


Commissioning Reference Group  
20<sup>th</sup> January 2015  
The Beehive Grays

<b>Present:</b>	Len Green (LJG)	Chair of the CRG, Lay Member PPI
	Bill Little	Stifford Clays Medical Centre PPG
	Alan Hudson	Stifford Clays Medical Centre PPG
	Tony Davis	East Tilbury & Corringham PPG
	Terry Brown	TOFFS
	K. I. Deex	Primecare PPG
	Bryan Vandeppeer	Thurrock Diabetes UK Group
	Ceri Armstrong (CA)	Thurrock Council
	Chris Hamilton	Stroke Association
	Maureen Cushing	Hassengate Medical Centre
	June Chapman	Chadwell Forum
	S. J. Andrews	Chafford Hundred Medical Centre
	Janice Fawsilt	East Tilbury Medical Centre
	Cheryl Ashton	Agilisys
	Olga Benson	TOFFS
	Mike Riley	Primecare Medical Centre
	Christine Jones	SCOPE
	Mark Tebbs (MT)	Thurrock CCG
	Beata Malinowska (BM)	Thurrock CCG
	Kerry Coker (KC)	IAPT
	Joanne Pitt (JP)	Thurrock Council
	Eve Dymond	TOFFS
	Christine King	East Tilbury Medical Centre
	Alana Stokes	Thurrock CCG

	Georgia Puncher	Thurrock CCG
<b>Apologies:</b>	Kim James	
	Alison Pettit	
	Lenny Orpin	
	Gerry Calder	
	Terry Bradfield	
	Deb Hickey	
	Lita Walpole	
	Jennie Deeks	
	R. Vaiyapuri	
	Susie Nankivell	
	Dr Grewal	
	Graham Tidman	
	Dr Ambikapathy	
	Sue Gray	
	Jon Hammond	

<b>1. Welcome &amp; Apologies</b>	<p>LJG introduced himself to the group as Lay Member and Deputy Chair of Thurrock CCG. LJG asked if there were any conflicts of interest and none were declared.</p> <p>The minutes of the previous meeting were accepted as an accurate record, with the addition of Maureen Cushing to the attendance list.</p> <p>  CRG Minutes  201114.docx</p>
<b>2. Weight Management</b>	<p>Mark Tebbs (MT) was introduced to the group and shared the presentation regarding the procurement of Tier 3 Weight Management. The workstream is being completed on an Essex-wide basis. The clinical criteria for Tier 3 Weight Management are clearly set against the NICE guidelines.</p> <p>The service specification was shared and the procurement process was</p>

clarified. It was noted that the provider event for public engagement will be held in March 2015.

The estimated numbers for obesity in the Thurrock population were discussed to gauge the possible level of use of the Tier 3 services. There has been an interim service provider in place until now. This suggested procurement is for a more permanent service.

Questions –

The group asked if the proposed service would use a GP referral or self-referral system. MT advised that GP referral would be used and he would check if self-referrals could be made.

The group queried if there would be evening access. MT advised that there would.

The More Life scheme was discussed regarding any possible overlap in services but it was noted that there have been issues with the pathway as More Life is group based working and the number of attendees has been too low to be effective.

It was queried whether the service works alongside the current Vitality groups. MT confirmed it does and the intention will be for Tier 3 Weight Management to fit into the current provisions.

LJG requested the information for Healthy Weight be brought back to the meeting.



CRG Jan15.pptx

### **3. Care Act and Better Care Fund**

Ceri Armstrong (CA) was introduced to the group and shared the presentation for the Care Act and Better Care Fund.


#### **Care Act**

A video regarding the Care Act was noted to be available online for information.

Adult safeguarding is a key element of the Care Act and it was also noted that integration features strongly as a theme throughout the Act. The Act also covers provider failure and subsequent contingency arrangements.

The Care Act promotes wellbeing and this is to be included within assessments of need. The aim is to prevent, reduce or delay the development of or the need for care and support.

CA noted another key element of the Act was the recognition of carers as equal to the person they cared for. This included carers being entitled to an

	<p>assessment in their own right.</p> <p>Cheryl Ashton, Thurrock Council shared details for the Information and Advice Portal and gave a demonstration of the proposed website. The site is designed to be user friendly and will have a user guide to show how to get the greatest benefit from the information provided. Feedback will be welcomed once the site is live. The site has been developed to reflect the input of service users as facilitated by TDN (Thurrock Diversity Network).</p> <p>Questions – The group expressed concern over the allocated budget. CA advised that this cannot be changed at this time.</p> <p><b>BCF – Better Care Fund</b> The Better Care Fund was discussed after first reviewing how the money is spent. The seven schemes were outlined for information. These schemes are to be progressed in partnership.</p> <p>Questions – A comment was made regarding the limited expectation for patient care when being treated out of area as this cannot be monitored. CA advised that there is a review of care given with the patient’s GP and information is shared with Thurrock clinicians. MT advised that teams of clinicians review the care packages provided.</p> <p>Additional funding was discussed as it was noted that there are no further monies but the budget has now been pooled as a resource between health and social care which should help to remove duplication and support joint and integrated initiatives.</p> <p>MT advised that hubs are a way of organising services on a smaller scale to identify details of care. There is no new funding but there are new requirements so the BCF will combat duplication by simplifying pathways.</p> <p>Feedback was requested on how the Ockendon Centre hub has progressed with services all being provided in one place.</p> <div style="text-align: center;">         CRG 200115.ppt     </div>
<b>4.</b>	<p><b>Sexual Health</b></p> <p>Joanne Pitt (JP) was introduced to the group and shared a presentation regarding Sexual Health. The use of an Integrated Sexual Health service was advised by national guidance. The aim of the “one stop shop” workstream is to be more accessible to people wanting to use the services.</p> <p>A confidential survey was used rather than a workshop to collect information from service users of what they would like to be able to access.</p>

The service redesign was focused on the migrating population from Barking to Thurrock, CIPFA comparator sites and other horizon scanning exercises to look at the current services offered within other areas similar to ours and neighbouring authorities.

Concerns have been raised that there will be cross charging for out of area patients, by other Providers within other local authorities. The possible charges that may be incurred in Thurrock are being investigated.

JP advised that through surveys of service users, a website was highlighted as the best source of information.

Questions –

It was asked if the Sexual Health service will link with SERICC regarding adult safeguarding and sexual abuse. JP confirmed that the services have met and work together for the benefit patients when required.

Awareness of Female Genital Mutilation concerns was queried. It was answered that Public Health have generic wording within all their service specifications regarding FGM and providers are asked to comply with these specifications for governance.

It was discussed that the Learning Disability community has some issues with sexual health and would benefit from involvement with the Sexual Health service. The availability of contraception and contraceptive was discussed.



141104 NELFT  
Sexual Health Workst

## **5. Therapy For You**

Kerry Coker (KC) was introduced and shared an overview of what the Therapy for You service does.


Therapy for You, are an IAPT compliance service and are partnered with Thurrock Mind. Access is available to anyone registered with a Thurrock GP.

The aim of the service is to change behaviour through therapy and create self-awareness for patients.

KC advised that there is a telephone assessment service for registration, or a face to face appointment if it is necessary for the individual.

The different services offered were reviewed with the group for information, as well a review of the varied availability and flexibility of use. The system is available through GP referral and self-referral.

A flowchart of the patient journey through the available services was shared.

	<p>Questions – The group queried the funding resources of the service. It was advised that funding is provided from Thurrock CCG and the service is currently underutilised. The CRG participants were asked to share information for people to use the service and communicate the benefits of the service.</p> <p>A question was raised of what the maximum number of sessions for Cognitive Behavioural Therapy was. KC confirmed that eight sessions is the maximum as it is time limited. There is a case by case assessment and other services are also recommended that can support an individual if the maximum number of sessions is reached.</p> <p> CRG Presentation.pptx</p>
<b>6.</b>	<b>Walk in Centre Update</b> <p>Beata Malinowska (BM) shared an update on the Walk In Centre and provided a presentation.</p> <p>Links between the WIC and A&amp;E are being investigated and a workstream is on-going to identify who the service users are, when the WIC is used etc.</p> <p>There is engagement and involvement with the community and Thurrock clinicians.</p> <p>Options were discussed of “what is next” in the process. Evidence and data is available to underpin and support any proposed actions.</p> <p>One of the proposals is to decommission the service and reinvest the budget into four separate hubs. There will be an eight week consultation. The proposal has been taken to the HOSC for agreement.</p> <p>There will be three public engagement events held, the first on 11<sup>th</sup> February at Orsett Hall. This will be followed by one in Corringham and one in Grays.</p> <p>Questions – The group asked what service will be provided at the proposed hubs. The WIC is currently open 8-8pm 7 days a week which is a duplication of practice opening times. The proposal to reinvest money into weekend services in the four hubs which will cover the times outside of regular practice hours.</p> <p>The current service users are using the current resources, that are limited already, and up to 30% of patients were attending with infections that are relatively minor and can be treated by a pharmacist. There are also Did Not Attend “DNA” appointment issues within Thurrock.</p> <p>A question was raised regarding transport. BM advised that a travel assessment will be undertaken for any propositions for the chosen option.</p>



Future of the WIC  
-presentation for CRC

**7. AOB. Chair to carry out meeting review and discuss future agenda items.**

LJG asked for a brief update on Phlebotomy staffing to be shared by Maureen Cushing. There has been information provided that there are vulnerabilities within the service to possible staff shortages. It was also noted that Saturday morning appointments are now available but are very popular. The service will be trailing a 7am start.

LJG shared information on a “Walking Football” exercise opportunity and the upcoming dignity event.

An issue was raised with appointments at doctor surgeries regarding multiple needs for older patients rather than discussing an individual issue per appointment. LJG to feed this concern back to GPs.

An update on sharps boxes was shared and LJG advised that there is discussion of GP surgeries receiving sharps boxes where possible.

**Next meeting scheduled:**

19<sup>th</sup> March 2015 – 1pm-3:30pm Beehive Centre.