

Board Meeting, Part 1
22nd October 2014
High House

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

1.	<p>Welcome & Apologies</p> <p>Dr A Deshpande welcomed all the meeting. Apologies were noted as above.</p> <p>Dr A Deshpande 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 August 2014 and Action Log</p> <p>The minutes of the meeting held on the 27th August 2014 were reviewed. Mr A Stride asked to amend the wording of item 11. It was confirmed following this change these were an accurate account. Action AS</p>
3.	<p>Finance Update</p> <p>Mr A Olarinde presented the Finance Report to the board. The following points were noted from the report.</p> <p>The year to date financial position for the year to 30th September 2014 is summarised in the table below. This indicates a year to date expenditure of £94,144k against an allocation of £95,142k, resulting in an underspend of £998k. The forecast outturn position is a full year expenditure of £187,889k, against a budget of £189,868k, giving a projected underspend of £1,979k, which is the mandated 1% surplus</p> <p>Mr A Olarinde confirmed that the Finance Report format has been reviewed, this now includes Key Performance Indicators. Any feedback on the format of the report is welcomed.</p> <p>2014-15 Budgetary Allocation The opening resource allocation for 2014-15 is £187,454k, comprising £183,333k programme budget and £4,121k running costs budget. There have been some in year budget changes bringing the budget as at month 6 to £189,868k.</p> <p>Key Pressures Acute Services - The year to date and projected position based on the month 4 freeze data indicates a pressure on the acute services. As at month 6 the pressure is £1m, and this is projected to be £3m by the end of the year. The pressure is predominantly on the BTUH contract, with a forecast pressure of £3.5m. Key cost drivers are critical care, non-elective admissions, accident and emergency attendances. The position is subject to detailed scrutiny by the Finance and Performance Committee with forecasts adjusted based on the outcome of contract reconciliations.</p> <p>Continuing Healthcare - There is a year to date pressure of £350k on Adult Continuing Care budgets as at month 6. The CCG has currently invested in an on-going project reviewing the current cases to ensure that the responsible commissioner has been correctly identified. Also further work is being done to validate the expenditure and ascertain if this is likely to continue through to year end.</p> <p>Prescribing - There is an in year pressure of £145k due to a drug price increase in Category M drugs from 1st October. This is reflected in the current forecast position. This initial estimate is being validated by the medicines management team and will be appropriately adjusted in future months.</p> <p>Better Payments Practice Code (BPPC)</p>

The Better Payment Practice Code obliges the CCG to pay invoices received in accordance with the contractual terms, and the CCG is required to pay trade creditors in accordance with this code. The target is for 95% of both the value and the number of non-NHS trade creditors to be paid within 30 days of receipt of goods or a valid invoice.

Mr A Olarinde updated that there is a transfer in place for commissioning support arrangements. It was also stated that there is a liability for the CCG to pay for stranded costs and this is likely to be funded from the running costs budget or surplus. The final amount should be clearer in November.

Questions:

Dr V Raja asked if the BPPC shows an overpayment of invoices. Mr A Olarinde stated that this shows we are paying over 95% of invoices.

Dr R Arhin asked if the ring-fenced budget is offset against QIPP. Mr A Olarinde confirmed that this is part of the financial plan and that a resource for contingency has been identified. This is 2.5% of the programme that is non-recurrent. Dr R Arhin asked is this covers the savings from last year. Mr A Olarinde confirmed this, however to access these funds we have to complete the correct process.

Dr Nimal-Raj advised the committee that the acute costs have risen and they are being reviewed at the QIPP Meetings.

Dr Nimal-Raj asked for clarification regarding the Stranded Costs. Mr A Olarinde confirmed that the Stranded Costs from the closure of the Central Eastern CSU is being discussed with NHS England.

4. QIPP

Dr R Arhin presented the paper to the board. The following items were noted from the report.

Since the last board meeting the core QIPP committee met twice and analysed year to date QIPP delivery by workstream and reviewed the risk logs for various QIPP streams.

The committee

- Has had presentation from pharmacy representatives and explored various opportunities of collaborative working with pharmacies and effective use of their expertise.
- Discussed the nebuliser pathway
- Reviewed and agreed to the ToR
- Reviewed and agreed the proposed changes to the SRP
- Reviewed the performance of the NHS 111 service and IC24.
- Reviewed and agreed the 15/16 QIPP planning timescales
- Had presentations from LA around 24 week pilot for a new Tier II weight management strategy

The committee also agreed to invite stakeholders at the December QIPP meeting to discuss the proposed 15/16 QIPP projects

Mr R Chaudhari noted that as part of the planning, the committee have agreed some timescales. By the end of November there will be plans in place and how they can be implemented.

Community Ultrasound

The SW Essex procurement of Community Ultrasound is currently out to tender. The closing date for bids is 17 October. The recommendation report for Community Ultrasound will be received by Thurrock CCG Board on 17 Dec 2014 and for services to commence on 1 April 2015.

Paediatrics
Sickle Cell

- Joint meetings had with both Trusts to identify the gaps in the pathway and the steps required to fill them. Work will regain impetus now staffs are within the CCG.

HIP

- One year's data now received for the two HIPs launched in October last year (bronchiolitis and gastroenteritis), Indicates overall positive impact but further data required before making final judgement as these are seasonal conditions and can be affected by environment.
- HIP for Head Injury and Febrile Illness presented to Paediatric CEG in July; some further work required. Head Injury pathway now cross-referenced with new NICE guidance and to return to Paediatric CEG in October. Febrile Illness discussed at CEG; it was not felt enough impact would be made.
- Asthma HIP is dovetailing with the East of England Strategic Clinical Network's Paediatric Asthma Forum Education stream; which will complete all stages of its work by end March 2015. This includes a training programme and pathways.

CAMHs

- Re-commissioning project remains on track and is currently in PQQ stage.

It was confirmed that Commissioning Intentions for 2015/16 were submitted to providers on the 30th September and will serve the basis for contract negotiations and agreement for 2015/16.

QIPP Planning 15/16

Initial financial assumptions predict a QIPP target of approximately £5.5m. Taking into account, our past QIPP achievements, the QIPP committee is aware of the need to identify and develop schemes in excess of 6.5m to cover for slippage and under delivery. The QIPP committee have reviewed and agreed on the attached planning timescales for 2015/16 schemes.

Questions:

Dr S Das for clarity on the governance structure for the Local Enhanced Services procurement. Ms L Buckland confirmed that this process is now in place. With regard to the Community Ultrasound procurement, Ms J Foster-Taylor confirmed that learning was taken from the relevant Serious Incident and that the process has been strengthened. Ms J Foster-Taylor gave the board assurance that the process is in place and there is complete transparency within this process.

Dr L Grewal asked for the deadlines of the QIPP delivery to be detailed in the report going forward. **Action RC**

Dr A Bose stated that the diabetes assessment was completed at the last Time to Learn session and that the training needs are being review.

Dr Nimal-Raj asked that with the uplift of population, will there be a financial uplift to

	<p>compensate. Mr A Olarinde confirmed that population projections and allocation have been published. Target allocation per head of population was comparable for each CCG.</p> <p>Mr R Vine stated that as it looks as though only 75% of the target is going to be met, are there plans in place to rectify this.</p>
5.	Thurrock Council Update
	<p>Mr R Harris attended the meeting to provide the board with an update from Thurrock Council. The following were noted from the report.</p> <p>Better Care Fund The Council and CCG are working together to develop and agree the Better Care Pooled Fund Section 75 agreement. Establishing a pooled Better Care Fund is a mandatory requirement, and our pooled fund will be £18m.</p> <p>It has already been agreed that the Council will 'host' the pooled fund, and the schemes that make up the £18m have already been agreed as part of the Better Care Fund Plan – although this could be subject to some minor change due to the time lag between the submission of the Plan in September, and the final agreement of the section 75 agreement.</p> <p>There are a number of technical issues being taken forward by the Group responsible for the section 75's development. These include:</p> <ul style="list-style-type: none"> • Risk sharing • Arrangements for performance monitoring • Contract novation (if required) • Governance • Development of the section 75's schedules – e.g. detail of each scheme sitting within the Better Care Fund <p>Council Savings Mr R Harris detailed the proposed savings:</p> <ul style="list-style-type: none"> • Social worker fieldwork restructure – deletion of 6 posts; • Closure of Hathaway Road short breaks service – service users will be offered a personal budget or offered placed at Breakaway, the other remaining commissioned respite service; • Increases in charging; • Ending the existing contract for meals on wheels service; • Review of external placements – we need to deliver £ 1.5m savings over the next three years. We are looking to bring back some expensive out of borough placements; review the price we pay our providers and strictly gatekeep who is agreed under our current eligibility criteria; • Management savings and reduced use of agency staff – a number of management posts are being deleted; • Reductions in the value of voluntary sector contracts – this includes a £ 60k reduction in the grant to BATIAS; £ 60k in the contract to Thurrock centre for Independent Living; £ 10k cut to Thurrock Asian Association; £ 25k reduction to Healthwatch; • Better Care Fund contribution towards protection of Adult Social Care services reviewing the social care funding transfer to ensure it is more focussed on protecting Adult Social Care core services; • Staffing reductions – three posts in contracts and performance;

- Public Health – over £ 1m savings largely through renegotiating existing contracts such as the school nursing services; adult weight management programme and children’s weight management programme and not renewing programmes that were run this year as a one off- e.g. Beat the Street Campaign. To maintain the PHG ring-fence we will re-prioritise the budget so that it focusses on other core priorities that promote wider well-being within the Directorate.

Questions:

Dr L Grewal expressed concern regarding the savings, especially with regard to safeguarding and social care. Mr R Harris stated that there will not be a reduction in safeguarding and the reduction in social care will be within unqualified posts.

Dr L Grewal stated that with all the savings being put in place, it has been noticed that the council are completing a range of building works, how does this balance compared to the savings. Mr R Harris confirmed that some of the building work is being carried out by private sector developments on council land. Dr L Grewal brought to the attention of the board that following the completed building work new residents will be using services and this needs to be factored. Mr R Harris stated that this needs to be looked at with Primary Care along with Schools.

Dr S Das asked if these are the absolute numbers being presented for the Better Care Fund. It was also asked what percentage of each budget this is. Mr A Olarinde confirmed that for the CCG this is approximately 5% and Mr R Harris confirmed that this is approximately 10% of the budget.

Dr V Raja expressed concern regarding the Meals on Wheels service. It was asked how we ensure that these people are fed. Mr R Harris confirmed that the numbers of service users have reduced over the past 10 years, at present there are approximately 130 users and this number is declining. There will no longer be a contract in place for this service, however it will be commissioned on a case by case basis. Mr R Harris confirmed that all using this service will be reviewed prior to the service change.

Ms L Buckland confirmed that she was pleased that the Public Health budget is being ringfenced, however, how the reprioritisation of the Better Care Fund will take place. Mr R Harris confirmed that there is only a small amount of the Public Health budget is going in to the Better Care Fund as the Better Care Fund is more directed towards the older population whereas the Public Health Budget caters more for younger adults and Children. However next year NHS England will be providing funding for the 0-5 years services and this has to be used for health related services.

Dr P Martin asked how confident those involved were that the Better Care Fund could assist in an admission reduction of 3.5%. Mr A Olarinde stated that there is an incentive of £722k for the 3.5% reduction, if this is not achieved we could lose this amount.

Dr A Deshpande asked for reduction percentages to be shown for the budget savings so that this is clearer. Mr R Harris confirmed that discussions are still on-going and that the final budgets will be signed off in February 2015.

6. Annual Quality Report

Ms J Foster-Taylor presented the Annual Quality report to the board. The following points were noted from the report.

	<p>The Role of the Quality Team</p> <p>The decision was made to appoint a nurse with clinical knowledge and skills to support the community agendas for Thurrock CCG and this has proved to be most beneficial in the monitoring of the provider services. The following areas are included within the portfolio:</p> <ul style="list-style-type: none"> • End of Life Care • COPD • Review of Serious Incident Reports to inform improved performance and lessons learnt • Supporting the education and training sessions at the Time to Learn • Lead on quality visit agendas • Monitoring of action plans following events and visits • Clinical support to Local Authority for Care homes • Investigation of patient experience concerns • Pathway redesign and procurement • Support commissioners with a clinical understanding of proposed service models, including on-going performance management and investigations where appropriate <p>Questions:</p> <p>Dr S Das asked the purpose of the Annual Report. Ms J Foster-Taylor confirmed that this was a report to share the back office functions and to assure that there is a team completing these works. Dr S Das suggested the title of the report to be changed to reflect the content. Action JFT</p> <p>Dr R Arhin asked if the C Diff information for practices were validated. Ms J Foster-Taylor confirmed that these are absolute numbers as notification is received for each case. It was confirmed that Thurrock CCG, Basildon & Brentwood CCG and BTUH have all breached the C Diff targets, however different areas need to be taken in to account such as prescribing.</p>
6.	<p>CEG Update</p> <p>Dr L Grewal updated the board regarding the previous CEG meeting on the 9th September 2014. It was confirmed that this was a well-attended meeting.</p> <p>At this meeting the Primary Care WIC consultation process was carried out, feedback from each locality (Grays, Corringham, Ockendon and Tilbury) was given.</p> <p>Dr V Raja chaired the meeting held on the 14th October 2014, this meeting was also well attended.</p> <p>At this meeting commissioning intentions were discussed in localities and ideas given to Mr R Tebbs. Mr M Tebbs confirmed that following these ideas business cases were being explored.</p>
7.	<p>CRG</p> <p>Mr L Green updated the board on action points and concerns raised from service users, the public and carers.</p> <p>Sharpes Bins, Ms J Foster-Taylor updated that she has met with Andrea Atherton and Roger Harris to discuss mapping the service. It was discussed that a process is being discussed for community clinics to collect the bins in and for these to be collected and disposed of by the council.</p>

	<p>Mr L Green informed that he has contacted Public Health to ask if patients are able to pay for the Shingles Jab. Ms J Foster-Taylor confirmed that this would not be possible as there is not enough stock of the jab for this to be distributed.</p> <p>Mr L Green stated that the last CRG meeting was poorly attended, in an effort to increase attendance Mr L Green is attending TAFF meetings to involve these groups.</p> <p>Mr R Vine asked if Practice Managers are expected at the CRG meetings. Mr L Green confirmed that they are not expected at the meetings, however asked practice managers to encourage patients to attend.</p>
8.	<p>Corporate Governance</p> <p>Mr A Stride attended the meeting to present the 3 reports to the board. The following points were noted from these reports.</p> <p>Internal Audit Charter This was presented to the Board for noting. It was confirmed that this has been endorsed by the Audit Committee.</p> <p>Emergency Preparedness, Resilience and Response (EPRR) This was presented to the Board for noting. It was confirmed that EPRR has been completed by the Emergency Planning Team. The outcome of the report is substantial assurance.</p> <p>Mr L Green enquired if there was any feedback in terms of an Ebola Outbreak. Dr S Das asked how prepared are practices for this. Ms M Ansell confirmed that the lead of Ebola is NHS England Public Health and that information is being distributed daily. This is also covered within business continuity plans.</p> <p>Dr Nimal-Raj asked the access to neighbouring practices for such an outbreak as there used to be a 'buddy' process in place.</p> <p>Dr P Martin stated that if there was a case in the area it is unlikely to shut down the practice. Ms J Foster-Taylor stated that if a patient presents with Ebola, NHS 111 should be contacted where specialist transportation will be arranged to an isolation centre.</p> <p>Ms J Foster-Taylor stated that we had an Emergency Planning situation with the Tilbury Dock Incident, following learning was shared. Dr L Grewal asked for the learning to be presented to the membership. Ms J Foster-Taylor confirmed that the learning was shared with all those involved. Ms M Ansell confirmed that Thurrock CCG are category 2 responders.</p> <p>Dr V Raja stated that NHS England Public Health are unhelpful. It was asked if information had been distributed to members of the public. Ms J Foster-Taylor confirmed that information is in the public domain. It was also stated that there is the possibility of a vaccination in January, but the risk to the UK is low. Ms J Jose confirmed that posters have been distributed to practices, pharmacies and acute settings.</p> <p>Governing Body Register Mr A Stride presented the updated Governing Body Register to the board for noting. It was confirmed that the updated register will be displayed on the website.</p>

10. AOB	
	Dr S Das noted that minutes with in the pack still show as draft even though they have been approved by the relevant committee.
Date of Next Meeting	
17 th December 2014, 9.30am, High House	

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