

**Board Meeting, Part 1**  
**25<sup>th</sup> March 2015**  
**High House, Purfleet**

<b>Present:</b>	Mr L Green	Deputy Chair
	Ms M Ansell	(Acting) Interim Accountable Officer
	Mr A Olarinde	Chief Finance Officer
	Ms J Foster-Taylor	Executive Nurse
	Ms L Buckland	Lay Member
	Dr P Martin	GP Board Meeting, Medicines Management Lead
	Dr Nimal-Raj	GP Board Member, Safeguarding Lead
	Dr R Mohile	GP Board Member, Mental Health Lead
	Dr S Das	Secondary Care Consultant
	Ms K James	Healthwatch
	Mr R Harris	Associate Director for Adults, Health & Commissioning, Thurrock Council
	Ms C Celentano	Business Manager
	Ms G Curtis	Deputy Business Manager (Minutes)
<b>In Attendance:</b>	Ms J Joses	Head of Communications
	Ms N Meeks	Head of Corporate Governance
<b>Apologies:</b>	Dr A Deshpande	Chair of the Board
	Mr R Vine	Practice Manager Board Member
	Dr L Grewal	GP Board Member, Quality Lead
	Dr A Bansal	GP Board Member, Planned Care Lead
	Dr A Bose	GP Board Member, Clinical & Tutor Lead

<b>1.</b>	<b>Welcome &amp; Apologies</b>
	Mr L Green welcomed all to the meeting. Apologies were noted above.
	Mr L Green asked for any declarations of interest that are not already on the register to be declared, none were declared.
<b>2.</b>	<b>Minutes of the meeting held on 25<sup>th</sup> February 2015 and Action Log</b>
	The minutes of the part 1 meeting held on the 25 <sup>th</sup> February 2015 were reviewed, the

	<p>following items were noted as changes:</p> <ul style="list-style-type: none"> <li>- Spelling mistake page 5</li> <li>- Page 5 should read 150million, instead of 5million</li> <li>- Page 9, no chairs action</li> </ul> <p>Action Log:</p> <ol style="list-style-type: none"> <li>1. <b>QIPP</b> – Mr M Tebbs to present the changes of the SPR to the CRG – Action outstanding, this will be presented at the May meeting. <b>Action MTebbs</b></li> <li>2. <b>Thurrock Council Update</b> – Mr R Harris to confirm a finalisation date for sharps boxes and the process going forward – Mr R Harris detailed that this is near to completion. There are currently discussions on-going with community pharmacists. Ms K James confirmed that they have been working with Public Health and they will be assisting with the advertising.</li> <li>3. <b>CRG</b> – Ms J Joses, information to communicated along with a map of the area for the new hubs – Action outstanding, this will be presented to the May CRG. <b>Action JJoses</b></li> <li>4. <b>Policies</b> – MR A Olarinde to confirm with IT the safety of sending secure emails to non-NHS.net accounts. Mr A Olarinde confirmed that an email has been circulated, the CSU have concerns and this is still being reviewed. Action open. <b>Action AO</b></li> <li>5. <b>AOB</b> – Ms K James to contact Ms C Celentano for attendance at the CEG for the CQC work being carried out. Action Complete</li> </ol>
<p><b>3.</b></p>	<p><b>Fire Risk</b></p> <p>Ms N Meeks attended the meeting to present the Fire Code Compliance, Risk Assessment to the Board for noting.</p> <p>NHS Thurrock CCG has a statutory obligation to carry out a written Fire Risk Assessment under the Regulatory Reform Order 2005. B.R &amp; Associates Ltd visited the CCG premises on the 11<sup>th</sup> March to carry out the mandatory risk assessment. The results of the risk assessment recorded as overall Green. There were no recommendations arising from the review that needed action.</p> <p>Mr L Green enquired that the report stated that PAT testing was carried out on most items, should this not be required on all. Ms C Celentano confirmed that PAT testing was carried out on all items, however there was one item without a sticker which has now been completed.</p> <p>Dr P Martin questioned whether this paper should be presented to the Board, a note of confirmation stating that this had been completed would have been enough.</p>
<p><b>4.</b></p>	<p><b>Policies</b></p> <p>Ms N Meeks presented the following policies to the Board for approval:</p> <ul style="list-style-type: none"> <li>▪ Information Governance Management Framework</li> <li>▪ Information Governance Policy</li> <li>▪ Data Protection and Confidentiality Policy</li> <li>▪ Information and Cyber Security Policy</li> <li>▪ Information Risk Policy</li> <li>▪ Access to Information (Freedom of Information)</li> <li>▪ Information Lifecycle Management Policy</li> <li>▪ Acceptable Use of Electronic Communications Policy</li> <li>▪ Forensic Readiness Policy</li> <li>▪ Guidance for the Introduction of New Processes (Privacy Impact Assessments)</li> </ul>

She explained that each of these policies (along with those approved at the last meeting) complete our Information Governance Management Framework which is necessary to keep our information secure.

The policies comply with the requirements of the Information Governance Toolkit and form the basis of our evidence to demonstrate that we have adequate governance in place. They also set the foundation for us to comply with various legislative requirements such as the Data Protection Act.

NHS Thurrock CCG has been granted ASH (Accredited Safe Haven) status, which allows us to handle patient level data. Failure to maintain this status would have serious consequences for our management practices and would mean that we would need to rely on the CSU for the processing of personal information. It is therefore important that these policies are established, reviewed annually and are operating effectively.

Dr S Das enquired if all Information Governance Mandatory Training had been completed. Ms G Curtis confirmed that we are now at 100% for this financial year.

Mr R Harris asked if these policies take us further forward with the sharing of sensitive data. Ms N Meeks stated that going forward this will be considered within Caldicott. It was detailed that there are sharing arrangements already in place.

The following points were noted from the policies:

Access to Information Policy – Page 16 – Names to be completed where required.  
Information Lifecycle Management Policy, Procedure and Strategy – Page 9 – Names of the Summary of Changes (item 7.2) not correct.

**Action NMeeks to complete above changes**

All policies presented to the Board were approved, subject to the above changes being made.

## 5. Finance Update

Mr A Olarinde presented the Finance Update to the Board. The following points were noted from the report:

### Key Performance Indicators

Surplus – The slippage in achieving the Year to Date surplus target is due to profiling. The planned profile is different to actual delivery, however the CCG is forecast to deliver the 1% surplus of £1,979k at the end of the year.

Programme Budget – The pressure on the programme budget is predominantly due to the following areas: Acute Contracts, Continuing Healthcare and Prescribing.

Running Costs – The running cost budget is underspent at month 9 and is forecast to underspend as at year end.

QIPP Performance – There is slippage on delivery of some of the QIPP plans. This months achievement includes unplanned care and prescribing schemes which have now been validated.

BPPC – The CCG BPPC rating is adversely affected by invoices not paid within the terms. The CCG is currently on track to achieve the target on both NHS and Non

NHS, although year to date is just slightly under on NHS.

### **Prescribing**

The prescribing forecast position indicates significant pressure on this budget; partially as result of national Category M generic price increase from October 2014; and also the prescribing of flu vaccines. The magnitude of these cost increases was however much higher than predicted by the NHSBSA which has impacted upon the forecast outturn position.

In terms of comparative prescribing spend, Thurrock CCG has a cost per patient (measured in terms of cost per 1,000 AstroPUs) slightly above the average for East of England, Luton, Beds and Herts, although this comparative prescribing spend is below the England average.

Thurrock CCG however demonstrates a relatively low rate of growth for December 2013 to November 2014 compared to the corresponding period the previous year. The rate of growth for Thurrock CCG is 1.5% which compares well to the national rate of growth of 3.0%, as well as the East of England, Luton, Beds and Herts average rate of growth of 3.2%.

Mr R Harris stated that Monitor have taken action in relation to BTUH, does this have implications on the CCG. Mr A Olarinde stated that this should not have implications this year, but this could affect plans going forward. It was detailed that there are still discussions to take place to establish an end position plan. For activity between July and November, this should be paid at 15%. It was detailed that if there is no agreement at year end then this could go to arbitration. It was also confirmed that an opening baseline for next year has been agreed.

Ms M Ansell confirmed that contracts cannot be signed until the activity plan has been agreed.

## **6. Thurrock Council Update**

Mr R Harris presented the Thurrock Council Update to the Board. The following items were noted from the report:

### **Better Care Fund**

The Better Care Fund Section 75 Agreement was agreed at the Council's Cabinet meeting on the 11th March 2015.

The Agreement will commence on the 1st April.

New governance arrangements, subject to agreement by the CCG Board as well, will be established from April to oversee the implementation of the 7 schemes (as set out within the February Board report).

### **Director of Public Health**

I am pleased to report that we have appointed Ian Wake to the position of Director of Public Health for Thurrock Council. Many people will know Ian as he previously worked for the SW Essex PCT and is currently working as a joint appointment across Essex County Council and BB CCG. The appointment is subject to final approval at full Council on 25th March.

### **Council Savings:**

As reported to the February Board, Adult Social Care/Public Health/Commissioning is

expected to deliver savings of at least £10m between 16/17 and 18/19 – to contribute towards the total Council savings target over the three years of £35 million. This is on a General Fund budget of approx £ 110m. So a cash reduction of approx 30% (which in reality is higher when you factor in growth in demand, inflation etc).

As I stated in my February report to the Board, we need to think about how we achieve best value for Thurrock's residents from the Thurrock pound. With the CCG required to make significant savings through the QIPP during 2015-16 and beyond, we have an opportunity to consider jointly how we might best work together to develop integrated initiatives that release savings that are of benefit to both organisations.

The total spending power of the CCG and the Council's Adult Social Care department is approximately £250 million. Our ability to make the necessary efficiencies whilst meeting demand must be more achievable if we join forces.

We've already started on this journey via the Better Care Pooled Fund, and we need to consider how we look beyond this year and the next.

The CCG and Council are privy to the work being carried out by Basildon and Brentwood CCG and Essex County Council. Whilst we may not want to replicate Basildon and Brentwood CCG's single provider model, we do need to develop and agree what Thurrock's future health and social care model should look like and how ambitious we want to be. As a first step, officers from the CCG and Council are working together to develop a health and social care 'case for change'. The case for change will propose the health and social care model for Thurrock.

#### **Care Act 2014**

As I reported at the February Board, the majority of the provisions contained within the Care Act 2014 come in to operation as of 1st April 2015. The Council feels well prepared, but it's extremely difficult to know to what extent the changes brought about by the Act will have on demand. With general duties of wellbeing and also to prevent, reduce and delay the need for care and support, the main thrust of the act is to reduce demand, not increase it – but as we know, it takes time and resource to realise the benefits of a preventative approach.

The Government, via the Department of Health, is conducting a consultation on the Care Act provisions that come in to operation as of April 2016. This covers changes to how and what we charge for adult social care, and also the recommendation to implement an appeals process. As reported within my February paper, the changes are likely to have a significant financial impact upon the Council – potentially costing over £ 2m, and could also have a significant impact on the workforce.

The main focus of the Care Act project group from April 2015 will be preparing for the 2016 changes – this will include carrying out financial modelling.

#### **Senior Management Changes**

As you may already be aware, the Council's Chief Executive, Graham Farrant, will be leaving the Council in June. Graham has been in post for five years and leaves the Council to become Chief Executive of the Land Registry.

#### **Combined Authority discussions**

There is a lot of discussion going on, nationally and locally, about the development of combined authorities and devolution of further powers to local government. This is not about mergers of Councils but groupings of Councils coming together to deliver a

	<p>wider range of services over a larger geographical area. It has principally been around economic, transport, regeneration and housing functions being devolved but increasingly it has started to look at health and social care. Manchester is furthest advanced and the combined authorities have agreed a memorandum of understanding with the department of Health about taking on devolved functions from the NHS. Locally there are discussions about what an Essex model might look like – Pan-Essex or South Essex. The discussions have been slow and difficult but may accelerate after the General Election. Whether health or social care is part of this remains to be seen.</p> <p>Dr R Mohile asked in relation to savings, was a centralised formula used to calculate this and does this take deprivation into account. Mr R Harris confirmed that this is happening due to the grant formula. We are unable to raise council tax more than 1.9% without holding a referendum. Also the central government grant has been reduced.</p> <p>Ms K James enquired regarding the purchase of properties in Thurrock to move in the most needy from Westminster. Mr R Harris stated that this will potentially mean that the Council will have to pick up these services. This has come from a high court judgement, but Westminster will still have some responsibilities.</p>
<b>6.</b>	<b>Operational Plan 2015/16 – Financial Plan</b>
	<p>Mr A Olarinde presented the Financial Plan to the Board.</p> <p><b>Financial Plan</b> Section 3 of the Operating Plan depicts the financial plan for the year, indicating a QIPP requirement in excess of £7m with all NHS England planning rules being met. The Finance and Performance Committee reviewed the plan in detail, at its last meeting of 18th March 2015.</p> <p>All NHS Provider organisations have now chosen their tariff option and contract negotiations are entering the final phase. The financial plan is therefore being updated to reflect the outcome of these negotiations, prior to the submission of a final version to NHS England on 10th April 2015.</p> <p>Ms L Buckland stated that NHS England are not following the local governance process. Mr A Olarinde confirmed that he will raise this with NHS England. <b>Action AO</b></p>
<b>7.</b>	<b>Better Care Fund</b>
	<p>Mr A Olarinde presented the Better Care Fund (BCF) to the Board. The Board were asked for their approval for the BCF Plan for 2015/16, thereby authorising the Accountable Officer to sign the Section 75 Agreement with Thurrock Council.</p> <p><b>Better Care Fund (BCF)</b> Section 4 of the Operating Plan provides a summary of the BCF. The BCF has been jointly developed with Thurrock Council over the last year and has been taken through the sub-committees of the board, and reviewed in detail at the Finance &amp; Performance Committee.</p> <p>A report highlighting the key issues is attached, together with the final version of Section 75 agreement between the CCG and Thurrock Council.</p> <p>The BCF has been formally ratified by the Health and Wellbeing Board and the</p>

Council's Cabinet. The Board is asked to give its approval in order to enable the creation of the pooled fund with effect from 1st April 2015.

The Investment in Schemes for 2015/16 was detailed to the Board:

In terms of investment, the fund will be used to commission 7 schemes which combined will enable us to transform our service and support to the population aged 65 and over:

- Locality Service Integration - £4,551,113
- Frailty Model - £4,378,980
- Intermediate Care - £5,035,665
- Prevention and Early Intervention - £1,964,509
- Disabled Facilities Grant and Social Care Capital Grant - £845,000
- Care Act Implementation - £522,000
- Payment for Performance - £722,069

Full details of each of the Schemes are contained in the Better Care Fund Plan. It should be noted that contract negotiations have yet to be concluded and so the contract values shown in the Section 75 agreement are provisional.

Dr P Martin asked if the BCF has begun. Mr A Olarinde stated that this formally begins on the 1<sup>st</sup> April 2015. Dr P Martin noted that on page 322 on the binder, this shows measured data from December 2014. Mr A Olarinde stated that the majority of the schemes are already in place, but the BCF will be formally introduced on the 1<sup>st</sup> April 2015.

MS L Buckland asked if we have included audit in discussions and how this is going to fit in with audit requirements. Mr A Olarinde stated that this will be covered in 2015/16 workplans.

Ms L Buckland asked if the CCG Seal is required for the signing of the Section 75 agreement. Mr A Olarinde confirmed that he will establish this and confirm. **Action AO**

Dr R Mohile asked if there was a plan to look at block contracts. Mr A Olarinde stated that block contracts would be looked into in the future. Mr R Harris confirmed that these are national currencies, there have been issues in the past that PBR could not be implemented.

Mr L Green asked if there is an underspend in the pooled fund, who will report this in their financial plans. Mr A Olarinde stated that essentially each organisation will show their own share, but there is an agreement in place to reinvest this back into the pooled fund.

Mr L Green stated that there are concerns regarding the Care Act, has this been risk assessed in respect of cost, Also the council are subject to best value contracts which is different from the CCG, there are concerns that this could be restrictive and lead to cost outweighing quality and patient experience..

Mr R Harris stated that for everything both parties have to be in agreement. The best value is quality and price, not just price.

	The Board Approved the Accountable Officer to sign the Section 75 agreement.
<b>8. Quality</b>	<p>Ms J Foster-Taylor presented the Quality Report to the Board for noting. The following points were noted from the report:</p> <p><b>Alistair Farquharson Centre</b> As the Governing Body is aware due to the shortage of qualified staff a decision was made to temporarily close 8 beds. In December, staffing levels were set against reduced bed numbers. However, where possible the full staffing quota was maintained to allow quality improvement initiatives to be progressed. Further visits to the unit have identified that improvements have been made although there will continue to be monitoring of quality of the service provision. All beds have re-opened.</p> <p><b>Monitor Investigation BTUH</b> It was reported by the Chief Executive at BTUH's Board of Directors Meeting, on 28 January 2015 that the situation with regard to the year-end financial position has continued to worsen. The Trust is now predicting a deficit in the region of £20m at the end of this financial year.</p> <p>It was reported that there were a number of reasons for this, all of which have been discussed with Board members, Governors and staff in recent months. It was recognised that this level of overspend was not sustainable in the long term and therefore the Trust is reviewing what action it needs to take to resolve this going forward.</p> <p>The Monitor report is expected to be shared shortly.</p> <p><b>Safer Staffing</b> <b>Draft for Consultation – Safe staffing for nursing in A&amp;E departments, NICE safe staffing guideline, draft for consultation, 16th January to 12 February 2015.</b> This document was published on Friday 16 January 2015. BTUH has reviewed its staffing levels and confirmed that the current establishment is in alignment with the consultation recommendations.</p> <p>Ms K James confirmed that following a visit to BTUH it was noted that originally there was a notice board in the A&amp;E department that showed the actual staffing scheduled and actual staff on each shift. They have now taken away the scheduled figures for the staff they are meant to have and just show the actual number that are on shift.</p> <p><b>Action JFT</b></p>
<b>9. Implementation of Nurse and Midwifery Revalidation</b>	<p>Ms J Foster-Taylor presented the Implementation of Nurse and Midwifery Revalidation to the Board for noting. The following points were noted from this report:</p> <p>From December 2015 all nurses and midwives registered through the Nursing Midwifery Council (NMC) and intending to practice, will need to provide evidence of continued professional development at the time of re-registering. The NMC have revised the Code and it sets out the new requirements and has produced provisional guidance on how to revalidate, the final version will be published in Autumn 2015. This report explains the process for revalidation and examines the implications for all organisations employing nurses and midwives.</p>



	<p>Dr R Mohile declared an interest as a GP appraiser. Dr R Mohile to discuss GP appraisals at the Quality &amp; Governance Committee. <b>Action RM</b></p> <p>Mr R Harris stated that nursing homes are a significant risk. Ms J Foster-Taylor stated that this is being revisited going forward.</p>
<b>10.</b>	<b>AQP Update</b>
	<p>Ms L Buckland presented the AQP update to the Board.</p> <p>The purpose of this report is to provide a summary of the current position following the recent completion of AQP LES Procurement for 24 Hour BP Monitoring, Anticoagulation, Gonadorelin, Secondary Care Wound Management, Vasectomy Services, Ultrasound and confirm arrangement for Phlebotomy services.</p> <p>The paper will make recommendations regarding the next steps following the review of the current provider market following the AQP process.</p> <p>The Board were requested to:</p> <p><b>LES</b> - CCG to go out to procure all LES's in April and encourage practices to participate in the procurement process.</p> <p><b>Phlebotomy</b> - Extend the contract for the current providers up until 31March 2016</p> <p><b>Community Ultrasound</b> - CCG to monitor the capacity and the activity of the new providers to ascertain undertaking future procurement in the short term.</p> <p>Dr S Das thanked all involved and hard work put in by Mr R Chaudhari.</p> <p>Dr R Mohile declared an interest as an AQP provider.</p> <p>Dr P Martin stated that there are more than likely others carrying out these services that are not being paid to do so.</p> <p>All present approved the recommendations.</p>
<b>11.</b>	<b>Operational Plan</b>
	<p>Ms M Ansell presented the Operational Plan to the Board. It was noted that the presented plan was a refresh from last years plan. The plan was submitted on the 27<sup>th</sup> February, at present we are awaiting feedback prior to the final submission on the 10<sup>th</sup> April 2015.</p> <p>Mr L Green noted an error that the report should always refer to the CRG as the Commissioning Reference Group, and not Commissioning Reference Group.</p> <p>Ms L Buckland stated that bullet one under Engagement and Co-production should state Healthwatch, Council, CVS, Public Health and the CCG.</p> <p>It was discussed for the charts in the plan to be changed to Purple as Red looks negative. <b>Action JJ</b></p> <p>Subject to the above discussed changes the plan was approved.</p>
<b>12.</b>	<b>CEG Update</b>
	<p>The papers for the CEG update were circulated to the Board prior to the meeting.</p>

	There were no questions raised.
<b>13. CRG Update</b>	<p>Mr L Green presented an Update to the Board explaining the format and agenda for the last CRG and attached agreed minutes .He explained that there were no issues to be raised this month that have not already been raised.</p> <p>Ms M Ansell confirmed that she attended a Disability Partnership Board with Ms K James, following this an email was sent to Alison Cowe, NHS England due to the disappointment felt. Alison is the new commissioning lead.</p> <p>Ms K James stated that this has been the case for years and is the situation across the country. There will be a piece of work taking place to review the process. There is also an event on the 30<sup>th</sup> April for LD patients to assist with their fears of attending.</p> <p>Dr P Martin noted that GPs were informed that they couldn't complete these checks without the correct training, and there wasn't enough training offered.</p> <p>Mr L Green stated that this is listed as an agenda item from the last CRG meeting.</p>
<b>14. AOB</b>	<p>Mr L Green informed the Board that he will be retiring from his position as Lay Member in June 2015.</p> <p>Ms K James noted that the contract for the annual servicing for nebulisers was being run by BTUH pharmacy department, this has now been transferred to NELFT. However patients were not informed of this change, and still many are not aware. BTUH also did not keep a list of who had nebulisers. It was discussed for Ms K James to forward to Ms J Joses for circulation.</p> <p>Mr L Green mentioned that the Medicines Management Minutes state that the IFR was to be reviewed by this group, however there is no lay member present. Ms L Buckland stated the issue is that an increased number of Medicines Management issues are being presented to the IFR. Ms M Ansell confirmed that she would discuss with Ms M Tompkins, Head of Medicines Management. <b>Action MAnsell</b></p> <p><i>Action update: Ms M Ansell met with Ms M Tompkins and Dr P Martin on the 25<sup>th</sup> March 2015. It was agreed that any exceptional medicine patients would be discussed in the first instance at any Medicines Management Meetings as Ms M Tompkins and Dr P Martin had the authority to deal with appropriately. If they felt that this needed to be presented to the IFR panel they would send through.</i></p>
<b>Date of Next Meeting</b>	22 <sup>nd</sup> April 2015, 10am, High House, Purfleet