVED the minutes of the Governing Body in Public meeting held on 4th August 2016

- 3.2. With regards to the outstanding actions from the log dated 4th August 2016, the following was confirmed:

Action 30 – JGL confirmed that the action can be closed due to being completed.

Action 31 – JGL confirmed that the action can be closed.

Action 32 – JGL confirmed that the action can be closed due to being completed.

Action 33 – JGL confirmed that the action can be closed due to being completed.

Action 34 – JGL confirmed that the action can be closed due to being completed.

Action 35 – JGL confirmed that the action can be closed due to being completed.

RESOLVED: The Governing Body NOTED the action log as recorded on 4th August 2016

4. Report from the Chief Officer

- 4.1. MC noted on the Success Regime and confirmed that the Mid and South Essex Success Regime held its first public workshop in Southend, and gave local people the chance to hear the latest steps of the project.

MC, JGL and RS were able to talk through some of the proposals and how they may change the way hospital and primary care services are delivered across Southend and mid and south Essex.

60 people attended the workshop, which MC confirmed that the Success Regime team collected information and views from the people who were at the meeting. Importantly, MC noted that within the meeting it felt that people understood the argument for change.

KN asked if any communication would be sent to other GP's in engaging them in the Success Regime. JGL advised there is a plan to engage GP members and the CCG have some plans for scheduled sessions including Time to Learn in November and December 2016.

- 4.2. MC advised that Southend CCG held their Annual General Meeting for 2015/16 in September 2016 and was pleased with the turnout from both members of the public and Governing Body members.

MC noted that the CCG have a number of other public meetings coming up, which included the annual public event in November 2016, where local people will have the opportunity to learn more about the new localities model for delivering local primary and social care services. Full details are on the Southend CCG's website.

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- 4.3. With regards to St Luke's and Shoeburyness, MC noted that the CCG are continuing to work on new health centres being developed in Shoeburyness and St Luke's, and this work is progressing well. The CCG have updates on both projects later in the meeting.

MC confirmed that the CCG have implemented a task and finish group for both developments, which includes local ward councillors, residents and patient representatives. Both are proving to be very useful, ensuring that local community leaders are kept informed as the CCG progress the important projects, and have the chance to influence the work required.

Along with her senior team, MC recently attended a meeting of the Shoebury Garrison Association to talk with them about the CCGs plans for the new health centre in their area. Although there were some concerns about the building work and the potential increase in traffic, it was good to hear an overwhelming view that the new centre was a good proposal for the area.

- 4.4. MC advised that within this meeting, MH, the CCG's Interim Chief Finance Officer will present a paper about the financial recovery plan. MC noted it is a very important paper, as it sets out the very clear financial challenges the CCG are facing as an organisation but also the very sensible approach the CCG have taken in order to meet those hurdles.

MC noted that many NHS organisations across the country are facing financial challenges, and there is no single answer to these issues. However, MC felt the plan that has been put in place reflects the specific issues the CCG need to address in Southend-on-Sea and gives the Governing Body confidence that the CCG are moving in the right direction.

RESOLVED: The Governing Body NOTED the Chief Officer's report.

Clinical and service development

5. Orthopaedics restriction threshold consultation

- 5.1. RS presented the orthopaedics restriction threshold consultation report.
- 5.2. RS advised that restrictions have been developed in partnership with, and approved by Orthopaedic Surgeons at Southend University Hospital NHS Foundation Trust (SUHFT) and were approved by the Clinical Executive Committee for the commencement of a public consultation.
- 5.3. RS confirmed that the public consultation has taken place and has been available to the public via local media stories, social media and other organisations such as Healthwatch. The public were able to comment on the consultation online, by post or at a local drop in session held on 20th September 2016.
- 5.4. 19 respondents strongly agreed, 13 agreed, 9 unsure, 7 disagreed and 18 disagreed the orthopaedic restriction threshold.
- 5.5. RS confirmed that the proposed amended criteria to restrictions will ensure patients are only undergoing elective procedures when they are medically fit and with minimal risk to their health, which will improve both recovery and outcomes.
- 5.6. RS invited the Governing Body to approve the recommendation to amend the criteria to thresholds in place for orthopaedics Total Hip Replacements (THR), Total Knee Replacements (TKR) and Arthroscopy.

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RESOLVED: The Governing Body APPROVED the restriction threshold for Orthopaedics.

6. Integrated urgency care project

- 6.1. RS presented that the purpose of the report is to provide Governing Body members across the collaborative CCGs with an update on the progress of the Integrated Urgent Care (IUC) project and to outline the guidance and process regarding conflict of interest and to seek delegated authority to be given for the approval of the full commissioning case.
- 6.2. RS noted that the communications and engagement plan for the required phase of the project has been developed and is currently being delivered. The public engagement element is being developed by Enable East, with drop in sessions being held across the CCG localities in mid-September 2016.
- 6.3. Clinical engagement is being delivered by members of the clinical design work stream with GP/Member Practice events scheduled.
- 6.4. TS advised that the project should be clinically led and independent to the Success Regime, this is due to there being too many projects and should be independent. RS advised that he would be System Resilience Officer, for the project. MC noted that the project started long before the Success Regime and therefore enhancing in the service and adding a clinical hub, is not restricting anything different.
- 6.5. RS recommended the Governing Body approve the progression of the project, the delegation of authority to the Quality, Finance and Performance committee and the full business case and associated documents as well as noting the progress of the IUC project.
- 6.6. The Governing Body approved the delegated authority.

RESOLVED: The Governing Body APPROVED the Integrated Urgency Care project delegated authority.

7. St Luke's and Shoeburyness primary care centres update

- 7.1. MC updated the Governing Body with an update on both Shoeburyness and St Luke's primary care centres.
- 7.2. With regards to Shoeburyness, the options appraisal panel met on 11th August 2016. The panel was made up of Southend CCG, NHS England, a property expert from Community Healthcare Partnerships, Southend Borough Council, Attain, a Practice Manager and a community representative.
- 7.3. The panel considered sites at Shoebury Health Centre, Shoebury House and the Garrison estate against five criteria: location; deliverability and timescales; size and sustainability for the future; affordability; and impact of service.
- 7.4. When scoring, the appraisal panel were asked to consider the sites knowing that the current patient register for the Shoebury practices is 16,592 and the total population for both Shoeburyness and West Shoebury wards exceeds 21,000.
- 7.5. The preferred option was determined as the Garrison site, which was scored the highest by the appraisal panel unanimously.

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- 7.6. While all members of the panel scored the Garrison site as the most viable option for the proposed development, representatives from both the Garrison Residents Association and the Shoeburyness Residents Association, highlighted logistical issues around access, flood defence and impact on local services.
- 7.7. On 6 September 2016, MC and her Senior Management Team (SMT) attended an engagement event hosted by the Garrison Residents Association at the Hinguar School. The purpose of the session was to raise awareness of the project and the decision to recommend the Garrison site as the preferred option for endorsement by Governing Body.
- 7.8. The majority of residents were supportive of the proposal to develop a new primary health care centre in Shoeburyness. Local residents were keen to understand the implications on existing services and the local infrastructure, especially access routes and school disruption. The points raised will be addressed as the CCG develops a business case and enters into the council's planning process. Reassurance was given to attendees that the session was part of an ongoing commitment to engage with the community throughout the project.
- 7.9. With regards to St Luke's, NHS Property Services have been instructed to submit a planning application for the St Luke's practice temporary accommodation. The current planning consent expires in May 2017. The new application will be submitted to Southend Borough Council at the end of the project when the new St Luke's premises will be complete.
- 7.10. NHS Property Services and Southend Borough Council are part of the overarching St. Luke's and Shoeburyness Project Group and have contributed to developments throughout the project. Southend Borough Council has suggested that the planning application process could take up to 8 weeks to complete. MC advised that she has requested that the planning process becomes a standing item on the project group's agenda going forward.
- 7.11. Southend Borough Council has indicated that the decision to extend planning permission will consider whether Southend CCG have robust plans for the relocation of the Virgin Care (St. Luke's) Practice from the demountable. The post Project Initiation Document Options Appraisal (presented to Governing Body in March 2016), showed architect drawings and a clear development proposal will fulfil this commitment.
- 7.12. FK asked how big the Shoeburyness primary health centre is going be? MC advised that the build will be for the 21,000 population. The style of the building will be modular, which will allow added components onto the build as and when the population grows. FK asked if there was a potential to move secondary care into the building, MC noted that potential moves for secondary care could take place.

RESOLVED: The Governing Body NOTED the St Luke's and Shoeburyness primary care centres update.

Quality, Finance and Performance Scrutiny

8. Marginal rate and emergency threshold investments 2016/17

- 8.1. RS advised that as part of contract negotiations the CCG are required to publish on the internet the investments it makes with the marginal rate and readmissions threshold monies. It is a requirement as a national guidance.
- 8.2. RS noted that the schemes have been listed within the presented report for the Governing Body to note.

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RESOLVED: The Governing Body NOTED the marginal rate and emergency threshold investments 2016/17.

9. 2015/16 CCG annual assessment

- 9.1. JGL reported that following the CCGs annual assessment of 2015/2016, the 2015/16 report provides a brief summative assessment of the assurance meetings held over the last year against the assurance components in the 2015/16 CCG Assurance Framework, which informed the CCGs 2015/16 annual headline rating.
- 9.2. JGL noted that NHS England have summarised areas of strength and where improvement is required. A number of principles have been applied to the five component assessments to reach the annual headline assessments for 2015/16. It was agreed to describe the headline ratings in the 2016/17 language of outstanding, good, requirements improvement and inadequate.
- 9.3. Southend CCG met with NHS England on 27th April 2016 to discuss the CCGs annual assessment for 2015/16, whereby a headline rating was given as 'required improvement'. These assessments were ratified by NHS England's Commissioning Committee which met on 29th June 2016 and the 2015/16 annual assessment has published on the CCG assessment page of the NHS England website.
- 9.4. Key areas of challenge included urgent and emergency care, cancer, diagnostics and RTT targets as well as primary care in the context of the five year forward view and the route cause analysis to understand the Continuing Healthcare (CHC) figures.
- 9.5. JGL invited the Governing Body to note the NHS Southend CCG 2015/16 summary of assurance report.

RESOLVED: The Governing Body NOTED the 2015/16 CCG annual assessment.

10. Care Quality Commissioning review of children looked after and safeguarding report

- 10.1. MR updated the Governing Body on the findings of the Care Quality Commission (CQC) review of health services for children looked after and safeguarding in Southend. MR wanted to seek that the Governing Body are aware of areas of good practice within the locality.
- 10.2. MR noted that the main emphasis of the review was through a child's health service, some which are jointly commissioned by Southend and Castle Point & Rochford CCG's.
- 10.3. Within the report, MR confirmed there were many examples of good practice which included good evidence of drug and alcohol services, good links between the emergency department and the liaison of paediatric nurses as well as effective input from specialist midwives in the care of vulnerable women who are pregnant resulting positive outcomes for mothers and babies.
- 10.4. Areas were identified as needing improvement which included record keeping in several services to be more robust, practitioners need to improve the quality of referrals as well as the gap in liaison and communication between GPs, maternity and community.
- 10.5. MR invited the Governing Body to note the CQC review of children looked after and safeguarding report.

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RESOLVED: The Governing Body NOTED the CQC review of children looked after and safeguarding report.

11. Quality, finance and performance reports

Finance report:

- 11.1. MH updated the Governing Body on the finance summary within the CCG.
- 11.2. MH advised the CCG's financial position reflects a year to date overspend of £1.6m against the plan, whilst continuing to forecast achievement of the full-year financial targets agreed with NHS England.
- 11.3. MH noted that the overall QIPP delivery forecast stands at £6.6m, leaving a shortfall of £3.8m compared to the £10.4m target value set within the CCG's base budget.
- 11.4. MH expressed that the current forecast position remains for the CCG to meet its financial targets for the year and will depend on the CCG both achieving its challenging QIPP programme for the year, and mitigating any additional in-year financial risks.
- 11.5. Given the relatively early stage of the financial year, it is still considered reasonable to continue to forecast full achievement of the CCG's financial plans. As previously noted, however, it should be noted that this is a high risk position and a full budget review has highlighted a potential financial gap of £6.6m, with mitigations reducing the gap to around £4m.
- 11.6. The above position has been discussed with NHS England, who requested a Financial Recovery Plan (FRP) by the end of August 2016. A draft FRP was put together with the assistance of some focussed consultancy input and has been discussed with the local NHS England Director of Finance. The CCG continues to consider itself to be in internal financial recovery.
- 11.7. With regards to acute, MH advised that there has been an overspend of £0.4m year-to-date. This reflects the latest activity projections. It should be noted that the Southend hospital budget has been adjusted to reflect the likely outturn position, which assumes delivery of only £0.5m of savings from the overall £1.6m which was agreed for inclusion within "QIPP pillows" during the contracting round.
- 11.8. With regards to CHC there has been an overspend by £1.4m year-to-date, which is due to an under-accrual in the 15/16 accounts and in-year over performance. It is anticipated that both the in-housing of the CHC function and the Uplands care home QIPP scheme will start to deliver real savings in the coming months.
- 11.9. With regards to unidentified QIPP, there is an overspend of £1.6m year to date and having undertaken a further budget review whilst putting together the draft FRP, budgets were previously reduced for QIPP schemes which are no longer considered deliverable have been reset to reflect the latest confidence in delivery.
- 11.10. MH advised on QIPP performance. The CCG's budgeted QIPP target is £10.4m. The CCG had initially identified schemes with total gross savings of £16.1m supported by investments of £4m, and therefore giving rise to net savings £12.1m. Following review of these QIPP schemes and as part of the development of the CCG's Financial Recovery Plan, forecast delivery now stands at £6.6m, leaving a shortfall of £3.8m still to be identified. The main

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driver for the forecast shortfall is the non-delivery of plans identified within the CCG's original QIPP programme in 2016/17.

Quality report:

- 11.11. MR updated the Governing Body on the quality summary within the CCG.
- 11.12. MR advised that an increase in activity has been seen across the patch relating to the infection control agenda.
- 11.13. In relation to Methicillin resistant Staphylococcus aureus (MRSA) Bacteraemia, no new cases to report were aligned with the Southend CCG.
- 11.14. MR noted on outbreaks, which since January 2016 Basildon and Thurrock Hospital have had had four wards with on-going acquisition of MRSA. Action plans are in situ and being monitored through the Director of Infection Prevention & Control, IPCT and divisional leads.
- 11.15. With regards North East London Foundation Trust (NELFT) MRSA Bacteraemia, one case has been reported in August 2016 aligned to Basildon and Brentwood CCG with NELFT Community Services input. The case has been referred for arbitration for 3rd party assignment.
- 11.16. MR advised on transforming care whereby Southend CCG has seven inpatients. One patient was discharged home with support in September 2016. The CCG were informed on 12th September 2016 that there was one inpatient in the older peoples mental health ward at Rochford with a learning disability and mental illness. The patients care was reviewed at Care and Treatment Review (CTR) on 14th September 2016.
- 11.17. MR noted that across Essex there has been an increase in the number of admissions to hospital for people with learning disability in August 2016, there is no clear pattern for this increase, however the situation is being closely monitored by commissioning teams.

Acute commissioning and performance report:

- 11.18. RS updated the Governing Body on the acute commissioning and performance summary within the CCG.
- 11.19. With regards to Accident and Emergency (A&E), Southend University Hospitals NHS Foundation Trust (SUHFT) performance Year to Date is lower than it was for the same period of 2015/16.
- 11.20. The Trust remains full with bed occupancy constantly remaining beyond 100% during the last month. RS advised that flow has been difficult to achieve due to continued acuity of patients resulting in longer lengths of stay (Complex Frail Elderly, Acute Respiratory conditions, Paediatrics has seen excessive demand at times), continued complex trauma cases (also impacting elective activity).
- 11.21. MC added that the position with A&E is unacceptable. Some areas are performing really well and she would like to encourage the methodology where other Trusts have used and it is working to their advantage.
- 11.22. RS advised staff vacancies remain a significant risk for the hospital to manage. A detailed nursing / medical recruitment program is underway although the Trust is currently circa 20 whole time equivalents registered nurses behind trajectory. Current day to day pressures requires staff to be redirected in accordance with acuity and demand tools used by the Trust to mitigate patient risks. High acuity continues to impact safe staffing levels.

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Integrated commissioning and performance report:

- 11.23. JL updated the Governing Body on the integrated commissioning and performance summary within the CCG.
- 11.24. With regards to the Better Care Fund, JL noted that the implementation of the locality approach is progressing at pace. The Essex Success Regime (ESR) has requested that Southend contribute to the Pre Consultation Business Case (PCBC) via supporting a deep dive in the East Central Locality.
- 11.25. The objective is to show case how a locality approach might work for an 'urban deprived' locality within the ESR footprint. The emerging detail and analytics from the ESR team will support the continued development of the East Central Locality and there will also be an opportunity to apply for additional funding from NHS England, both capital and revenue (non-recurrent).
- 11.26. JL noted on the new mental health reporting requirements, whereby CCGs are now being monitored on their progress with plans to reduce the usage of out of area placements for non-specialist mental health beds for inpatient care; the staffing and availability of crisis resolution and home treatment teams; the staffing of liaison psychiatry services against national standards; the availability and monitoring of health based places of safety for people detained under the Mental Health Act; and the development of child and adolescent mental health services.
- 11.27. JL advised on the Early Intervention in Psychosis (EIP) update. The introduction of national standards for EIP commenced in April 2016. The numbers of new presentations of people with a first episode of psychosis each month are in low single figures, meaning that the CCG may be subject to some variation if one or two people do not start treatment. In July, Southend CCG is currently at 100% against this standard according to the most recently available figures.
- 11.28. JL noted on learning disabilities annual health checks whereby improving performance in the area remains a priority in 2016/17. Feedback received from NHS England on the Essex Transforming Care Plan suggests that there will be greater emphasis on ensuring that people with a learning disability have an annual health check and health action plan.
- 11.29. There is an expectation from NHS England that the CCG will improve its performance in this area, and demonstrate what the CCGs across the county will do to achieve the national 70% target.
- 11.30. Southend CCG has been confirmed as reaching 70% uptake last year, and was the top performing CCG in the east of England. Southend CCG's ambition is to work towards 100% uptake, although anything above 90% would be considered an excellent bench mark. Plans are being developed to work towards this through the Southend Learning Disabilities Partnership Board, possibly using people with a learning disability to act as "ambassadors" to promote the uptake of annual health checks.

RESOLVED: The Governing Body NOTED the quality, finance and performance reports.

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Governance and corporate business

12. Policies for approval

Individual Funding Request policy:

12.1. MR presented the individual funding request policy to the Governing Body for approval. It is a policy that has been revised in line with others posed in Essex and follows the Mid Essex model.

Policy for Policies:

12.2. MH presented the policy for policies to the Governing Body for approval.

12.3. MC advised the policy is to gain clarity of the policies and who is responsible for each policy. There is a responsibility of all staff to know about the policies and understand them individually.

ACTION: SS to send the IFR and policy for policies policy to all CCG staff for information and save in the respective policy file on the shared drive.

RESOLVED: The Governing Body APPROVED both policies.

13. Emergency preparedness resilience response incident plan

13.1. RS presented the Emergency preparedness resilience and response incident plan which has been coordinated by Jackie King, Head of Emergency Planning for Essex CCGs.

13.2. RS advised that the report outlines the changes made to the Clinical Commissioning Groups' Incident Response Plan 2.

13.3. RS noted that the incident response plan covers the actions of the CCG in response to the declaration of a critical incident and actions in response to a major incident, including the CCG response to the activation of a Major Incident Plan (MIP) by another organisation affecting the local community.

13.4. RS confirmed that the following changes have been made to the plan:

13.4.1. Following recent exercising of the plan at a multiagency level it was highlighted that the plan required further clarity in relation to command and control especially at a local system wide level. Participants from CCGs at the exercises suggested the use of System Resilience Groups (SRGs) now known as A&E delivery boards. Inclusion of such groups has been explored by all systems and all systems have been supportive of inclusion of such groups in the IRP and within incident response.

13.4.2. Inclusion of the new Cabinet Office Major Incident: revised definition.

13.4.3. Review of all action cards and inclusion of new action cards 14, 15 and 16 following the requirement outlined in the NHS England EPRR framework for CCGs to possibly be involved at the multi-agency strategic coordinating group and tactical coordinating group.

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13.5. RS invited the Governing Body to approve the changes that have been made to the CCG incident response plan as outlined above.

RESOLVED: The Governing Body APPROVED the changes made to the CCG incident response plan

14. Governing Body Assurance Framework (GBAF)

- 14.1. MH presented the Governing Body Assurance Framework (GBAF), which is brought to each Governing Body meeting in public and Audit and Risk Committee and all updates being presented in red.
- 14.2. MH advised that a lot of work has gone into the risk register and gives a clear initial record of current and outstanding risks.
- 14.3. The content is currently evolving and managers are reviewing the risks with members of the finance team.
- 14.4. MH highlighted that there is new risk has been mentioned, which is around the overall financial position. It is required to go to the Quality, Finance and Performance Committee and once approved, it will go onto the risk register.
- 14.5. JG thanked the team for the work made on the register. It is very helpful and more easier to understand.
- 14.6. The Governing Body noted the framework with no raised issues for concern.

RESOLVED: The Governing Body APPROVED the Governing Body Assurance Framework and NOTED the risk register progress.

15. Annual Calidcott report

- 15.1. MR provided the Governing Body with the annual Calidcott report for noting.
- 15.2. MR presumed that the Governing Body had read the report and confirmed that he was the Caldicott Guardian for Southend CCG, if they had any concerns, issues or queries going forward.
- 15.3. MR noted that there may be changes going forward, which includes a general protection coming into force on how the CCG can handle information.

RESOLVED: The Governing Body NOTED the annual Calidcott report.

16. Minutes of other committees for noting

- 16.1. The Governing Body were invited to note the minutes of the Quality, Finance and Performance Committee dated 27th July 2016 and 24th August 2016, the Audit and Risk committee on 13th July 2016 and Clinical Executive Committee on 14th July 2016 and 11th August 2016.

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RESOLVED: The Governing Body NOTED the minutes of other key committees within Southend CCG as an accurate record of the meetings.

17. Questions from members of the public relating to agenda items

17.1. Mr Ali raised the following question:

- a. In the interest of patient involvement in the work of the Southend CCG, I suggest that it would be helpful for the public to be permitted to ask for further information or to comment at the end of each agenda item.

JGL it is a Governing Body meeting whereby the membership discuss the agenda items following the scheduled agenda. Time constraints are very tight and obtaining questions from the public after each section would increase the constraints. Unfortunately the CCG have to keep the schedule as stated on the agenda.

17.2. Mr Garner raised the following question:

- b. With regards to localities across Southend, it is a temporary experiment?

JL advised that the localities will be brought in for 18 months and will develop them to help provide nearer services in the community. TThe services will then be formally launched across Southend within the 18 month threshold. The services are to give patients are better health care which will become permanent.

18. Any other business

18.1. None raised

Closed.

Date of next meeting: 1st December 2016 at 14.00 until 17.00, Priory Suite, Harcourt House, 5-15 Harcourt Avenue, Southend on Sea, Essex SS2 6HT

Please submit apologies for absence to Samantha Shepherd on 01702 313787 or samantha.shepherd3@nhs.net

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NHS Southend CCG Governing Body Part I – Action Log – updated 06.10.2016

Action No.	Meeting Date	Action	Current Position	Responsibility	Due Date	Completed
030	02.06.2016	<p><u>Acute Commissioning & Performance Report</u> RS to confirm with SUHFT that patients are not being advised to go back to their GP for a re-referral when unable to get an appointment following an initial referral.</p>	<p>UPDATE 28.07.2016: An initial discussion has been held with SUHFT and further investigations are under way.</p> <p>UPDATE 28.09.2016: RS confirmed that this should not be happening unless a patient is required to see a consultant outside the existing speciality. So any patients with suspected Cancer, within the same speciality referral or paediatric should not have been sent back to the GP.</p>	Robert Shaw	<p>04.08.2016 06.10.2016</p>	Completed and closed
031	02.06.2016	<p><u>Better Care Fund Plan 2016/17 – Section 75 Agreement and Deed of Variation</u> JGL to speak with MH to establish the CCG's financial contribution to the Adult Social Care redesign.</p>	<p>UPDATE 29.09.2016: 2016 Overall CCG contribution to the BCF is £11.9m. Further clarity on action to be discussed with JGL.</p>	Margaret Hathaway	<p>04.08.2016 06.10.2016</p>	Completed and closed

032	02.06.2016	<p><u>Questions from public</u> MR to investigate whether there has been a change to the policy of warfarin due to care agencies refusing to provide medication changes unless a GP signs it off.</p>	<p>UPDATE 28.07.2016: There has been no change to warfarin prescribing policy and the issue appears to relate to the policies within the care agency. MR has agreed to talk to SUHFT on how they liaise with care agencies to resolve the issue.</p> <p>UPDATE 27.09.2016: MR has contacted the Trust's Pathology department who have been asked to confirm the process of communicating Warfarin titration with care agencies that administer medication to patients.</p> <p>UPDATE 07.10.2016: MR confirmed a process is in place for the care agencies to be notified of medication changes through safe haven faxes.</p>	Matt Ranguie	04.08.2016 06.10.2016	Completed and closed
033	04.08.2016	<p><u>Report from Chief Officer</u> JGL to write to all clinicians advising the public consultation of the orthopaedics restriction threshold.</p>	<p>UPDATE 27.09.2016: A communication was sent out to GP's with regards to the consultation. A further communication will be sent from JGL with regards to the outcome of the consultation once the results are received.</p> <p>UPDATE 22.11.2016: Due date changed to after the Governing Body in Public. Next update to take place on 02.02.2017</p>	Dr Jose Garcia Lobera	06.10.2016 02.02.2017	

034	04.08.2016	<u>Elevated Risk</u> Elevated Clinical Risk Report to be added the QFP agenda for September 2016.	UPDATE 27.09.2016: Discussion took place at the QFP committee on 28.09.2016	Sam Shepherd	06.10.2016	Completed and closed
035	04.08.2016	<u>Security and Lockdown policies</u> SS to send the security and lockdown policy to all CCG staff for information and save in the respective policy file on the shared drive.	UPDATE 27.09.2016: The policy was sent to all staff for information and saved appropriately.	Sam Shepherd	06.10.2016	Completed and closed
036	06.10.2016	<u>Policies for approval</u> SS to send the IFR and policy for policies policy to all CCG staff for information and save in the respective policy file on the shared drive.	UPDATE 15.11.2016: SS circulated the IFR and policy for policies policy to all staff and filed in the shared drive accordingly.	Sam Shepherd	01.12.2016	Completed and closed