

**Clinical Reference Group**
**19<sup>th</sup> November 2013**
**The Beehive Grays**

<b>Present:</b>	Ceri Armstrong	Thurrock Council
	Jessica Parr	Thurrock CCG
	Joy Joses	Thurrock CCG
	Joan Van De Peer	Diabetes Thurrock Group/PPG
	Bryan Van De Peer	Diabetes Thurrock Group/PPG
	Olga Benson	PPG, TOFF
	Jennie Deeks	Basildon Hospital
	Dr L Grewal	GP, Thurrock CCG
	Mike Riley	Healthwatch Thurrock/PPG
	Chris Ludlow	TCIL and PPG Horndon
	Maureen Cushing	Hassengate PPG
	Peter Woodcock	Hassengate PPG
	Tracey Bridger	East Thurrock Rd MC PPG
	Lorna King	Stifford Clays PPG
	William Little	Stifford Clays PPG
	Yash Gupta	Councillor/HOSC Chair
	Terry Bradford	Chadwell PPG
	Christine Ludlow	Hornden on the Hill PPG
<b>Apologies:</b>	S Cleall	
	S Gray	
	A Pettit	
	J Sparrowham	
	R Sweeting	
	L Barber	

<b>1.</b>	<b>Welcome &amp; Apologies</b>
	<p>LJG welcomed everybody to the meeting. Apologies were given as above.</p> <p>Conflicts of Interest – None relevant to Agenda</p>
<b>2.</b>	<b>Minutes of the meeting held on September and Action Log</b>
	<p>LJG noted that the minutes have been previously circulated for review. Terry Bradford pointed out that his name was not on the previous minutes, otherwise they were agreed as an accurate record.</p>

	<p><b>Action: JP to amend previous minutes</b></p>
<p><b>3.</b></p>	<p><b>Thurrock CCG and Council Integration Planning</b></p> <p>Ceri Armstrong introduced herself to the group and gave a presentation on Health and Social Care Integration. CA explained that the purpose of her being here is to give a brief overview of current moves locally and nationally about bringing health services together.</p> <p>CA reported that in May this year the government announced that it intended to bring together care and support by 2018 and a number of areas are now testing this out. CA confirmed that the Government have announced an Integration Transformation Fund to get this going.</p> <p>Details of why to integrate were discussed, reasons being that current models aren't sustainable and they won't be able to continue providing services the way things are currently going. CA described that this is an opportunity to do something very different – maybe looking at housing as its not just health and social care its health and wellbeing as well.</p> <p>CA advised that the Integration Transformation Fund is £3.8 billion across the system although it is not new money. Also for 2014/2015 £200 million is to be injected into system nationally, Thurrock Council are still to find out what proportion of that fund they will receive.</p> <p>CA emphasised that this is a truly joint piece of work from the Council and the CCG. Patients and public being an integral part of the process.</p> <p>CA informed the group that to drive the task forward a project board will be set up, with Mandy Ansell included. Also four working groups will be formed.</p> <p>CA listed some conditions that the LA have to meet in terms of spending the money;</p> <ul style="list-style-type: none"> <li>- 7 day working</li> <li>- Better data sharing</li> <li>- Protection for adult social care services</li> <li>- Starting to develop a joint approach to assessments and care planning.</li> </ul> <p>CA reported key deadlines the LA have to meet. This includes a plan to be drafted by 15 February 2014. This plan will not be set in stone but will demonstrate plans for 2014/2015 and what the LA want to explore going forward. This requires sign off by the Health and Wellbeing Board plus the CCG Board and Council Cabinet.</p> <p>Finally to explain what integration looks like CA presented a video from the King's Fund (joint up care Sams Story).</p> <p>LG questioned what the new scheme adds to what is already happening at the moment? CA confirmed that's what we need to sit down and start thinking about. LJJ added that it is including housing etc , which means looking at the bigger picture.</p>
<p><b>4.</b></p>	<p><b>A Presentation of the Rapid Response Assessment Service</b></p>
	<p>Tania Sitch (Service Manager from Adult Social Care) introduced herself and informed</p>

	<p>the group that she was here to talk about 2 different initiatives that the LA are working on at the moment.</p> <p>TS started with RRAS, which was originally launched in 2012 as the Council decided on its own that it was needed. It was soon realised that the duty officer was getting busier and busier and if people were left long enough they would go into crisis. Therefore it was expanded to have 3 duty officers. In December 2012 it was expanded again to involve health colleagues.</p> <p>Details of what the service is was discussed. This includes preventing patients going to health and social care, preventing unplanned emergency admissions and providing immediate care in the right place, at the right time, by the right team.</p> <p>TS reported that many of the duty calls were from carers.</p> <p>TS displayed a diagram of the service. The RRAS team is made up of 3 x Band 7 nurses, HCAs, Social workers, Managers and Support Planners. Staff members can often go out and do joint visits/responses.</p> <p>TS described targets set in 2013 of 120 referrals per month yet on average there were 150. The number of GP referrals have been increasing, the target was 17 but the average was 27 from April to September. The team are trying to avoid hospital attendances and the statistics are coming down.</p> <p>TS confirmed that a number of services can still be accessed out of hours. The next step is to have a telephone number available if a member of the team is not available. Anybody can ring the community solutions number between (9-5), after 5pm calls go to the emergency duty team. The aim is to get one number for day and night.</p> <p>TS was questioned whether this includes help for people with Mental Health problems and answered yes, will have access, just ring the same number.</p>
<b>5.</b>	<p><b>Local Area Co Ordinators – Tania Sitch</b></p> <p>TS introduced her Local Area Co Ordinators presentation and informed the group that this is a new initiative with quite a lot of national recognition in Thurrock. At the moment we often wait until people hit crisis. What happens is it's much more difficult than as there are less options.</p> <p>TS informed the group of a new initiative that has been developed in Thurrock which fits in to the building positive futures initiative.</p> <p>TS explained that the LAC tries to work with people and reverse the current situation. LAC are people who are based in a particular community and work with 50/60 families at a time. They will know everything about the community. They will ask the right questions and spend time with people. They build relationships with people as the project is about making connections.</p> <p>So far the LA have developed a steering group and discussed what is required in Thurrock. Four local areas have now been identified as learning sites, Stanford, Grays Riverside, South Ockendon and Purfleet.</p> <p>When the LAC were recruited the process was designed with community reps. There was 75 applicants for the post and they were tested against the job description.</p>

	<p>TS advised the group that a communication has been made to tell people about LAC.</p> <p>It was noted that there have been over 40 referrals from ages 27-91 –for a variety of reasons, and all groups of people are being referred (mental health, older people, sensory etc).</p> <p>TS advised the group that the next step for the LA is to create a business case which is to be put together for the CCG and partners to discuss more LACs.</p> <p>TS informed the group that a summary of findings will be distributed of the first 3 months.</p> <p><b>Action: TS to distribute findings of the first 3 months.</b></p>
<b>6.</b>	<p><b>Pre Arranged AOB - Stroke / Vascular Services</b></p> <p>LJG gave a verbal update on the Stroke Services and the contact that he had received from various PPG and Stroke Groups</p> <p>The committee commended LJG and agreed that points made by Len, Kim, Dr Grewal and other Board members at the Board meeting were very good.</p> <p>Stroke decision is not going to the CCG Board in November and as there is no board in December its likely it will not come up until January 2014.</p> <p>LJG presented a piece prepared to take to the Board and confirmed that he had listened to their views and put their concerns and issues into writing as asked he read the statement and asked for everybodys agreement to put this to the November Board. KJ added that Health Watch are also preparing a letter to take to the Board. On Vascular services the feedback from the groups is the same no involvement /engagement from anybody in Thurrock just slipped into a HOSC update and the same applies no engagement and involvement by Thurrock residents but to date no news on this front.</p> <p>MC told the group that she couldn't attend the last board meeting but is pleased to hear that it has been challenged as many of us have become involved in this and public engagement is key.</p> <p>LJG advised that it is on record and contained within Health and Wellbeing Board minutes that Andrew Pike said that they are looking at other options. KJ also stated that it was minuted and that the CRG have not seen any other options.</p> <p>LJG noted the the CRG are mandating him to take this document forward to the Board on their behalf and also for other groups that are not represented here today but have fed into this proposal.</p>
<b>7.</b>	<p><b>Equality and diversity – Andrew Stride</b></p> <p>AS (Head of Corporate Governance for the CCG) introduced himself to the group and</p>

	<p>gave a brief presentation about the law around equality and diversity.</p> <p>The Equality legislation has been around since the 1950s to help people with different characteristics. This includes age, disability, gender, race, ethnicity, religion, belief, sexual orientation etc.</p> <p>The Equality Act also created a Public Sector Equality Duty for all public sector organisations, including CCGs. This included;- foster good relations between groups of people sharing a protected characteristic and those who do not.</p> <p>AS explained what this means for the CCG. The CCG have a huge potential to promote quality of access of services and patient experience. We can ensure that services are designed and commissioned to meet the needs of everyone in our community.</p> <p>Work carried out so far within the CCG includes the Equality and Diversity Strategy which was approved last year, Equality and Diversity Policy, Equality Impact Assessment conducted on policies, commissioning cases and QIPP schemes. The CCG have a CRG group that actively reflects the Thurrock community.</p> <p>AS handed out forms to be completed and handed back at the end of the meeting.</p> <p>KJ stated that the problem is everybody is quick to criticise the hospitals and community services but main failing is with the CCG. I know the CCG doesn't monitor GPs but surely there is something that can be done.</p> <p>AS explained that the CCG has no direct influence which is frustrating however they are accountable to the same body as us which is NHS England. If you have any problems we will listen and we will push things.</p> <p>The group questioned who is monitoring the GPs?</p> <p>AS informed the group that NHS England do, however as this is not adequate from CRGs point of view. Any messages you have can be passed up the chain to NHS England.</p> <p>LJG agreed that issues should be taken to NHS England.</p> <p>MC pointed out to the group that GPs now come under the CQC also and they will be inspecting surgeries.</p>
<b>8.</b>	<b>“Change One Thing” – Joy Joses</b>
	<p>Joy Joses introduced herself and informed the group that she would be handing out “Change One Thing” questionnaires for each table to complete as a group that she would collect at the end of the meeting.</p>
<b>9.</b>	<b>Meeting Review/AOB</b>
	<p>All meetings planned for next year, next meeting 16<sup>th</sup> January, all dates will be sent out via email.</p> <p>LJG asked the group for suggestions for next years CRG meetings. Including</p>

<p>contents of meetings, should they stay as they are? Or are there more specific things the group would like to discuss?</p> <p>KJ questioned whether if meetings were moved to various locations around the borough would we get more attendances? LJG will look into this.</p> <p>Olga asked for the Primary Care Strategy to be on the agenda in the future.</p> <p>It was suggested that the CCG sends a survey out to Practice Managers to ask about PPGs joining.</p> <p>KJ suggested sending a letter to NHS England and ask them to encourage their GPs to get involved in PPG groups.</p>
<b>Next meeting to be held on 16<sup>th</sup> January 2014</b>
13.00 pm at The Beehive, Grays.