NHS
Thurrock
Clinical Commissioning Group

Board Meeting, Part 1
27th August 2014
High House

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

1.	**Welcome & Apologies**
	Dr A Deshpande welcomed all to the meeting. Apologies for the meeting were noted as above. Dr A Deshpande asked for any declaration of interest that are not already on the register to be declared, none were declared.
2.	**Minutes of the meeting held on 25th June and Action Log**
	The minutes of the meeting held on the 25th June 2014 were reviewed and confirmed as an accurate account. Action Log: 1. **Thurrock Council Update -** Dr R Mohile detailed that there had not been sufficient invites to the BCF meetings. - Action Complete 2. **SEPT Update -** Ms J Foster-Taylor detailed that the IAPT recovery plan was an excellent initiative and the success/failure of this will be reviewed in July. – Ms J Foster-Taylor informed that we are still not delivering at the level required, but made significant progress. Ms J Foster-Taylor confirmed that a contract query has been raised with SEPT for under performance, weekly updates received. 3. **SEPT Update -** Dr R Arhin asked regarding memory services, currently there is a 6 month wait for this service, is there a plan to improve this. Mr M McCann, from the point of referral the target should be 8 weeks, at present we are hitting the targets, however if there is an issue contact Mr M McCann. – No update was received, this is to be updated prior to the next meeting. **Action MM** 4. **QIPP -** Mr R Harris there could be an overlap in services over BCF and Everyone Counts. Mr R Harris and Mr R Chaudhari to discuss further outside of the meeting. – This action will be discussed further outside of the meeting. 5. **QIPP -** Dr P Martin, Choose and Book, there are differences between Choose and Book and E-Referral such as software. The biggest problem is that it should be forced for the provider to change instead of the referrer. It is a serious error to force this upon practices were made aware to the contract was due to be renegotiated with user input prior to any decisions. CCG will invite GPs for more engagement. – Action removed 6. **SRP -** Mr R Vine asked regarding Back pain Injections, practices are getting letters saying that there is no funding, and patients are asking where they are getting the service from. Mr R Chaudhari detailed that the process has changed that the CCG is to approve these injections. Mr R Vine asked for this to be clarified with the hospital via the website to ensure that patients receive the correct information. - Action complete 7. **QIPP -** It was stated that there needs to be better communication around the Service Restriction Policy and the SystmOne elements to ensure that all practices are aware of this. – Mr R Chaudhari confirmed that this has been publicised to all practices, this is also on SystmOne and the intranet. It was suggested for this to be re-presented at a CEG meeting. **Action RC** Carry Forward: 1. **Finance** - Dr S Das asked why there is a larger increase in acute services compared to community services, even though there are more services coming out of acute and into the community. It was explained that these figures also include block contracts. It was discussed that it would be useful to have a breakdown of these costs. – It was suggested for this to be taken to the finance committee for assurance. **Action AO**

2. **QIPP -** Dr R Mohile regarding SystmOne having visited practices that use SystmOne, get the sense the that there needs to be some further training to get practices up to a standard level. - It was discussed that the SystmOne trainer to contact practices to offer training. this is also to be discussed at CEG. **Action RC**
3. **CRG -** An issue with the issue and collection of sharps boxes was discussed, it was agreed for Ms J Foster-Taylor to contact NHS England in relation to pharmacies that distribute these boxes, but will not have them returned – Ms J Foster-Taylor contacted NHS England regarding pharmacists. It was confirmed that responsibility of sharps box collection is related to pharmacists offering needle exchange programmes only. Ms J Foster-Taylor is working with Dr A Atherton (Public Health) to find a long term solution. Ms K James updated that the service provided with the Local Authority is not advertised and patients are not aware. The cost of this is high for patients (£13) unless over 65 or on benefits. The risk of incorrect disposal in landfill sites was discussed. Ms K James updated that there is a free needle exchange service for drug users but for medical users this is not in place. Mr R Harris asked for an email to be sent to him for this to be brought up with the director of environmental services. **Action KJ**

3. EEAST

Ms L James attended the meeting to update the Board regarding EEAST. It was detailed that following a review of 7000 breaches investigated concerns were raised as there were only 8 reports SI's. Work has been under taken as to the process that is in place. However, there are still concerns that more incidents should be reported as SI's. It was also detailed that 15-20% of records are missing, this is an SI in itself. Ms L James confirmed that she is writing to the CEO of EEAST to detail the concerns of Essex.

Ms L James also confirmed that Suffolk CCG have given notice for the contract, following this the 7 CCGs have had discussions regarding a smaller consortium, these decisions need to made together and quickly.

Ms L James confirmed that her contract will cease at the end of September when the Central Eastern CSU closes. Following this it was confirmed that senior support will be required for this contract.

Mr A Olarinde confirmed that he has seen the proposal of the Essex solution, this has been discussed in principle and there is a small cost increase. Ms J Foster-Taylor and Mr A Olarinde stated that this would make the contract easier to manage and monitor.

Ms L James updated that the winter funding is decided by the CCG, it is advised for the money not to be transferred to EEAST. Mr A Olarinde confirmed that £500k has been agreed for the CCG, there is a group to discuss the spend of these funds.

Dr L Grewal stated that the national standards that are 75%, this is too low should be 90-95%. Ms L James confirmed that standards are trying to be kept with EEAST, however only 34% of records are completed electronically, when 95% of vehicles are fitted with the correct equipment. Discussions are taking place in regard to disciplining staff that do not complete the records.

It was confirmed that the Chair of the Quality Group has been informed of the concerns regarding SI's. There is a quality group that meets monthly and has representation from Essex. However this meeting has taken place for the past 3

months.

Mr L Green stated that if this had been a trust there would have been a turnaround team sent in. This has been going on for months and it seems that the management structure that is in place is not working. A team needs to be sent in to resolve the issues. Even if we bring this service to Essex the management structure needs to be reviewed. Can we raise this with anyone.

Dr L Grewal stated that we should support a letter to NHS England from 7 CCGs.

Dr A Deshpande asked if the CQC aware of the issues at EEAST. Ms L James confirmed that they have visited more than once, NHS England and the TDA were escalated to a year ago. Last years penalties would be applied, however the CCGs were instructed by NHS England not to apply these. It has been confirmed that the Q2 penalties will be applied. Mr L Green said that there has been a slower response than hoped from the feedback given today, basic working practices are not being addressed as a CCG we need ensure that our views are raised with NHS England.

Mr A Olarinde stated that in terms of additional business case, where are we at the moment. Ms L James stated that this was for the funding of 400 paramedics, these should be on the vehicles under supervision in November for the first cohort. All vehicles now are all under 5 years old. The inputs and outputs are being reviewed.

Dr P Martin stated that they are still not meeting the targets even though they have more hours than contracted. What are they doing with the time. It seems to be that they spend a lot of time before they take the patient to hospital. Ms L James detailed that it is monitored that there are different timescales for the arrival to handover. There are issues with some hospitals with the handover to clear timescales. These are being covered and reviewed.

Dr A Deshpande why isn't the CQC taking any action. Dr S Das asked where does the accountability lie. Ms L James confirmed that the accountability lies with each CCG.

Ms L Buckland stated that acute trusts are put in special measures, is EEAST in a position to be in special measures. This is a question that needs to be asked to NHS England. This is the top of the risk register. The bottom line is patient safety. **Action LJ**

Ms L Foster-Taylor agreed to raise this issue at the Essex Quality Surveillance Group. **Action JFT.**

Dr Nimal-Raj asked do private ambulances provide better electronic records. Ms L James confirmed that not all the private ambulance have links into the electronic record system.

Dr Nimal-Raj asked who completed the review of the incidents (7000) over 20 weeks, do they use a system for this. Ms L James stated that the trust carries this review out themselves.

Dr R Arhin asked what the process was for any ambulance complaints known by GP's. Ms J Foster-Taylor stated that if there are quality issues for these to be reported to her so that they can be escalated through the correct pathways.

4.	**Collaborative Update**
	Ms J Foster-Taylor presented the refreshed collaborative agreement for the 4 South East Essex CCG's (Southend, Castle Point & Rochford, Basildon & Brentwood and Thurrock) to the board. This document highlights the arrangements all CCG's have in place to support hosted arrangements and supporting workstreams. The document was met with significant challenge and the following areas were asked to be reviewed before board sign off: - Clarity on the patient participation with key worksetreams - Clarity on the dispute resolution - Clarity on how this feeds into the board Mr R Harris stated this hasn't been to the Health & Wellbeing Board and felt this should be shared for discussion. Mr A Olarinde stated that the intention was to show good collaborative working and that this arrangement was in place last year. This document informs the board of how schemes of delegation take place to allow day to day running of the CCG. **Action JFT to discuss with the chair the next steps**
5.	**Finance Update**
	Mr A Olarinde presented the Finance Report to the board. The following points were noted from the report. The report detailed financial outturn and forecast for the year as at 31st July 2014. This indicates a year to date expenditure of £67.8m against an allocation of £68.5m, resulting in an underspend of £663k. The forecast outturn position is a full year expenditure of £187.58m, against a budget of £189.56m, giving a projected underspend of £1.979m, which is the mandated 1% surplus. 2014 – 15 Budgetary Allocation - The opening resource allocation for 2014-15 is £187.45m, comprising £183.33m programme budget and £4.12m running costs budget. **Budgetary Pressures: -** The pressure within the year to date position and the forecast above are as follows: Acute Services – the year to date and projected position based on the month 2 freeze data indicates a pressure on the acute services. As at month 4 the pressure is just under £1m, and this is projected to be £3.2m as at the end of the year. The pressure is predominantly on the BTUH contract, with a forecast pressure of £3.5m and the key cost drivers are critical care, non-elective admissions, accident and emergency attendances. The year-end forecast outturn is an initial estimate and significant validation work is required to substantiate the position and this has already commenced. The position is subject to detailed scrutiny by the Finance and Performance Committee with forecasts adjusted based on the outcome of contract reconciliations. Continuing Healthcare – there is a pressure of £350k on Adult continuing Care budgets as at month 4, and further work is being done to validate the expenditure and ascertain if this is likely to continue through to year end.

Running Costs - The running Costs budget is underspent as at month 4, and is forecast to underspend by £139k at the end of 2014/15. This will be reviewed each month especially closer to the end of the year as the running costs budgetary allocation will be reduced by 10% in 2015/16.

QIPP - The current position indicates a year to date achievement of £1.3m against a target of £1.5m, which is 85% delivery. This is broadly consistent with QIPP achievement last year which was an overall delivery of 85%, hence indicating that further schemes will need to be identified to ensure the target of £6m is achieved. This work has commenced, especially as the commencement of the next planning cycle is imminent.

Mr R Vine asked regarding GP IT, allocation is dropping, can we see the document for what this covers so that this can be spent on. **Action AO**

Dr S Das, at what point do we check the coding, is this before the invoices have been validated. Mr A Olarinde confirmed that they are checked by the 15th of each month and a 12th of the contract is paid. Following that the activity is reviewed, this is completed by the CSU on our behalf. Then the actual costs are calculated. Dr R Arhin asked are payments made in trust. Once the data is verified dialogue takes place. Mr R Vine stated that Mede does need to be used to ensure that the data is correctly verified.

BCF

Mr A Olarinde presented an update on the Better Care Fund to the board. The following points from the paper were noted.

IT was confirmed that the BCF Plan needs to be submitted to the Health & Wellbeing Board as well as the CCG Board. It was suggested for the plan to be presented to the Finance & Performance Committee for approval with prior delegated authority from the board as this ensures approval within the timescales set.

Mr R Harris updated that Mackenzie have been put in place. This is meant to achieve better joined up services.

Mr L Green said he was concerned regarding the timescales given to complete the redraft and the potential lack of joined up work and co-production with the key organisations and public.

Mr A Olarinde stated that the BCF is part of a 2 year and 5 year plan, these plans have been to many committees. It was discussed that the 3.5% reduction is being looked at, but it is not likely to be able to be reached.

Mr A Olarinde asked the board for delegated authority for the Finance & Performance Committee to approve the plan prior to the submission on the 19th September.

Ms L Buckland advisable to sight Board members on the paper virtually prior to the finance & performance Committee.

Delegated authority was granted to the Finance & Performance Committee.

6. QIPP

Mr R Chaudhari presented the paper to the board. It was detailed that there have been 2 QIPP Meetings since the last board. The following items were noted by the

board.

Unplanned care:
Ambulatory Emergency Care & Complex Frailty Unit
The main two unplanned care QIPP service initiatives in 2014/15 are acute-based models encompassing formal introduction of Ambulatory Emergency Care *(AEC) and* complex Frailty unit; both commissioned through CQUIN and block-contractual arrangements.

BTUHFT have provided assurance to both CCGs that these models are on track for full-implementation by October 2014 *(CQUIN requirement).*

In conjunction with these initiatives the Trust has been working in partnership with the CCGs to establish Comprehensive Discharge Plans; with Dr Raja *(Thurrock CCG Unplanned Care Lead)* being consulted on the structure and content of these.

Operational Resilience Funds
NHS England indicated it would provide £2,659,870, across the two CCGs in south west Essex, to support operational resilience. Providers were invited to discuss bids in a workshop on 17 June and to submit bids for resilience funding by 10 July.
Operational resilience funding is provided to support the system to achieve the national standards in relation to planned and unplanned care. A number of bids were received and reviewed by the CCGs against their ability to support the hospital to meet required planned and unplanned care performance standards (95% of patients being seen in ED within 4 hours, delivery of the RTT standards) through:

- Reducing/avoiding attendance at the hospital
- Avoiding admissions to hospital
- Supporting effective flow of patients through the hospital
- Supporting early and effective discharge and best use of community resources

Ms L Buckland asked for assurance to make sure that the practice continues to improve.

Dr S Das, the report only talks about savings and not quality. Have there been any savings that have caused quality issues. Ms J Foster-Taylor replied that with any wide spread changes there is patient engagement and this is reviewed.

Mr L Green asked for Everyone Counts to come back to CRG on the 18th September.

Dr Nimal-Raj, Sickle Cell should have been in place last year, but it states that this is still in progress. Ms J Foster-Taylor confirmed that this has been incremental. But there is still work going on.

It was discussed the QIPP in month savings. Mr A Olarinde confirmed that this month the Fortis savings have been reported within in 1 month only. Dr P Martin stated that the reality should be reported.

Ms L Buckland asked if the assurance for the monitoring of the performance and spend is going to be shared with us in relation of the resilience fund.

Mr A Olarinde confirmed that the value is across South West Essex is £996k, within the mandate from NHS England this should be discussed at the urgent care working group. Ms M Ansell and Mr P Clark attend this group as well as Mr W Guy and Dr Raja. Mr L Green asked if there is a feedback pathway in place. Mr R Chaudhari to

	get the information and feedback. This needs to come back to the board. **Action RC**
7.	**Thurrock Council**
	Mr R Harris attended the meeting to provide the board with an update from Thurrock Council. The following points were noted from the report. The Council is required to save in excess of £37 million from its General Fund over the next three years (15/16 – 17/18). Adult Social Care's proportion of this saving is £11.6m. Whilst some savings have already been identified and agreed, there is a significant shortfall. £61.4m of savings have already been made by the Council since 2010/11. All of the Council's directorates have been asked to identify options for making the shortfall. The options have been considered at the Council's Overview and Scrutiny Committees. The decisions and comments made at the Committees will then feed in to the August Cabinet. Further work will be carried out between now and December Cabinet where it is proposed final decisions are made subject to ratification at full Council in February. Dr A Deshpande asked how is this going to impact on surgeries. Mr R Harris unsure as yet. It was suggested for Mr R Harris to attend the Executive committee to talk about this in more detail. Ms L Buckland asked if public health budget was ring fenced. Mr R Harris confirmed that this is ring fenced, it will be picking up costs elsewhere. Ms J Foster-Taylor asked for assurance that the quality of Children's Safeguarding within Thurrock locality be considered with any changes to the service provision for Universal Children's Services as both NHS England and Thurrock LA commission this service. Dr A Deshpande asked for assurance on the impact of LA cuts. **Action RH to provide Thurrock Board with a paper on the impact of service changes in Thurrock**
8.	**Quality Report**
	Ms J Foster-Taylor presented the Quality Report to the board. This was presented for noting.
9.	**CEG**
	Dr V Raja presented the update following the previous 2 Clinical Engagement Meetings. The following points were noted from the report. The member practices were given an update of the on-going Musculoskeletal (MSK) project by Mr John Targett (Orthopaedic Consultant – Basildon Hospital). Members were encouraged to engage in the process of developing patient pathways and design of the services. The Mental Health Team – Dr Charles Olujugba and Irene Lewesy were introduced to the members by Dr Rajan Mohile. The practices were encouraged to update the Dementia register and the Dementia Shared Care Protocol was discussed. The practices agreed to support the introduction of this protocol. The new Mental Health Concordat was explained to the members. It was agreed that Dr Mohile would talk about other Mental Health issues at a future CEG meeting. Representatives from Essex Police, Paul Dale and Denise Chaplin talked about the importance of GP's with regards to Fire Arms Licence procedure. They informed the group about the recent tragic events in the locality and the need for a pilot scheme with changes to the existing licence procedure. It was suggested that other mental

	health providers are also involved in the process. The members were reassured regarding data protection issues. Everyone Counts – Philip Clarke presented the summary of suggestions and ideas that were discussed at last months' CEG. The practices were asked to confirm these and prioritise them according to the needs of their patient population. These will be analysed by the team and brought back to the next CEG meeting in September.
10.	**CRG**
	Mr L Green updated the board on action points and concern raised from service users, the public and carers. Areas of concerns include, stroke and vascular services, sharps bins, shingles vaccines. A member of the public had queried if the Shingles vaccine could be bought privately. Learning Disability health checks were discussed at a meeting on the 5th August 2014. It was noted that NHS England are involved in assessing the status of Patient Participation Groups and further information on this subject is awaited. Mr Green addressed an issue that had arisen since the end of the Fortis contract, as some GPs had advised patients to contact HealthWatch to get quicker appointments and this process was to be discouraged. Mr R Vine advised the group concerning Learning Disability health checks and reported that a template would be shared by the LMC for DNA or refused appointments.
11.	**BAF/Corporate Risk Register**
	Mr A Stride presented the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) as at Quarter 1 of the 2014/15 year. Mr Stride explained that this was the first iteration of the CRR, a new development under the 2014/15 Risk Management Strategy to capture the low and moderate-rated risks, alongside the BAF which continued to record and monitor the extreme and high risks. He also highlighted the new format adopted for these risk registers and invited comments from members and suggestions for further improvements. The Board considered that the new format was more accessible, particularly the graphical trend analysis for each risk. Dr S Das enquired as to whether it was appropriate for risk BAF 4 (relating to the transition of commissioning support services) to have reduced from an extreme to a high risk given discussions in the Part II meeting. Dr A Deshpande advised that this risk related to the need to revise the organisation's structure once the CSU ceased trading at the end of September 2014. Mr A Olarinde confirmed that a high rating was appropriate at this time given that an organisational home had been identified for all services currently provided to the CCG by NHS Central Eastern CSU but that the transition process had not yet been completed. Ms L Buckland requested that the chairs of all committees include the review of risks relevant to their remit as a standing item on all agendas in order to

	broaden ownership of the CCG's risk management processes. Members noted that the top three risks facing NHS Thurrock CCG as at Quarter 1 were the quality of care provided by Barking, Havering and Redbridge Hospitals NHS Trust and by East of England Ambulance Service NHS Trust, and failure to meet 18 week referral to treatment (RTT) times, as shown in the BAF. **Resolved : Board members,** **i) approved the BAF and CRR for Quarter 1 of the 2014/15 year;** **ii) endorsed the view that the top three risks were as listed above;** **iii) approved the discussion of risks as a standing item on the agenda of all committee meetings.**
12.	**Terms of Reference**
	The Terms of Reference for CCG Committees were presented to the board. The following corrections were noted: **Finance & Performance Committee** Clinical Board Member Chair of the Committee Membership – Clinical Board member Deputy Chair – lay member – governance **CEG** CFO attendance quarterly, this is not needed for quaracy **QIPP** QIPP Chair as committee chair Frequency of meeting – Monthly Attendance – Include Lay member and patient rep **Rem Com** In attendance – COO/Senior Manager/CFO should be within the paragraph with the above names Board members approved the terms of reference for its committee subject to the amendments noted above. Mr A Stride to make the changes and circulate and for them to the board and relevant committee chairs. **Action AS**
13.	**AOB**
	None
Date of Next Meeting	
22nd October 2014, 9.30am, High House Production Park	