

Board Meeting, Part 1
24th June 2015
High House Production Park

Present:	Mr L Green	PPI Lay Member, Deputy Chair of the Board
	Ms M Ansell	(Acting) Interim Accountable Officer
	Ms L Buckland	Audit & Governance Lay Member
	Mr R Vine	Practice Manager Board Member
	Dr L Grewal	GP Board Member, Quality Lead and Co-Chair CEG
	Dr P Martin	GP Board Member, Medicines Management Lead
	Dr Nimal-Raj	GP Board Member, Safeguarding Children Lead
	Dr R Arhin	GP Board Member, QIPP Lead
	Dr R Mohile	GP Board Member, Mental Health Lead
	Mr A Olarinde	Chief Finance Officer
	Mr R Harris	Director of Adult Services, Thurrock Council
	Ms C Celentano	Head of Business Support
	Ms G Curtis	Deputy Business Manager, Minutes
In Attendance:	Ms U Pucilowska	Administrator
	Mr M Tebbs	Head of Integrated Commissioning
Apologies:	Dr A Deshpande	Chair of the Board
	Dr V Raja	GP Board Member, Unplanned Care Lead & Co-Chair CEG
	Dr A Bose	GP Board Member, Clinical & Tutor Lead
	Dr A Bansal	GP Board Member, Planned Care Lead
	Dr S Das	Secondary Care Consultant
	Ms J Foster-Taylor	Chief Nurse
	Ms K James	Hhealthwatch

1.	<p>Welcome & Apologies</p> <p>Mr L Green welcomed all to the meeting. Apologies were noted above.</p> <p>Mr L Green asked for any declarations of interest that are not already on the register to be declared. None were declared.</p>
2.	<p>Minutes of the meeting held on 27th May 2015 and Action Log</p> <p>The minutes of the part 1 meeting held on the 27th May 2015 were reviewed and agreed as an accurate account.</p> <p>Action Log: WIC – Ms J Joses to arrange communication of local services within the are. Update – Action Complete</p>
3.	<p>Head of Corporate Governance</p> <p>Ms N Meeks attended the meeting to present the following reports:</p> <ul style="list-style-type: none"> - Policy for Policies - Internal Audit Charter - Annual SIRO - Annual Reports/Self Assessments of Audit and Quality & Governance. <p>Policy for Policies The policy for policies revised template was presented to the Board for agreement. Agreed</p> <p>Internal Audit Charter The internal audit services provides a vital function of providing assurance to the Audit Committee that systems of internal control are robust and this assurance helps to inform the development of the Annual Governance Statement. Mazars Public Sector Internal Audit Ltd provide the CCG Internal Audit Service and annually produce an intern Audit Charter for approval by the Board defining the governance of the Internal Audit function, that sets out the purpose, authority and responsibility of the function in accordance with the UK Public Sector Internal Audot Standards. The Board agreed the paper.</p> <p>Annual SIRO Ms N Meeks presented the Annual SIRO report to the Board for noting. It was noted that this is a positive report.</p> <p>Annual Report/Self Assessments of Audit and Quality & Governance Each year the CCG is required to submit a self-assessment against the Information Governance Toolkit (IGT) as to whether it is meeting the mandatory requirement of Level 2 compliance for Information Governance. It is important that we have robust arrangements in place to keep or information secure and ensure that we are complying with all relevant associated legislation. In addition, we must comply with the IGT in order to maintain our Accredited Safe Haven (ASH) status so that we can view and process patient information under Section 251 arrangements. The report summarieis how we have continued to comply with all necessary requirements and maintain our Level 2 and ASH status for 2014/15.</p> <p>It was noted that Dr L Grewal is the Adult Safeguarding lead and that this needs to be updated in documentation. Action NM</p>
4.	<p>Finance</p>

	<p>Mr A Olarinde presented the month 2 Finance Update to the Board.</p> <p>Mr A Olarinde stated that last year's accounts and annual report have been signed off. These are now available on the CCG's website. It was also detailed that following a number of plan submissions to NHS England we are not assured.</p> <p>Ms L Buckland, last years' accounts, the audit chairs in Essex were unhappy with qualified outcome for NEL CSU. We have written to them for explanation and assurance, they are meeting with Essex audit chairs.</p>
5.	<p>QIPP</p> <p>Dr R Arhin introduced the QIPP update to the Board. Dr R Arhin stated that the last meeting took place on the 11th June, at the meeting we looked at last years' and this years' QIPP schemes and outcomes.</p> <p>Mr M Tebbs presented the formal QIPP paper to the committee. It was noted that the main items of the report to be noted were:</p> <ul style="list-style-type: none">- 2015/16 QIPP planning- Update on the 2015/16 QIPP plan and update on month 1 performance- Key updates within the commissioning portfolio encompassing LES procurement, Mental Health, Whole System Redesign, Planned Care and End of Life <p>The plan contains projects to the value of £7,262,869. The vast majority of projects are now in 'benefits' or 'live'. Only £150k of the QIPP plan is still being programmed. The plan has now been 'locked' and the CCG are focused on mobilisation. All reporting on delivery will be against these baselines.</p> <p>The total budget for LES 2014/15 was £140K. The actual spend was £100,677.00 broken down as follows:</p> <ul style="list-style-type: none">- Wound Care Management - £30,122.00- Anticoagulation - £4,520.90- Phlebotomy - £11,716.80- Vasectomy - £21,210.00- Gonadorelin - £5,670.00- 24 Hour BP - £27,120.00- CVD - £48.00 (No longer a LES)- Minor Injuries - £270.00 (No longer a LES)- AQP Clinical Evaluator - £480.00 to be included in the above spend. <p>The above services have been provided by GP Practices. All providers have signed a Heads of Term Agreement to provide the services until 30th September 2015 unless they were successful in their AQP bid, in which case they will be issued with a contract from 1st April 2015 for 3 years. 11 providers were successful at the last procurement and arrangements are being made with the Contracts Team to issue NHS Standard Contracts.</p> <p>An agreement has been reached for the contract financial envelope with the Provider based on Enhanced Tariff Offer (ETO) therefore inclusion of 2.5% CQUIN. A final draft contract finance clause, which will form part of the main contract, has been sent out to all parties for final agreement.</p> <p>There remain some areas where Commissioners and the Provider have not reached</p>

an agreement. Discussions on de-registration of Westley Ward (inpatient) and Churchview (rehabilitation) are on-going. A special meeting of the respective Chief Finance Officers is scheduled for 19th June to resolve differences. Failing this, the contract will be escalated to AO's and/or third parties for resolution/arbitration.

- Payment by Results Tariff Development - MH Cluster reporting is developing at pace with increasing confidence in the activity information. MH Cluster based reports are now regularly available every month and will form a key part of contract performance management in 2015-16. These include key indicators of Data quality, Activity, Case load and Service Quality. This work has a Super CQUIN wrapped around it and commissioners are collaboratively involved in the developments.
- Dementia Challenging Behavior Wards - Discussions with the other south Essex CCGs continue on the way forward regarding implementation of the service change and payment for patients in the former SEPT two long stay older people's wards. The principle remains that all CCG boards signed up to the original plan to de-register the two wards and for each CCG to pay for their own patients. Vacancies would be used for existing expensive challenging behavior patients placed in the community which would relieve overspends on CHC budgets. An options paper has been developed to support the discussion on way forward.
- Resource Therapy - The CCG served notice on the then Resource Therapy Centre at Grays Hall in October 2014 but resolution on progressing with the decommissioning has not been arrived at since a review of the how the service transformed into First Response and Recovery & Wellbeing teams as part of the SEPT Community Transformation Programme is still being undertaken with a view to concluding by 30/06/15. The CCG will then be in a position to define the decommissioning requirement.
- Improving Access to Psychological Therapies (IAPT) APT - IAPT is not on target to achieve Q1 3.75% Access Target and a Contract Query has been issued to the provider on the back of April data 0.93% against 1.25%. A contract query was issued on 29/05/2015 on the back of the April performance. The first contract management meeting was held on 11/06/2015 and a Remedial Action Plan (RAP) is expected to be in place by 26/06/2015. The Provider indicated it's unlikely they would meet the Q1 target and as previous action plans have not delivered the required impact on trajectory the CCG will be looking to fully apply the appropriate contractual levers. Guidance on this and the timescales will be provided by NEL and the lead MH commissioner has been informed.
- Winterbourne - Of the original 7 individuals identified under the Winterbourne View Remit, Thurrock has 2 patients still under in patient care and plans are in place to facilitate discharge and enable the CCG evidence it's commitment in meeting the mandate under Transforming Care agenda.

Planned Care

MSK - The hub service commenced from 1st April 2015, the new provider and BTUH are working together to resolve some of the legacy backlog. The service provider is also working to put in place key account managers and they will be working closely with locality primary care practices to improve communications and service provision.

Diabetes Network- The network has not set up some of the subgroups which will be looking to improve medicines formulary, develop integrated SystemOne template for 15 Diabetes care pathways, reduce practice variation, and develop a tailor made

educational programme for patients with Type1 and Type 2 diabetes.

Dermatology- Both the local acute and community providers have now signed up to working collaboratively to develop an integrated dermatology model. CCG is working with Basildon and Brentwood CCG to set up a Diabetes network and drive the work forward.

Referral management- The QP plus incentive scheme is now live and implemented from 1st June 2015 for 2015/16 financial year. 2014/15 achievements and 2015/16 targets have been shared with the practices. CCG is working with NELCSU to incorporate referral management data within NELIE software to allow practices to view and analyse their year to date achievements.

Whole system redesign and the Better Care Fund
Integrated commissioning Executive (ICE) – The ICE has been established to oversee the implementation of the Better Care Fund (BCF) schemes and wider system transformation programme. The group are using a similar project management methodology to QIPP. Further updates will be given to the next QIPP CORE once the outline business cases have been drafted.

End of Life Working Group

Mr M Tebbs informed the Board that there has been a change to the End of Life working group, it was confirmed that this has now moved from a South West Essex forum to a separate Thurrock and Basildon & Brentwood forum.

Mr L Green, decommissioning ideas, we need to outline patient engagement and clinical review. Need to involve all correct stakeholders. Mr M Tebbs stated that at the moment we are developing ideas, the paper that will go to QIPP will set out the pros and cons on this and engagement process. This would be a board decision. We need to complete the work but feel less viable.

Dr L Grewal, planned care, concerned as a GP that I do not have information for waiting times etc. We need to make sure we are informing practices and we need regular updates for us to provide to patients. Mr M Tebbs, key account managers should provide feedback to Primary Care.

Mr L Green stated that the QIPP plans are going to the CRG on the 16th July.

Mr R Vine, from the Diabetes network updated, it states integrated S1 templates, but there are practices not on S1, they need informing. EOL work programme, what clinical engagement is there for this group.

Mr M Tebbs noted concerns of S1 templates and will take forward. **Action MTebbs**

Clinical involvement of the End of Life Group, we do require more involvement and this has previously been raised.

Ms J Joses stated that MSK information is provided regularly to GPs and is also present within the bulletins.

Mr L Green stated that there are concerns from Healthwatch and the Voluntary Sector in regard to the BCF as the engagement group has not met recently and there has been no resent update. **Action CC**

	<p>Mr L Green the service redesign group has also not met and also needs updates. They need to be involved. Mr R Harris stated that there is a commissioning executive next week and this will be raised there. Mr R Harris stated that he is also meeting Healthwatch at a meeting tomorrow. We do need to reconvene the group within the next 6 weeks.</p>
6.	<p>Thurrock Council Update</p> <p>Mr R Harris attended the meeting to present the Thurrock Council Update to the board.</p> <p>The following points were noted from the report.</p> <p>Public Health Grant The Council has been informed that the Public Health Grant is to be cut nationally by £200m. This equates to a 7.4% reduction. Whilst it is unclear as to how the cuts will be distributed amongst authorities, if each authority's Grant is reduced by the 7.4% this will be a reduction of £614k to Thurrock's Public Health budget. This is the first time there has been a reduction to a ring-fenced grant part way through the financial year.</p> <p>Public Health England will be consulting over this cut is to be applied – either the same percentage for everyone or a weighted cut depending on how far you are away from your capitation target. Thurrock is close to its weighted target so either way may not make much difference.</p> <p>The reduction will be applied this year and the Council is in the process of identifying which parts of the Public Health budget are to be cut and the impact of those cuts. Needless to say this came out of the blue and is very unwelcome, we have already signed nearly all of our contracts and are part way through the financial year.</p> <p>Whilst not confirmed, the reduction is likely to be recurrent. We will liaise with officers of the CCG over how this reduction is to be made.</p> <p>Council – Post Election Changes National and local elections took place on the 7th May 2015. Whilst Thurrock's MPs remain the same (Jackie Doyle-Price - Conservative, and Stephen Metcalfe – Conservative), there have been some changes locally.</p> <p>Council prior to 7th May: Labour = 23 Conservative = 18 UKIP = 6 Independent = 2</p> <p>Council post 7th May: Labour = 18 Conservative = 17 UKIP = 13 Independent = 1</p> <p>At the full Council meeting in May, the Labour Group retained the administration. Councillor John Kent remains Leader of the Council, with Councillor Barbara Rice remaining as Portfolio Holder for Adult Social Care and Health and Chair of the Health and Well-Being Board. The Chair of the Health and Wellbeing Overview and Scrutiny has been confirmed as Councillor Graham Snell (UKIP).</p>

Interim Chief Executive

The Council's Chief Executive, Graham Farrent, left his post at the end of May. Whilst the process to recruit a new Chief Executive takes place, interim arrangements have been put in place. David Bull, Director of Planning and Transportation, will be the Council's interim Chief Executive until a permanent replacement is appointed.

It is hoped that a new Chief Executive will be appointed by July.

Health and Wellbeing Board

The Health and Wellbeing Board met on the 15th June. It was an extremely full agenda as the Board had not met since March.

Key items on the agenda included:

- Cuts to the Public Health Grant
- NHS Success Regime
- Special focus on Mental Health Services
- Air Pollution in Thurrock
- Successful retendering of the CAMHS service
- Tobacco Control Strategy

The Board will have an 'item in focus' at each of its meetings. This allows a greater amount of time for discussion on a particular item of importance. At the next meeting, the 'item in focus' is Basildon Hospital.

Membership of the HWB Board: At the meeting, the Board made the decision to add the three key NHS providers (NELFT, SEPT, BTUH), CCG Executive Nurse, and Thurrock CVS as members of the Board. A paper will now go to Council for agreement.

Len Green has been a valuable member of the HWEB Board over the past two years and we are aware that Len is leaving. We are looking forward to his replacement being identified.

Budget Update

In addition to needing to find in-year reductions to the Public Health Grant, Adult Social Care is required to identify an additional £500k of in-year savings to contribute to the Council's target as other savings have not been delivered.

Finding an additional £500k in-year will be extremely challenging – particularly in the context of the growing demand pressures that Adult Social Care faces. This includes high cost areas such as autism, learning disabilities, and dementia.

We have identified a number of potential options for delivering the £500k – none of the options are without risk and many will be subject to consultation. The final decision will be taken by Cabinet.

Current options being considered include:

- Review of Older People's Day Services;
- Deleting five social worker posts.
- Reviewing charging for Adult Social Care services.
- Stopping Saturday and Sunday working by the BTUH hospital social worker team.
- No longer paying for items of equipment under £ 50. Service users will be expected to pay for these themselves.
- Reviewing our existing Extra Care schemes.

	<p>We are also in the process of developing a transformation programme which will existing of a number of different projects looking at areas such as: Outsourcing of services and functions; Integration of Commissioning (including within the Council); and Integrated access for adult social care and health.</p> <p>The focus of the programme will be on driving efficiencies and sustainability whilst maintaining quality levels.</p> <p>Domiciliary care: I have reported on a number of occasions the difficulties we are facing with dom care. We pay £ 13.00 ph to all of our existing main providers – John Stanley; TLC; Sanctuary. This is a fixed price for the four years of the contract. Our providers are finding this difficult – they have recruitment problems and the people being referred to them have higher and higher needs.</p> <p>As a result we are having a fundamental review of our dom care service and are considering a re-procurement. I think it would be useful to have a CCG rep on that group.</p> <p>Success Regime Whilst it is likely that the NHS Success Regime will focus on the five hospitals in Essex, any solutions are likely to require a whole system response. The Council, and Health and Wellbeing Board, have expressed a desire to be involved in the process (once the process is known).</p> <p>Questions Dr L Grewal stated that risks for Council to be on CCG risk register – Action NM</p> <p>Mr A Olarinde as in which areas are the social worker posts being lost from. Mr R Harris stated that there will be no redundancy as these are vacant posts. This is likely to be from Long Term Conditions, Grays Hall, and one from each locality.</p> <p>Mr A Olarinde stated that this is an area of concern, including weekend hospital cover. Mr R Harris stated that demand has been light for weekend social worker cover and this would be covered through out of hours service as opposed to a designated social worker team.</p> <p>Ms M Ansell stated that this could be a risk to this organisation.</p> <p>Dr R Mohile stated that street triage programme did give us savings, this could give us cost pressures.</p> <p>Mr R Vine stated that we need to look at working close together and the savings from one compared to the other.</p>
<p>6.</p>	<p>CEG</p>
	<p>Dr L Grewal presented the update from the CEG meeting to the Board.</p> <p>The members approved the previous minutes. Nigel Kee (BTUH COO) attended the meeting and presented the plans to improve patient care at the hospital. The hospital is looking at various pathways to improve emergency and elective care and mentioned about Front / Back Door work being undertaken. Steps are being taken to address the</p>

	<p>diagnosis codes on A&E discharge letters and for admission of emergency patients directly on to the medical and surgical wards following a referral from a GP. The role of medical secretaries is being transformed into 'Patient Pathway Navigators' and this should improve patient care and communications. Changes are being made to outpatient pharmacy and Boots will be providing onsite outpatient prescription services in the near future. Pathways of care were being modified and these would be shared with GP's.</p> <p>Mr A Olarinde (Chief Finance Officer) updated the members on last years' finance and also the funding for GP IT services.</p> <p>The members requested feedback on concerns that are raised during the meetings. The members were given a verbal update on the development of the hubs.</p>
7.	<p>CRG</p> <p>Mr L Green presented the CRG update to the Board, it was noted that the last meeting took place on the 14th May 2015, at this meeting the following was discussed:</p> <ul style="list-style-type: none"> - Pathology first - MSK BTUH Partnership with Connect - Update on Thurrock Hubs - Service Restriction Policy <p>This was a good meeting with no concerns raised.</p> <p>It was confirmed that issues with sharps boxes has now been resolved.</p> <p>The next CRG meeting will be held on the 16th July.</p>
8.	<p>AOB</p> <p>Mr L Green stated that it has been a pleasure to work with all. All really helpful. I have seen the CCG change and develop into a first class group.</p> <p>Ms M Ansell extend our thanks to Len for the work he has done, acknowledgment nationally with communication with the community and engagement. Len worked hard within the organisation and these are difficult shoes to fill. In the short term Ms L Buckland will be covering this role.</p> <p>Good luck to Len, all the best for the future.</p> <p>Ms M Ansell updated the Board that Ms L Buckalnd has been appointed Deputy Chair of the Board from the 1st July.</p>
<p>Date of Next Meeting</p>	
<p>22nd July 2015, Seminar Meeting, 10.00am, High House Production Park</p>	