Working together for better health and care

NHS Thurrock Clinical Commissioning Group

Board Meeting – Part 1
24 August 2016
10.00am – 2.30pm
High House, Purfleet

Present:	De A Deshpande (AD)	GP Board Member, CCG Chair
	Ms L Buckland (LB)	Lay Member, Deputy Chair of the Board
	Ms L Corbishley (LC)	Lay Member, PPI
	Ms M Ansell (MA)	(Acting) Interim Accountable Officer
	Mr A Olarinde (AO)	Chief Finance Officer
	Ms Jane Foster-Taylor (JFT)	Chief Nurse
	Dr L Grewal (LG)	GP Board Member, Quality Lead & Co-Chair, CEG
	Dr R Mohile (RM)	GP Board Member, Mental Health Lead
	Dr N Raj (NR)	GP Board Member, Safeguarding Children's Lead
	Dr V Raja (VR)	GP Board Member, Unplanned Care Lead & Co-Chair CEG
	Mr R Vine (RV)	Practice Manager Board Member
	Dr A Bose (ABose)	GP Board Member, Clinical & Tutor Lead
	Dr A Bansal (ABansal)	GP Board Member, Planned Care Lead
	Dr R Arhin (RA)	GP Board Member, QIPP Lead
In Attendance:	Mr M Tebbs (MT)	Director of Commissioning
	Mr R Chaudhari (RC)	Head of Primary Care & Acute Commissioning
	Mr I Wake (IW)	Director of Public Health, Thurrock
	Ms N Meeks (NM)	Head of Corporate Governance
	Mr R Harris (RH)	Director of Adult Services, Thurrock
	Mr R Stone (RS)	Head of Communications
	Ms C Celentano (CC)	Head of Business Support
	Ms Toybn	Administrator, Minutes
Apologies:	Dr P Martin	GP Board Member, Medicine Management
	Ms K James	Healthwatch

1.	**Welcome & Apologies**
	AD welcomed all to the meeting, including members of the public. The apologies were noted as above. AD reminded members of the importance of appropriately managing conflicts of interest and invited members to declare any as relevant to the items of business for the meeting. No declarations of interest were declared other those recorded on the register.
2.	**Minutes of the meeting held on 22 June 2016 and Action Log**
	The minutes of the meeting held on 22 June 2016 were reviewed by the Committee and approved. Action Log – See Appendix 1
3.	**Board Assurance Framework**
	NM presented the full Combined Board Assurance Framework (BAF) and Corporate Risk Register (CRR) and accompanying dashboard. NM commented that the Strategic objectives developed at the Board Seminar in July 2016 have been incorporated into the current BAF/CRR, but noted that final approval is sought from the members and so this could potentially change. NM reminded members that the Agenda for the meeting was fully referenced to the BAF and CRR and all 'extreme' rated items are discussed throughout the duration of the meeting, members were therefore asked to refer back to the BAF/CRR document during the meeting when discussing key risk areas. NM also updated the Board on the training that was undertaken at the July Seminar on Risk Management and Strategic Objectives. NM highlighted the key risk areas highlighted within the Dashboard. There were four new risks added to the agenda (Transformation Plans, SEND Agenda, HWB Strategy and Estates & Digital Strategy). Twenty-one risks had remained static, two risks had decreased, but most notably eight risks had increased. The CCG currently has 36 risks on its combined BAF and Corporate Risk Register (CRR). Fifteen of those are rated as extreme and are therefore reported as BAF (CCG Strategic) risks being reported to Board today. The following extreme risks were discussed by Members: 1. **Primary Care** (QPS04/TSC01) - noting that the measures in place (within the new Primary Care Team) will have a longer term impact and so the short-term risk remains the same. 2. **CCG Authorisation** (GV01) –This risk has increased to reflect the increasing uncertainty around not having a substantive Accountable Officer in post and the potential ramifications of this should the situation remain unresolved. 3. **EEAST** (QPS05) – The CCG continues to work with the EEAST and lead commissioner, however there are still quality issues arising and non-compliance with performance standards, so the risk remains unchanged. 4. **Non-Officer Board Members** (GV05) – This risk was previously combined with TSC03 but has been split to clarify the nature of each element of risk. The risk has also increased to reflect the uncertain nature of the Board Election process and ensuring that the CCG has an adequately constituted and resourced Board. 5. **BTUH RTT** (CG07) and **BTUH Cancer** (CG08), waiting list targets - remain extreme risks due to non-compliance issues. The CCG continues to manage this risk with the Provider and Lead CCG, but the risk remains unchanged. 6. **CHC: Finance** (FM05) – The risk remains unchanged as there is currently a £400k financial pressure in this area. 7. **Transformation Plans** (TSC02) This is a new risk in relation to the CCG Transformation programme, which is still in early stages, however progress has been made to date around engagement, which has been very positive.

8. **Success Regime** (GV07) This risk has increased. Although the impact of the success regime is better understood, its full impact is yet to be understood. Good work is however being carried out to engage with the success regime process.
9. **NELFT** (QPS17) This risk has increased as a result of risks highlighted at the CQRG meetings. AFC is now at 50% and so requires the risk to be increase to reflect this.
10. **CHC/Pupoc** (QPS18) – This risk remains unchanged whilst the CCG works to address the issues arising from ArdenGem serving notice on the Pupoc service.
11. **BHRT** (Quality) (QPS01) – remains a BAF risks due to non-compliance issues being identified. This risk therefore remains unchanged.
12. **QIPP** (FM01) and **Financial Balance** (FM02) – remain unchanged whereby break-even is the month 4 position, but there is a shortfall being managed on QIPP.
13. **GP Succession Planning** (TSC03) – remains a risk within Thurrock, currently exploring recruitment potential, outside of Thurrock.

NM highlighted how the columns within the framework relating to 'assurance' and 'key performance indicators' are much better used by officers incorporating the results of operational reports to reflect on CCG risks.

4. Essex Success Regime Update

Ms Wendy Smith – Head of Communications – ESR and Ms Jacky Dixon (JD), Programme Manager for NHS England presented 'the Case for Change – Mid & South Essex Success Regime'.

JD provided a detailed summary of the case for change for Mid & South Essex, noting that the case for change was being submitted in advance of the pre consultation business case document which will be reviewed in line with the NHS England "Planning, assuring and delivery service change for patients" policy by the NHS England Investment Committee.

Success Regime milestones to date were outlined, noting the key phases since June 2015.

JD stated that there is a clear and urgent case for change in the Mid and South Essex Healthcare system, noting that 93% of local Trust activity is from Mid and South Essex patients. The Success Regime provides the core focus for the Mid and South Essex Sustainability and Transformation Plans (STP) in line with the requirements set out in NHS guidance. It was also noted that the Success Regime is overseen by, and reports to, NHS England and NHS Improvement regional leads. It was highlighted that the footprint of STP allows for the Success Regime to build off existing Acute Care Collaboration, creating potential to evolve and leverage governance structures.

The overarching aims of the Success Regime are to ensure the highest possible standards of care are provided across the patch, so that non-elective demand can be met, that workforce challenges and the pressure it is placing on services across the system are addressed and that the significant financial challenges across the system are addressed.

JD described the goals of the Success Regime in detail, which in summary were:

- To create and support the development of a transparent, internally consistent, whole system plan.
- To establish a locally led and nationally supported programme to deliver the plan.
- To use NHSE and NHSEI oversight to unblock barriers to enable delivery at pace.

The Board were asked to discuss and approve the case for change. This was **NOT APPROVED.**

RV, LG, RM queried the validity of the report being presented, particularly the areas highlighted below. It was felt generally by GP Board Members that the case for change being presented

lacked adequate supporting evidence.

AD asked about Mental Health. It was noted that Mental Health was not part of the Success Regime, but that is would be developed alongside it. PM commented that there was a lack of understanding about Primary Care and the Success Regime does not understand the problem. More Doctors and Nurses are required, the system is underfunded and there isn't money to recruit.

ACTION: JD to provide further clarification around Primary Care and Mental Health in relation to the proposed case for change.

AD (supported by other GPs) raised concerns about transportation and patients being required to travel further distances under the Success Regime.

LB raised issues around governance and commented that the case would need to be clearer on proposed governance.

5. Quality & Patient Safety Report / QFP Controlled Drugs, and SEND Report

JFT presented the Quality & Patient Safety Report to the Board and highlighted the following areas:

There were currently no active Sis assigned to the CCG, there had been eight new complaints for quarter one.

NELFT – JFT provided an update on the quality risks within the NELFT service. There are currently 41 active SI's within NELFT. Concerns over safer staffing remain, in particular substantive registered nursing staffing remains a concern on NELFT's Risk Register and the CCG BAF.

BTUH – JFT commented that although the CQC 'good' rating and above the national average results of the friends and family test, concerns remain around A&E performance. The Cardiothoracic centre remains a centre of excellence and is performing well. JFT also noted a new Frailty Unit (8 beds) for short stays.

BHRT – Concerns remain over performance at BHRT where action is being taken to address staffing, staff in post rose by 11 WTE, but additional posts have been added and so the vacancy rate is still high. The Harm Free Care Standard was not met in May and the responses to the friends and family test were below the national average. There were also several negative reviews for A&E in July 2016.

SEPT – Safer staffing continues to be a problem in three areas. Friends and family test was below the national average.

Care Homes – one CQC report issued for Whitecroft in Grays, which has an overall rating of 'Good'.

CQC Inspections – The Southend University Hospital NHS Foundation Trust CQC inspection resulted in a 'Requires Improvement' opinion. The East of England Ambulance Service has also been given a rating of 'Requires Improvement'.

Medication Safety Issues: Controlled drugs responsibilities and memorandum of understanding. JFT (on behalf of Denise Rabbette, Head of Medicines Optimisation) presented the memorandum of understanding with NHS England regarding and the governance route for safe management of Controlled drugs which was **APPROVED** by the Board.

Special Education Needs an Disability (SEND) Update. JFT presented a report on the local

	implementation of the Children's and Families Act 2014, in particular section 3, which sets out major reforms to Children Services in relation to SEND. The Board **NOTED** the changes to the SEND and responsibilities of the CCG.
6.	**Primary Care Update**
	MA presented the Primary Care update report. GP Support, Development and Training – team working closely with NHSE and practices in special measures. A toolkit has been developed and rolled out to those practices who have not yet had a CQC visit. Local Enhanced Service development – Bids evaluated and going through subcommittees, bidders to be notified in September. Primary Care Hubs – Extended hours pilot concluded and hub opening times revised and communicated. Workforce Development – CCG working with other Essex CCGs and NHSE to recruit EU GPs and to bulk buy training courses for upskilling. GP Five Year Forward View – National team to do a presentation at CEG. Shehadeh Medical Centre – College Health appointed to deliver primary care services for 12 monthls. Local Digital Roadmap – Essex map submitted on 30th June, final to be issued September / October. Positive feedback received so far. Estates and Technology Transformation Fund – Bids submitted, outcomes expected at end of August. It was noted that an update on AQP will be brought to the next Board meeting.
7.	**Thurrock Council Update**
	RH presented the Thurrock Council Update paper providing an update to Board members on key issues affecting the local authority, in particular items that may have a potential impact on the CCG. Budget – Council savings target is £18.5m over the next three years. Council started to identify savings, but no certainty that this will be sufficient. The Living Well in Thurrock Transformation Programme should deliver longer-term savings. Health and Wellbeing Board (HWB) (July Meeting) – Membership of the HWB changed significantly due to local elections in May. HWB Strategy was agreed in March and HWB focus is on ensuring its delivery, but further work now needed to ensure partners can engage with action plans. July meeting also focussed on the strategy performance framework, update from BTUH and the Essex Success Regime. Next meeting on 15th September and will include 'Goal B' of the HWB Strategy, local STP (including Digital Roadmap), Ofsted inspection action plan and For Thurrock in Thurrock. Living Well in Thurrock Transformation Programme – Links in well with For Thurrock In Thurrock (CCG Transformation Plan). Much of the programme focuses on keeping people independent and well for as long as possible and has a number of key projects. Regular updates will be provided to the CCG Board. Domiciliary Care – CQC inspection rated the service as 'requires improvement'. This was

	expected because the team was expanded earlier in the year taking in-house 1620 hours per week of homecare and creating 'Thurrock Care @ Home'. The Council had already commissioned an independent review of the service. Shared Lives – Currently in process of developing new form of care for adults with support needs (Shared Lives), if successful, the scheme could be extended.
8.	**Public Health Update**
	IW presented the Public Health Update paper to inform the Board about work undertaken by the Public Health Team on behalf of the CCG in support of delivering the highest quality 'Public Health Core Offer'. IW outlined the BCF proposals for Falls and Hypertension Detection that could provide substantial savings. Data Portal – After consultation a draft service specification has been developed. Health and Social Care PH programme manager posts – Public Health team undergoing restructuring, which will significantly strengthen the informatics function and includes two new posts to support the development of Primary Care. New posts will be advertised week commencing 21st August. Health and Wellbeing Strategy Outcome Framework – The outcomes framework was approved at the July HWB Board meeting. Indicators in the framework have been agreed, but there is more work required to identify trajectories, which will be reviewed in September. A number of the strategy's objectives are owned by or contributed to by the CCG. An update was provided on hypertension detection.
9.	**Head of Corporate Governance Update**
	EPRR *(BAF: GV06)* – NM presented the EPRR Assurance Report on behalf of Jackie King (EPRR Lead, hosted by Mid Essex CCG). The Board **NOTED** that the CCG is declared as 'fully compliant' against the EPRR Core Standards. NM explained that a 'deep dive' had been undertaken, which is a self-assessment in relation to business continuity. The Board **NOTED** that they were compliant with all standards except DD5. It was noted that the Head of Emergency Planning will work with the CCG contract leads to ensure that there is assurance that providers and sub-contractors have robust business continuity planning arrangements in place, but that the Accountable Emergency Officer has ensured that the CCG is compliant. Committee Self Assessments – NM stated that the Board had previously approved the Committee self-assessments for the Audit Committee, Quality & Patient Safety Committee and the Finance & Performance Committee. NM updated the Board that the self-assessment of the QIPP committee had been undertaken and although it was noted that the committee performed well in directing the overarching delivery of QIPP savings, it identified that the committee was no longer fit for purpose. MT and NM are working with RA to develop a new terms of reference that is fit for purpose and mirrors how the responsibilities of the CCG in terms of sustainability and transformation have developed. NM updated the Board that a self- assessment had also been carried out on the Remuneration Committee, which had performed its role as defined within the terms of reference, however the TOR itself required updating and expanding to better fulfil the intended role of the committee. An overview of CRG and CEG had also been undertaken and the terms of reference reviewed. Strategic Objectives - NM reminded the Board that Strategic Objectives has been developed at the July 2016 Board Seminar meeting and that some requested amendments to the objectives had been made to reflect feedback from Board Members. NM explained how a comprehensive exercise had been carried out to collate all CCG objectives articulated in legislation, the CCG

	Constitution, Strategic and Operational Plans and within the guidance from NHS England (the Improvement and Assessment Framework). The Board **APPROVED** the strategic objectives that cover 'better health', 'engagement', 'better care', 'sustainability', 'leadership', and 'quality'.
10.	**Finance Month 4 & QIPP Report**
	AO presented the Finance and QIPP report to the Board. AO summarised the financial performance and year-end forecast outturn for the CCG as at Month 4 (July) 2016/17. The following points were noted: The year to date financial position at Month 4 was a £745k underspend against a budget of £68,243k. The forecast position is to deliver the surplus of £2,219k, which is an ourturn of £204,264k against a budget of £206,483k. AO advised that the opening resource allocation for 2016/17 is £204,037k, comprising £200,344k Programme budget and £3,693k Running costs budget. Additional resource received during the year thus far is £2,446k. AO informed the Board of the current pressures across the Acute services, and continuing healthcare services. The report outlined the details. AO noted that the programme budget for the CCG for 2016/17 as at Month 4 (YTD) position is £66,274k, an overspend of £2k. AO stated that the year to date expenditure in Running costs budget is a marginal £7k underspend against a budget of £1,231k, with a forecast break-even position on the budget of £3,693k. Performance against the Better Payment Practice Code was good, although the number of NHS invoices was slightly below target, non-NHS invoices were above target. Additional risks to the position on the ledger are also flagged together with the mitigating actions to ensure the delivery of the expected position. Namely those related to QIPP under delivery, Continuing Healthcare Current Adult cases and Prescribing costs. The Board NOTED the current financial position and year-end forecasts and the risks highlighted.
11.	**Commissioning**
	MT presented the Performance Report update to the Board. MT noted that the report reflects June data, some of which had not yet been received or was not yet due. MT explained each key aspect of the report noting that the key areas of concern was Ambulance performance with category R1, category R2 and Category A19; A&E 95% standard at BTUH; incomplete Referral to Treatment pathways and the 62 Day standard for Cancer Waits at both BTUH and CCG level. It was noted that the current underperformance with the constitutional standards is also managed via the BAF. The Board **NOTED** the performance report and continued to monitor through performance updates, the constitutional standards. MT presented the Commissioning Portfolio Update. MT highlighted that for unplanned care the CCGs had agreed the Project Initiation Document for the re-procurement of the 111/OOK services. For planned care several clinical networks were progressing with areas of service redesign in diabetes, stroke and ophthalmology. For cancer, the implementation group is co-ordinating the local cancer actions of primary care and public health. For mental health, the

	project mandate had been developed and describes the approach that will be taken fo the Pan Essex Mental Health 24/7 Crisis Care Response Service. For children and young people there are a number of projects going forward including SEND. For personalisation the CCG plan for introducing PHBs (small scale targeted approach) is in progress. For specialist commissioning NHSE is in the process of finalising financial elements of the transfer of responsibility for Morbid Obesity. Finally sustainability and Transformation Plans will be refreshed and re-submitted in Autumn 2016. The Board **NOTED** the approved the commissioning portfolio update.
12.	**Clinical Engagement Group Update**
	LG gave a brief update on the recent CEG meeting which was well attended. LG said there was a discussion about upcoming CCG elections, a presentation of pressure ulcer awareness, presentation on IAPT (noting a service waiting time of 2 weeks to first assessment. The Thurrock Shared Care Protocol was discussed. Discussions were also held regarding the Digital Road Map and the need to achieve all referrals.
13.	**Commissioning Reference Group**
	LV shared an update on the recent CRG meeting, and drew attention to the main topics covered at that meeting: • Les Sweetman gave a presentation on LDR, which was presented to the previous CCG Board meeting. • Short updates made on Primary Care and Transformation. • Low attendance at CRG discussed again. • Concerns raised via Healthwatch regarding extended waits for blood tests at BTUH. • Alan Hudson (from Stifford Clays Medical Centre PPG/CRG) agreed to present a 'service user experience' at the Board.
14.	**A.O.B.**
	• Minutes of the Audit Committee July noted. • Notes of CQRG meeting with NELFT noted. • Minutes of Quality & Patient Safety Committee July noted. • Minutes of the Primary Care meeting July noted.
Date of Next Meeting	
28 September 2016 CCG AGM, venue to be confirmed.	