Working together for better health and care

NHS Thurrock Clinical Commissioning Group

Board Meeting Part 1
26th August 2015
High House Production Park

Present:	Dr A Deshpande (AD)	Chair of the Board
	Ms L Buckland (LB)	Lay Member, Deputy Chair of the Board
	Ms M Ansell (MA)	(Acting) Interim Accountable Officer
	Ms J Foster-Taylor (JFT)	Chief Nurse
	Mr A Olarinde (AO)	Chief Finance Officer
	Dr A Bose (AB)	GP Board Member, Clinical & Tutor Lead
	Dr V Raja (VR)	GP Board Member, Unplanned Care Lead & Co-Chair CEG
	Dr R Arhin (RA)	GP Board Member, QIPP Lead
	Dr Nimal-Raj (NR)	GP Board Member, Safeguarding Children's Lead
	Dr A Bansal (Aba)	GP Board Member, Planned Care Lead
	Dr R Mohile (RM)	GP Board Member, Mental Health Lead
	Mr R Vine (RV)	Practice Manager Board Member
	Mr R Harris (RH)	Director of Adult Services, Thurrock Council
	Ms K James (KJ)	Healthwatch
	Ms C Celentano (CC)	Head of Business Support
	Ms G Curtis (GC)	Deputy Business Manager, Minutes
In Attendance:	Mr M Evans (ME)	Administrator, Observation
	Mr I Wake (IW)	Director of Public Health, Thurrock Council
	Mr M Tebbs (MT)	Head of Integrated Commissioning
	Ms J Itangata (JI)	Mental Health Commissioner
	Ms N Meeks (NM)	Head of Corporate Governance
	Mr P Clark (PC)	Commissioning Manager
	Dr D Saud (DS)	Member of the Public
	Mr P Rimmer (PR)	Member of the Public
	Ms A Ord (AO)	Member of the Public

	Mr S Ord (SOr)	Member of the Public
	Ms S Cowell (SC)	Member of the Public
	Ms H Glover (HG)	Member of the Public
	A Lincoln(AL)	Member of the Public
	J Lund (JL)	Member of the Public
Apologies:	Dr L Grewal (LG)	GP Board Member, Quality Lead

1.	**Welcome & Apologies**
	AD welcomes all to the meeting. The apologies were noted above. AD asked if there were any declarations of interest that were not already on the register, none were declared. AD welcomed the members of the public to the meeting. It was confirmed that following the review of the minutes, item 6 will be taken.
2.	**Minutes of the meeting held on 24th June 2015**
	The minutes of the previous meeting held on the 24th June 2015 were reviewed by the Board and agreed as an accurate account.
3.	**Quality**
	Coach House JFT introduced herself to members of the public in attendance to oppose the recent proposed closure of Coach House by Family Mosaic. JFT provided the Board with background information, outlining Coach House is a 13-bedded Nursing Home, situated in Grays. The Coach House provides nursing home care for individuals with a severe physical disability and/or acquired brain injury, for adults from the age of 18 years. Three Clinical Commissioning Groups (CCGs) within south Essex currently utilise Coach House to fulfil Continuing Healthcare (CHC) packages as follows: • NHS Basildon & Brentwood CCG: 2 CHC Clients • NHS Castle Point & Rochford CCG: 2 CHC Clients • NHS Thurrock CCG 7 CHC Clients • Independently Funded 1 Client • Bed Vacancy 1 On 16th June 2015 Family Mosaic provided the three CCGs, who have existing commissioned CHC packages at Coach House, with written notification of their intention to end the service they provide at Coach House. This indication of closure followed the three CCGs outlining they could not justify the blanket 40% uplift in costs presented by Family Mosaic; this presented the CCGs with an additional cost pressure in excess of £250k per annum. During these discussions Family Mosaic made it clear they would continue to experience operational sustainability challenges moving forward due to the size of the site. The CCGs declined the uplift demand based on the knowledge that other similar providers are able to deliver to this profile of client within the existing financial envelope Family Mosaic currently receives. Shortly after presenting the CCGs with their written intention to close Coach House, Family Mosaic entered a consultation period with the clients and families involved; with a consultation end date of Friday 14th August 2015. The consultation end date was subsequently extended

until the 28th August 2015.

KJ, from Healthwatch, introduced herself stating the residence and associated family members of Coach House were distressed and had appointed her as their representative for the Board meeting. Coach House residence and families had prepared a written statement they would share with the CCG, together with questions they would like to pose to the Board.

KJ outlined Healthwatch had invested time with the families, ensuring each had the appropriate support to ensure their voices were heard; including the appointment of PohWER for advocacy.

KJ expressed that residence and their families were at risk of being caught in the middle of a 'business-decision' and outlined that this is not just a business decision with vulnerable people involved. KJ outlined that Family Mosaic needed to exhaust all alternative options before closure of Coach House was considered. It was stated that if another organisation was to take over, this would be the responsibility of Family Mosaic to arrange; as the current Provider of service. Many of the patients have lived together for many years; becoming a family unit. KJ stated closure of Coach House would risk the continuation of established relationships and that there was a need to do right for the people concerned.

A Member of the Public stated that we are in the middle there has been no communication to the patients and their families. We feel like commodities.

JFT stated that on behalf of Thurrock CCG, we do not feel that you are commodities. JFT detailed that she is a nurse and she feels their pain. We are still in a period of consultation and we have not been made aware of any final decision at this stage. As a CCG we have a duty of care, we have asked for the Continuing Health Care Team to carry out reviews for all of our patients to look at their care plans. The CCG will look to see if there are alternative options that could meet or improve the needs of each resident. We may be able to find care homes closer to family members. My concern as Thurrock CCG is for our resident. Once we have received a response following the consultation, we will visit the Coach House to carry out assessments and speak to the patients and family. Until we have this information we cannot take this forward.

- A member of the public, sister to one of the Coach House residents, stated that a nurse from Arden GEM had attended to complete the assessments and during assessment had stated there was not another home in the area that could accommodate her sister's needs. It was stressed that Coach House was her sister's home; with her three children and grandchildren considering this as her home. The cost for community living would be more expensive.

  JFT stated that this is not cost driven, we will review every option for each patient, though would be premature until the closure of the consultation.

- A member of the public stated: Family Mosaic wants a new building and they want funding to carry this out. It is not just a building this is a home and a community. It was stated that the patients and families have not been involved in the conversations.

  JFT stated that we have a commitment to the family, once we know the outcome of the consultation JFT will attend the Coach House with the Healthwatch Representative to discuss next steps. The piece of work that is being carried out by the Continuing Health Care Team is to undertake a clinical review of each resident's needs. If this is not safe then we will need to have further conversations. Family Mosaic have not approached the CCG regarding funding for a new building. As a CCG we want to be honest and transparent.

- A member of the public stated that this is a community, they all live together, this is their lives!

JFT stated that she has visited the Coach House and experienced the feel of community it has. The Member of the Public stated that this is going to the broken up. JFT noted that this is something that we need to discuss with the Coach House.

- A member of the public stated that they are under the impression that this is purely a financially driven decision.

  JFT stated that there are other issues including the recruitment of permanent nursing staff that make the model expensive as agency staff are required.

- A member of the public asked if there is another provider that could come in and take over the home.

  JFT stated that we can ask the question regarding an alternative provider though it is not within the CCG's gift as CCG's are not Providers.

- A member of the public asked if the residents can take the home over.

  JFT stated that this could potentially be worth exploring though it would need to be a non-profit organisation and would need to be registered with the CQC. This would effectively see the residents becoming a shared-Provider.

- A member of the public stated that there are charitable organisations that can make donations for financial uplift. We have reviewed the charter and this states that care home shouldn't close for financial reasons.

  JFT stated that she would share this offer with Family Mosaic.

The Board commended members of the public for the way they had presented themselves and would commit to ensuring the best possible outcome was achieved for all.

Members of the Public from the Coach House left the meeting at 10.57am

KJ thanked everyone. She reassured that they are aware of the distress of the families and are acting as the advocates for these people. The Representative for Healthwatch also reassured the Board that independent advocates are meeting with the families to ensure that the correct decisions are being made.

MA asked what the quality of communication from the Coach House has been. The Representative for Healthwatch stated that this has not been good, this is one of the biggest concerns. We have tried to work with the Coach House, however they do not want to talk to the residents. They are not being open, honest or upfront.

RH stated that he has concern with Family Mosaic with their care and support arm. They have had a recent change. It was stated that their accounting situation is healthy. The council is trying to close a property in Dean Road, this is proving difficult.

NR stated that the patients have an expectation to live together as they have done for 20 years. This needs to be looked at as an expectation under the law.

KJ stated that she understands the situation; the patients have the right to have a voice. RH stated that a separate discussion is needed regarding Family Mosaic.

	Ambulance EEAST JFT updated the Board that the Deputy Chief Nurse is the lead for all 7 CCGs for the EEAST contract. We have good insight on this contract and there is a lot of work happening. We now have a better understanding of the service including Serious Incidents. JFT stated that a report is presented monthly to the Quality & Patient Safety Committee. These reports will be distributed to the Board monthly and the Quality & Patient Safety Committee review compliance. AD noted that the service is improving. JFT stated that there is still work to take place.
4.	**Quality Report**
	JFT presented the Quality Report to the Board. With regard to BTUH this is a good report from the CQC, we are yet to receive the formal report, but there may be areas for improvement around staffing, safer management of medication. JFT that the CQC report for Queens Hospital states that they require improvements. They are now in special measure and they will be reviewed. They are being 'buddied' up with a hospital of excellence in Seattle.
5.	**Head of Corporate Governance**
	NM presented a review of committee arrangements to the Board. It was explained that at the Audit Committee and Quality & Governance Committee the areas that are covered result in a number of governance issues that are not reviewed by either committee. There are also a few items that were presented to the Quality & Governance Committee that caused a strain to the agenda. Following this review it was decided to create an Integrated Governance Group to ensure that all areas of governance are covered. NM stated that she is asking for the approval of the Board for this new group. This group will be responsible to the Audit Committee. NM also stated that the name of the Quality & Governance Group is to be changed to the Quality & Patient Safety Committee. NM bought to the attention of the Board that the Integrated Governance Group would not be an official committee. The Terms of Reference for the Audit Committee and Quality & Patient Safety Committee are within the Board papers. It was stated that the Director of Public Health is to be added to the Quality & Patient Safety Committee Terms of Reference. The Secondary Care Consultant noted that the Terms of Reference for the Quality & Patient Safety Committee quorum states that at least 4 committee members need to be present, should it also state that at least 1 of these members is to be clinical. The Secondary Care Consultant also raised that at the Finance & Performance Committee it was noted that the performance report will not be looked at as frequently at the Quality & Patient Safety Committee. The Chief Finance Officer stated that he expects for it to be reviewed in detailed at the Quality & Patient Safety Committee and to be presented to the Finance & Performance Committee for information. With the new proposal there is a gap with regard to the review of this report. It is important that the board are sighted on this and not just sub-committees. JFT stated that they good thing about stripping out the governance from the committee is that we can do more justice to the performance reports. They way in which the reports are written will be changed to incorporate this. The Director of Public Health stated that this was in place at Basildon & Brentwood CCG and worked well.

The Secondary Care Consultant noted that on point 6 of the Terms of Reference, is this still part of the committee. NM confirmed that this is still part of the committee, she also confirmed that she is working with the Head of Performance and way in which the performance data is reported.

The Lay Member & Deputy Chair of the Board thanked NM for this piece of work. It was confirmed that this has been discussed with the auditors, we have their support and they are pleased with this piece of work.

It was noted that the front sheet for this report was completed correctly.

All present at this time approved the proposal.

Risk Management
NM presented the Risk Management to the Board. It was confirmed that this has been shared with Audit Committee member. It was also detailed that this was distributed to the Board members late, therefore members may not have had adequate time to review this. It was asked for members to respond with any comments to the Head of Business Support within 1 week so that this can be approved virtually.

NM detailed that on page 10 of the document, item 4.10, we are proposing a change to make this clear that member practices have a responsibility to manage their own risks and if there is an impact they are to inform the CCG of this. It was noted that if no comments are received within 1 week then it will be assumed that there are no comments and this will be taken as agreement.

Board Assurance Framework
NM shared the new Board Assurance Framework with the Board. It was detailed that on the front page this shows the risk profile and where the risks sit. The assurance framework has been extended and there is now more information.

It was confirmed that at each committee, each month there will be a standing item for strategic risks.

NM confirmed that the Council's Budgetary issues and the Coach House have been added to the risk register.

NM asked if members were satisfied with the new format of the document and asked for any questions.

AD asked why Primary Care is a risk. NM stated that this is due to capacity issues, the issues in Tilbury, SEEDS and the CQC. The Secondary Care Consultant asked if this was a risk for the CCG as Primary Care is accountable to NHS England. It was stated that this is not who is accountable, this relates to who this impacts.

JFT stated that this has been presented to the Quality & Governance Committee, the committee likes the report and stated that they feel it is user friendly. The Lay Member & Deputy Chair confirmed that the Audit Committee also had the same feelings.

Emergency Planning Risk Register
NM stated that there are different areas that we have to complete. Within the Board papers there is a self-assessment and report. These were prepared by Jackie King. The EPRR service is hosted by Mid-Essex CCG. It was detailed that there are some areas that are amber, there are actions plans in place for these. NM confirmed that she has met with Jackie King regarding these action plans and confirmed that she is satisfied that these are being taken forward. NM asked the Board for ratification.

LB asked who is the Head of Reliance. NM confirmed that the post is held by Jackie King.

SD stated that she is concerned that everything on the chart is amber, where some of these are likely to actually be red. She stated that amber does not focus the mind, whereas red focuses the mind more. The Head of Corporate Governance stated that there are no red actions. The (Acting) Interim Accountable Officer stated that these are not red or green, updates will be required and presented to the Board. NM stated that she is confident that the action log is in place to turn these green.

NM stated that the self-assessment that is included within the papers was mostly green. The SD stated that this is a self-assessment and this is mainly green? MA stated that the self-assessment was carried out by an expert. NM stated that it has been suggested that she gets more involved, but she is assured with the process thus far. MA noted that we are a category 2 responder, not category 1. We seek assurance from those we employ.

AO stated that within the action plan, all timescales except 1 are set for March 2016. We need assurance that the action is taking place and request an update for December 2015.

Conflicts of Interest
NM noted that Dame Barbara Hakin has written to all CCGs following an article in the Telegraph. The letter was asking all Accountable Officers for specific assurance that there is a robust conflicts of interest process in place. NM carried out a detailed review of the conflicts of interest arrangements and we are satisfied that we meet the areas detailed within the report. We have all the detail required within other policies. To strengthen this we will be creating a Standards of Business Contracts Policy. It was also confirmed that we are reviewing the conflicts of interest register. We will also be reviewing GPs being influenced and how a GP Board Member can make a conflicting decision.

MA asked for Mr A Pike and Mr A Macintyre from NHS England to be copied into this.

All those present agreed with the paper presented.

6. Finance

AO detailed that he assumed that all had read the papers within the pack.

11.45am GP Board Member, Planned Care Lead left the meeting.

Finance Month 4 report.
AO presented the papers from the pack sent to the Board. The following items were detailed from the report:
KPIs
The delivery surplus and forecast outturn for the end of the year are at £2.9million planned, £1.9million of this was already delivered last year and at present we are on track for the remainder. At the end of the year we envisage a small pressure, this is being offset by a slight reduction in the running costs budget. KPI 3 measures against the running costs budget, within a 5 year planning period, year 2 there will be a 10% reduction and 5% thereafter.

KPI for QIPP Performance - There will be a detailed QIPP paper within the relevant agenda item. Reporting under performance, the Chief Finance Officer clarified that there are 2 data sources and these have a 2 month lag, this is typically for acute and prescribing. The QIPP report makes no assumptions. The report is to be submitted to NHS England at the end of the month. Within this we do have to make assumptions for the time lag, taking into account the previous track record.

It was indicated that there is a change in budgetary allocation. It was noted that there is an additional allocation for GP IT of £100k non-recurrent. This budget has been reduced. Fair share allocation has been previously discussed. For next year the main stream budget will be

£434??.

AO detailed that the BTUH contract is due to overspend by £823k this year. It was also updated that there is now additional capacity within the Finance Team and the Performance Team.

AO stated that there is an element of a deep dive being carried out, we receive a detailed contract report from the CSU, but going forward we will be providing a brief overview within the finance report. This is due to commercially confident information. The detailed report is shared and reviewed by the Finance & Performance Committee.

AO flagged the risks within the financial position, this includes acute over performance and continuing health care cases. However we are on track to deliver target. However, if we do need to make an investment into the Coach House we would be reporting this as a risk. It was noted that the Quality for patient is the most important.

AO detailed that the team are evolving the report going forward, this will include appendix to the report for further information.

AO stated that there is a target of the amount of cash that the CCG should have as cash flow. Cash flow management and the commentary will be added to the report going forward.

AO asked the Board for any comments regarding the new layout of the report.

IW commented that giving the Essex in general financial crisis, the continuing health care variance of 203, are these being addresses by the Arden GEM nurses. JFT stated that this variance is being addressed by Arden GEM, it was also confirmed that monthly contract meetings are in place to ensure more assurance. There is still more work to be completed, including timely reviews. JFT also stated that the contract with Arden GEM is still to be signed, this will not happen until there are the correct controls in place. It was also confirmed that the Head of Financial Management also sits on this meeting to discuss the financial activity. The Director of Public Health offered Public Health assistance if this could be of any help.

NR asked if Arden GEM are completing this on their own system or a standardised system of continuing health care. JFT stated that they have their own system. It was also stated that there are only 4 patients under personal health budgets. AO stated that there is a framework in place for personal health budget cases, clinicians have to review these prior to making decisions. JFT stated that all 3 packages of care are based on need. JFT also confirmed that she is challenges areas with Arden GEM, this includes their reporting. AO stated that there are normal cases and retrospective cases, the financial liability for retrospectives cases were in place when there were PCTs, this has now moved to NHS England. We provide a report on these cases monthly, reviews are in place to look at these cases and who is responsible for them. The timeline for this to be completed in September 2016. We have requested assurance that this will be completed. Deep dive sessions are also taking place for further assurance.

MA stated that the Board needs to be concerned with the reduction of 25%. AO spoke about managing flexibilities, we need to ask for some modelling and how the potential is optimised over the coming years. There is a downward trajectory in funding and upward trajectory in workload. This is a high risk.

AO added that for this year we had to refresh the 2 year plan, we are now being asked for the refresh of the 5 year plan. The submission is due by the end of next week. We have been asked to factor in an uplift of 1.7, 1.8 and 1.9 in the respective years. In terms of tariff deflator we have been asked to factor in 2% each year, with a 5% reduction over the remaining 3 years. We already know our allocation, the gap is to be covered by QIPP. An update on this will be presented at the next Board meeting.

RM stated that at an MDT meeting it was noted that BTUH are fast tracking patients into homes

	and then the continuing health care team to carry out a review. JFT stated that we are monitoring the about of fast tracks. The Director of Public Health stated that there was evidence at Basildon & Brentwood CCG that BTUH were using rapid discharge. BTUH staff are not used to denying services to patients. JFT to look at bed modelling, with the possibility of step down beds and then for a review to take place after 6 weeks to ensure that the correct package of care is in place.
7.	**QIPP**
	MT attended the meeting to provide the QIPP update. AO explained that there are a number of difference in the 2 papers. It was explained that going forward the papers will be in line for reporting. We will be focusing on schemes. MT stated that this is reviewed in fine detail at the QIPP Committee. The report largely relates to referral management schemes. MT stated that the continuing health care year to date variance is due to acquired brain injury patients, this will cause slippage in the plan. The is under performance of variance in Mental Health on Estuary Housing, at present we do not have any patients in Estuary Housing and we are no longer part of the risk share agreement. Within Medicines Management there is a list of additional schemes following the turnaround meetings, however this is a lot of SIP instead of QIPP. MT stated that there is a plan in pace to cover the back fill of the Planned Care Commissioning role. ***The Director of Adult Services left the meeting at 12.21pm*** Children & Young People, we have been in discussion for some time regarding ADHD for 11+ year children, all assessments are not complete, this will mean that children can be managed within existing services. Children & Young People hands mobilisation is progressing well and the contracts are in place for signing. Mobilisation is on track for November. It was updated that the Mental Health Practice Care Concordant is to continue over the next year.
8.	**Thurrock Council Update**
	IW provided the Thurrock Council update to the Board. The following points were noted from the report. Public Health Grant, this is a consultation from the Department of Health on how they should make cuts and how they can communicate this with us and make this less painful for the council. There are 4 options, these include applying for 6.2% to all and looking at the fair share formula. Thurrock Council is currently underfunded and this is likely to be carried forward to 2030. Our favoured option is the fair share option. We have responded to our local MP following a letter complaining about the cuts that are in place. IW updated that Social Care within the Council is in crisis. We have to make a further half a million in savings. At present we are in consultation and have requested response from all. It was also updated that the new Chief Executive Officer for the Council starts in October. IW Updated with regard to the Better Care Fund, we are required to complete aw quarter 1 plan by the end of this week. At present there is no further details, but we think that this will continue into next year. JFT stated that we also need to take into account the national living wage.

	SD asked regarding the savings options for Public Health and weight management initiatives. Stopping any Public Health Services that have short term benefits with long term costs. JFT stated that there has been a letter written regarding the knock on effects of this. The Director of Public Health stated that with Public Health staffing costs, we are one of the leanest departments. We need to increase our budget. LB requested for an update to be presented to the Board once this is available. NR stated that Thurrock Patients die earlier that Basildon & Brentwood Patients. Looking at the mortality rates, 5 years on our numbers have not changed. How do we go about changing this. The Director of Public Health stated that there is a gap in Thurrock, we have no focus in the downstream. We are looking at a detailed strategy, we carried this exercise out at Basildon & Brentwood CCG with some success.
9.	**CG Update**
	VR provided an update with relation to the Clinical Engagement Group. It was detailed that at the last meeting there was an update on the commissioning target and QIPP targets and how we are going to achieve these. The anti-coagulation pathways were also discussed, along with AQPs, the weekend hubs. It was stated that the weekend hubs will be a standing item on the agenda. Members were also advised to increase the uptake of Mental Health Services.
10.	**CRG Update**
	LB provided the Board with an update regarding the Commissioning Reference Group. LB has been covering this meeting following the departure of the Lay Member & PPI Lead. LB of the Board and AD attended the last meeting. It was stated that this was a poorly attended meeting. We need to review the type of meeting we hold and the content discussed. These discussions will be taking place with the aid of the Healthwatch Representative. LB thanked the Healthwatch Representative for volunteering to chair the next meeting on the 17th September. We will be asking members of the group what their expectations are. This group is important and we need to get this right. However we do not want to make too many changes until the new Lay Member is in place. The key issues that were discussed included the Coach House. AD asked if there were any solutions with regard to patient transport. The Head of Integrated Commissioning stated that there is a procurement on-going for this services. This is an issue but Southend CCG is leading on this piece of work. We may need a dedicated resource to take this forward. LB stated that Basildon & Brentwood CCG have sent out their policy for consultation. **Action Lay Member & Deputy Chair of the Board and Head of Integrated Commissioning to take this forward.**
11.	**AOB**
	None
Date of Next Meeting	
18th October 2015, 9.30am, High House Production Park	