

Board Meeting – Part 1
29th January 2014
Culver Centre

Present:	Dr A Deshpande	Chair
	Mr L Green	PPI Lay Member
	Dr Nimal-Raj	Interim Accountable Officer
	Dr A Deshpande	Chair
	Dr P Martin	GP Board Member
	Dr R Mohile	GP Board Member
	Dr A Bose	GP Board Member
	Dr R Arhin	GP Board Member
	Dr V Raja	GP Board Member
	Dr A Bansal	GP Board Member
	Dr S Das	Secondary Care Consultant
	Mr R Vine	Board Practice Manager
	Ms M Ansell	Chief Operating Officer
	Ms J Foster Taylor	Executive Nurse
	Ms L Buckland	Audit Lay Member
	Ms F Otukoya	Head Of Finance
	Mr A Stride	Head of Corporate Governance
	Mr R Chaudhari	Senior Commissioning Manager
	Ms S Matthews	Public Health, Thurrock Council
	Mr R Harris	Thurrock Council
	Ms Y Anarfi	Designated Nurse for Safeguarding Children
Apologies:	Mr A Olarinde	Chief Finance Officer

1.	Welcome & Apologies
	Mr L Green as Deputy Chair as this is the public board meeting in respect of the Board Elections introduced the Board Members to the public.

	<p>New Board Members: Dr A Deshpande Dr Nimal Raj Dr L Grewal Dr R Arhin Dr R Mohile Dr A Bose Dr P Martin Dr R Raja Dr A Bansal</p> <p>Mr L Green confirmed that the process of electing the chair has taken place and that the new chair for the Thurrock CCG Board is Dr A Deshpande.</p> <p>Dr A Deshpande took the seat of chair at the meeting</p> <p>Dr A Deshpande as the Chair started the meeting and asked for any declarations of interest, none were declared.</p>
2.	Minutes of the meeting held on 27 November 2013 and Action Log
	<p>The minutes of the meeting held on the 27th November 2013 were reviewed at the meeting. The following change was detailed.</p> <p>Dr S Das, page 9 of the minutes, should state 'would be reviewed under the new board' instead of 'would not be available until the new board'.</p> <p>Once the above change has been made, the members confirmed the minutes of an accurate account of the meeting.</p>
3.	Thurrock Safe Haven Process
	<p>Ms M Ansell explained the paper provided for the meeting and confirmed that the latest position, since the writing of the paper has moved forward. The document server has now been signed, Information Governance are working to set this up and each member of staff involved will receive a confirmation email. This will be completed before the end of the week. By the end of January the Safe Haven Process will be in place to receive data. This paper is for noting by the board.</p> <p>Dr S Das asked if this means that patient data can be review. Ms M Ansell confirmed this and Ms J Foster-Taylor confirmed that the finance and performance teams will receive this data.</p>
4.	Better Care Fund
	<p>Ms M Ansell confirmed that there has been close working with Mr R Harris and his team, with special thanks to Ceri Armstrong.</p> <p>Ms M Ansell explained to the board that the 2013 comprehensive spending review announced an integration transformation fund of £3.8 billion to be spent on driving forward integration between health and social care and with a focus on reducing unplanned admissions and ensuring that demand across the health and care economy can be managed. The fund is now known as the Better Care Fund, the plan is to be created jointly with the local authority and will be agreed by the Health & Wellbeing Boards, detailing how it will be spent. Ms M Ansell confirmed that the planning took place with NHS England on the 28th January 2014. The board is asked to note the</p>

	<p>first draft of Thurrock's Better Care Fund that is included within the papers.</p> <p>It was confirmed that this work has been easier for Thurrock due to the tight working relationship with the Local Authority.</p> <p>This paper will be sent to NHS England for the first draft submittal on Friday 31st January 2014.</p> <p>Ms M Ansell confirmed that some of the key challenges have been around governance and joint data sharing between the CCG and Local Authority.</p> <p>Mr R Harris confirmed that Thurrock is in a good position as we both benefit with good relationships and seem to share the same visions. Our admission is how much we can get out of the Better Care Fund. The must do's for this project is a 7 day service, data sharing. Mr R Harris confirmed that the Local Authority now uses NHS Numbers. The task now is to have this signed off at the Health and Wellbeing board on the 10th February, this will then go in draft form to NHS England and final draft will be submitted in April.</p> <p>Dr A Deshpande informed that he is very impressed with the joint working and thanked Thurrock Council for all their assistance. He confirmed that at the planning session on the 28th, it was clear to see the difference with the Thurrock CCG.</p> <p>Ms L Buckland enquired as to if this has gone to the CRG meeting, as detailed under the 2.11 key milestone to obtain patient involvement.</p> <p>Mr Green responded by confirming that at high level BCF presentation had been given by Ceri Armstrong to the CRG and he would expect it to go back to CRG once the Draft plan had been completed.</p> <p>LG to add to the next agenda that he would request that the draft BCF goes to the 20 March prior to the next CCG Board. This was accepted.</p> <p>Dr S Das informed that her main concerns were around Governance arrangements and the number of organisations.</p> <p>Mr R Harris confirmed that there will be a section 75 agreement in place, this will cover the areas of governance. He confirmed that next year will be a virtual year as the fund does not come in to place until 1st April 2015.</p> <p>Dr N Raj suggested for the section 75 be in harmony with the CCG QIPP, this could make the governance process simpler and quicker for a better outcome.</p> <p>Ms L Buckland confirmed that this is a solid piece of work and welcomes a review of the framework throughout the year.</p> <p>Mr R Harris confirmed that the final section 75 will need to be signed by both the board and the council. It is a good idea to link this with QIPP, there is a need to move away from PBR and intensify the community.</p>
5.	Thurrock Council Update
	<p>Dr A Deshpande congratulated Mr R Harris on his permanent post as director.</p> <p>Mr R Harris introduced Ms S Matthews from the Public Health team to the Board. The</p>

paper presented to the Board today is for information.

Ms S Matthews confirmed that the JSNA is being completely reviewed. Within this review it has confirmed that the population of Thurrock is changing and that a different approach will be taken to ensure the needs of the population are met. Ms S Matthews confirmed that as much involvement would be appreciated.

Dr A Bose confirmed that Ms S Matthews will be attending Time to Learn to speak with the GP's.

Ms L Buckland requested clarity regarding the £1.1 million shortfall. Mr R Harris confirmed that there was a previous shortfall from NHS England, however this has since been rectified.

It was confirmed that the target period for the JSNA is 3 years.

6. Commissioning Support Unit

Ms M Ansell confirmed that as part of the authorisation process we need to evidence further work with other CCG's. We are committed to working with the CSU, but we need to be able to manage any impacts of other CCG's decisions on Thurrock CCG. We have recently made 3 changes within our contract with the CSU contract. We have brought communications in house, thus meaning we now have a dedicated Communications manager in house, as a permanent member of Thurrock CCG.

Ms M Ansell explained that each time an element of service is removed from the CSU contract there are 'stranded' costs which cannot be immediately extracted. For communications it has been confirmed that a high level overhead costs of 59% has been retained.

Ms M Ansell also confirmed that notice has been given for Corporate Governance and Performance; however a large amount of funding will not be released straight away. These services have been removed as we have in house staff that perform these roles.

The proposal to the board is to accept the changes that have been made and to acknowledge the increase in staff. This paper also seeks board acceptance to sign a new contract with the CSU in September.

Since the paper has been written it has come to our attention that another CCG has given notice on the Children's and Mental Health services, to prevent the any CCG being at risk this is now subject to a business case due to be submitted to NHS England.

Dr S Das asked that if the running costs allowance is reduced by 10% in 2 years how will this affect the CCG. Ms M Ansell confirmed that we will have to look at a 10% reduction in efficiencies. Ms J Foster-Taylor asked what are the consequences for the changes within the CSU and the effect on the CCG. Ms M Ansell confirmed that this is managed by the CSU and the Business Development Unit and is managed by NHS England.

Dr R Mohile enquired if there would be a risk of increasing costs to keep the CSU stable. Ms M Ansell confirmed that we do not have the funds for increasing costs.

	<p>It was agreed for another paper to be brought to the Board prior to the September signing of the contract. Action MA</p>
<p>7.</p>	<p>Finance Update and Recovery Plan</p> <p>Ms F Otukoya attended the meeting to present the Finance update to the meeting. The following points from the report were highlighted as key areas:</p> <p>The financial position at Month 9 is a cumulative surplus of £677k year to date (YTD), with a forecast outturn (FOT) surplus of £1,779k at year-end. It was highlighted that the main pressure within the reported position remains as being on the Acute contracts and on the Continuing Care budgets. The pressure is mitigated by the use of reserves, and underspends on other service lines.</p> <p>The Financial Recovery Plan (FRP) was developed after month 6 outturn indicated that the CCG was unlikely to deliver its 1% surplus. It identified plans as below to mitigate the pressure which was predominantly on the Acute (£4.5m) and Continuing Health care budgets (£1.6m).</p> <p>Clinical engagement and Practice visits; MedeAnalytics Training Rollout. Practice Training has been rolled out to 29 out of 34 practices in the CCG and all practices now have access to the Invoice Validation Module with their normal Mede Analytics log in. There is now a process aligned to a national timetable where practices are able to log in to view their data and submit any challenges. The CCG is currently in the process of appointing to an interim role to provide additional advice and support to practices.</p> <p>Continuing Healthcare (CHC) Review – There is an Essex wide Task and Finish group reviewing CHC. An audit has been commissioned to provide assurances around the CSU CHC service. The backlog of cases to be reviewed at 3 and 12 months is now underway.</p> <p>Contracts Management – discussions are currently underway with BTUH to agree an outturn position.</p> <p>Review of Budgetary Provision – There is an ongoing review of other elements of budget.</p> <p>2014/15 – 2018/19 Operational and Strategic Planning</p> <p>This paper was presented to the board for noting, and includes key submission dates were noted as follows: The first submissions of draft plans are due to be submitted to NHS England on 31st January, with the revised draft plans to be submitted to NHS England by 14th February. This comprises the first draft of both the 2 and 5 year plan. The final submission, due 4th April comprises the final 2 year plan and draft 3 to 5 year plans. The final submission of the plan for years 3 to 5 is due by 20th June (no further revision will be allowed for the plan for years 1 & 2).</p> <p>Ms L Buckland thanked the finance team for all their hard work.</p>
<p>8.</p>	<p>QIPP</p>

	<p>Dr R Arhin confirmed to the board that last 2 stakeholder QIPP meetings had been cancelled and replaced by Core meeting due to the planning taking place for the coming year.</p> <p>Mr R Chaudhari confirmed that next year QIPP target will be very challenging and the team have been working hard in terms of potential QIPP schemes. The key updates from the last meeting were that practice visits are still on-going, these are part of the recovery plan, and these have been clinician lead visits this year. There has been a COPD care review, which was worked on with the COPD team, and a new model has been sent to all GP's. Every COPD patient with MRC level of 3 and above will be reviewed by the community COPD team and a management plan will be provided in a booklet/passport which will be held by the patient</p> <p>MSK – The board was informed that the procurement for the hub model has been stopped and instead agreement has been reached with BTUH to work on a new model of care for MSK service provision.</p> <p>With regard to the 14/15 QIPP schemes, the initial draft has now been presented at the last QIPP Committee; the team will now be working on firming up the plans.</p>
9.	Quality Report
	<p>Ms J Foster-Taylor presented the report to the board for identification of key areas of concern. The following points were brought to the attention of the board:</p> <p>Venous Embolism The proportion of patients with a VTE risk assessment is currently looking very low on the Patient Safety Thermometer Data. The VTE data includes the whole of the NELFT Nurse Services. We have done a further analysis to split the data into the three inpatient units, which allows for greater understanding of relevant data.</p> <p>The proportion of patients with a VTE risk assessment for Mayflower Community Hospital is 100%. The proportion of patients with appropriate prophylaxis is 100% which is consistent achievement this year with the exception of August 2013.</p> <p>Cancer Waits For Thurrock CCG BTUH contract all elements of the cancer pathway standards are met with the exception of the 62 day standard. For December this is 68% (against target 85%) relating to 6 patient breaches. A contract query has been raised.</p> <p>IAPT Thurrock CCG is below trajectory and a contract query has been raised and SEPT (provider) are providing weekly data against recovery action plan.</p> <p>Commissioning for Quality and Innovation (CQUIN) Thurrock CCG agreed payment for the Quarter 2 payment after additional information was provided by NELFT. The data for CQUIN 3 was submitted by NELFT on the 23rd January for the commissioning review of evidence.</p> <p>Learning Disability Health Checks Currently approximately 25% of all LD healthchecks have been delivered. NHS England has contacted GP practices to ensure all health checks are completed for this financial year.</p> <p>BASILDON AND THURROCK UNIVERSITY HOSPITAL (BTUH)</p>

Serious Incidents

Currently there are **50** active Serious Incidents (excluding pressure ulcers):

To date this calendar year there have been a total of 4 Never Events reported.

Keogh Mortality Review

The return Keogh support review took place on 19 November 2013. Basildon & Brentwood CCG's Chief Nurse was part of the panel and excellent progress was evidenced. There was a lot of acknowledgement about how far the Trust has come in a short space of time.

Quality Visits

Fortnightly unannounced visits to BTUH continue to take place with reports based on the CQC 16 Quality and Patient Safety Outcomes. The areas visited are chosen through intelligence such as Friends and Family net promoter scores, serious incidents and other soft intelligence.

Maternity Strategy Update

At the previous meeting the Board was advised that there was a Maternity services review both locally and across the greater Essex area. The data was presented to the last Quality Surveillance Group and there will be additional work stream to ensure maternity capacity modelling is central to decision making. The next Maternity Quality Meeting is on 28 January 2014.

EAST OF ENGLAND AMBULANCE TRUST (EEAST)

Following recent media reports relating to delays in ambulance handover, members of the Quality Team are attending the EEAST Meeting. The next EEAST quarterly meeting is due to be held on 17 January 2014 (the December Meeting was cancelled).

Ms L Buckland enquired if the maternity strategy linked into the working with the JSNA. Ms J Foster-Taylor confirmed that the information provided by the Public Health team is utilised, however further joint working is needed.

Further discussions took place with Dr N Raj and Ms J Foster-Taylor with regard to Maternity and the amount of participation with GP's. Ms J Foster-Taylor to provide Dr N Raj with the dates of the meetings and further information. **Action JFT**

10. Care Quality Commission

Ms Y Anarfi attended the meeting to speak to the Board regarding the new CQC Inspection Framework. A tabled copy of the presentation was provided for all members of the meeting.

It was confirmed by Ms J Foster-Taylor that Dr N Raj is now the interim named Safeguarding GP for Thurrock. Ms J Foster-Taylor also confirmed that working with other areas, where inspections have been carried out is in progress, this is to learn from their experiences.

Ms L Buckland asked for assurance of the percentage of LAC children that are out of the area, this needs further discussion at the Quality & Governance meeting. Ms Y Anarfi confirmed that she does not have this information. Ms Y Anarfi to obtain this information and circulate. **Action YA**

Ms J Forster-Taylor confirmed that there are children located within Thurrock that are

	<p>not originally from Thurrock, we also have a duty of care to them.</p> <p>Dr R Mohile expressed concerns regarding Mental Health as the process does not seem to be progressing. Ms Y Anarfi confirmed that she has met with SEPT and a decision has been made to work in partnership going forward. If an adult is admitted for Mental Health issues and there is a child within the family the safeguarding team are informed.</p> <p>Mr L Green asked for this presentation to be given to the local healthwatch team.</p> <p>It was confirmed for Ms Y Anarfi to forward a link for information of what is expected within an inspection. Action YA</p> <p>It was discussed that a CQUIN for BTUH is to look at introducing SystemOne to ensure that data shared easier within Primary Care.</p>
11.	<p>Clinical Engagement Group Update</p> <p>Dr V Raja confirmed that 2 CEG meetings have taken place since the last public board meeting. Attendance at the December meeting was good, an update from Mr R Chahduri for Community Services, Practice Visits and MedeAnalytics was provided and well received.</p> <p>The January meeting was not well attended by GP's. Les Billingham attended the meeting and Mr A Olarinde provided the meeting with a financial status and Ms M Ansell provided the Primary Care Strategy.</p>
12.	<p>Commissioning Reference Group Update</p> <p>Mr L Green said that he had included in the Board papers the agreed minutes and agenda from the previous CRG meetings for the board's information.</p> <p>It was confirmed that under AOB at the CRG meeting, the items raised were stroke and vascular services. Vascular services was the contentious subject, healthwatch and the CRG members have not accepted the non-consultation letter sent by the Chair of HOSC to the Vascular Services Project team which stated that no consultation on this subject was required by Thurrock citizens. This was not the view of the CRG and Thurrock Health watch. Kim James had already met with the Council Representatives on this subject and required to meet with Mandy Ansell to discuss further this issue.</p> <p>Mr Green said also on the vascular services project he had been given an action point by the CRG members to write to the project lead to inform the project team that in the view of the citizens of Thurrock in their opinion a consultation was still required on this subject. On the stroke issue he was awaiting an update on this following a recent meeting.</p> <p>Another area raised was the DAPHNE & DESMOND training, only 15.2% of diabetics have been offered the training and of that only 1.5% had taken up the offer, these figures need to be understood and an action to address this issue identified. Dr V Raja was at the meeting and confirmed he would bring up at the next CEG meeting.</p> <p>ACTION RC/AB</p>

	<p>Dr A Bose confirmed that at the last time to learn the diabetics' service were in attendance and information has been sent to practices previously.</p> <p>Mr Green thanked Dr Raja for attending CRG, and stated that he had agreed to raise this as an issue at CEG.</p> <p>Dr P Martin informed that he had previously received information that there is a longer than 7 week wait for this training, this is probably why people are not attending.</p> <p>Mr L Green confirmed that he had attended a patient forum at Thurrock Health Centre and was pleased to say it was confirmed that training was being offered at that particular GP practice and the feedback from the patients was very good.</p> <p>Mr Green following the Stroke meeting that had been able to attend, he was waiting for a further update and would give feedback once received. Delete repeated statement</p>
13.	Board Assurance Framework
	<p>Mr A Stride attended the meeting to present the Board Assurance Framework for Q3 to the Board for review. It was confirmed that the Board Assurance Framework was approved at the Audit Committee on the 28th January, comments were made regarding the format of the framework.</p> <p>It was detailed that the top 3 risks for Q3 are:</p> <ul style="list-style-type: none"> • Quality of clinical care delivered by providers may fail to improve or may deteriorate; • Achievement of 18 week referral to treatment (RTT) targets across all providers serving the population of Thurrock; • QIPP plans may not achieve to expected levels. <p>Mr A Stride asked the board for any comments and to approve the risks.</p> <p>Ms L Buckland confirmed that it was raised by the Internal Auditors at the Audit Committee meeting that there are normally alarm bells when an action is downgraded, assurance needs to be given. When a risk is removed this should be shared with the board for review and to learn from the risk.</p>
14.	Member Indemnity Paper
	<p>Mr A Stride presented the paper to the meeting for adoption. The purpose of this paper is to provide indemnity for the CCG Governing Body, Board Members and Clinical Leads. This would supplement the indemnity under common law that already exists for CCG officers. It was confirmed that there is no financial premium required.</p> <p>Ms L Buckland asked for confirmation that Lay Members will also be covered. Mr A Stride confirmed that officers are automatically covered.</p> <p>Dr A Deshpande confirmed that the LMC ask yearly if there are any cases to answer for each GP and that cover is provided by BAM.</p> <p>It was requested for Mr A Stride to circulate the section 69. Action AS</p> <p>The Board agreed to the proposal.</p>

15.	AOB
	<p>Dr N Raj expressed concerns with the attendance of the CEG meeting, if members do not attend then they are not aware of the items that have been discussed. As a board we need to ensure 100% attendance. This should also apply to the CRG meeting. As a board the expectations need to be made clear as they are not performing as they are expected to.</p> <p>Dr A Bose confirmed that Christine Celentano and Jessica Parr do their utmost to inform the GP's of the agendas and minutes of the meetings for CEG, CRG and TTL. Under the current process there are only two months of the year that are T2L in house and these are:</p> <p>January August</p> <p>An Agenda must be submitted and agreed 2 weeks prior to the meeting then cover will be provided, if this is not received in the timescale stated cover will not be given. It was confirmed that Dr A Bose would be happy for 1 GP from each practice to attend, then the information can be fed back to the rest of the GP's.</p> <p>Dr V Raja confirmed that attendance to CEG is good, this should not be confused with attendance to TTL. Dr A Deshpande asked if practices have been if they are aware of CEG and TTL. It should be agreed that if practices do not attend TTL or provide agendas for this time then SEEDS cover will not be provided. Dr V Raja confirmed that Christine Celentano and the team are sending the minutes and agendas to all GP's. Ms L Buckland suggested informing the GP's at the next CEG session. It was confirmed that this should be put in place from the next financial year.</p> <p>Dr A Deshpande congratulated and welcomed Russell Vine as the Practice Manager Board Member.</p>
	Date of the Next Meeting
	26 th February 2014, 9.30am, The Culver Centre