Working together for better health and care

NHS Thurrock Clinical Commissioning Group

Board Meeting - Part 1
26 October 2016
10.00am - 2.30pm
High House, Purfleet

Present:	Dr A Desphande (AD)	GP Board Member, CCG Chair
	Ms L Buckland (LB)	Lay Member, Deputy Chair of the Board
	Ms L Corbishley (LB)	Lay Member, PPI
	Ms M Ansell (MA)	(Acting) Interim Accountable Officer
	Mr A Olarinde (AO)	Chief Finance Officer, TCCG
	Ms Jane Foster-Taylor (JFT)	Chief Nurse, TCCG
	Dr R Mohile (RM)	GP Board Member, Mental Health Lead
	Dr N Raj (NR)	GP Board Member
	Dr V Raja (VR)	GP Board Member, Unplanned Care Lead & Co-Chair CEG
	Mr R Vine (RV)	Practice Manager Board Member
	Dr A Bose (ABo)	GP Board Member, Clinical & Tutor Lead
	Dr R Arhin (RA)	GP Board Member, Planned Care Lad
In Attendance	Ms C Celentano (CC)	Head of Business Support, TCCG
	Mr R Harris (RH)	Director of Adults, Thurrock Council
	Mr T Hitchcock (TH)	Lay Member, TCCG
	Mrs L Hilkene (LH) (Minutes)	Executive Assistant, TCCG
	Mr Alan Hudson (AH)	Stifford Clays Medical Centre, PPG
	Ms J Hucey (JH)	Director of Transformation, TCCG
	Ms K James (KJ)	Chief Executive, Healthwatch Thurrock
	Mrs N Meeks (NM)	Head of Corporate Governance, TCCG
	Mr R Stone (RS)	Head of Communications, TCCG
	Mr I Wake (IW)	Director of Public Health, Thurrock Council
	Ms M Whelan (MW)	CHC Operational Lead, TCCG
Apologies	Dr L Grewal (LG)	GP Board Member, Quality Lead & Co-Chair, CEG
	Dr A Bansal	GP Board Member, Planned Care Lead

1.	**Welcome & Apologies**
	AD welcomed 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.
2.	**Minutes of the meeting held on 24 August 2016 and Action Log**
	The minutes of the previous meeting were approved. Action Log - Please see Appendix 1.
3.	**Head of Corporate Governance - BAF** NM referred the Board to the Assurance Framework and Corporate Risk Register. It was noted there are currently 38 risks held on the register, with 15 rated as 'extreme'. A lot of risks (33) have remained static with 3 new ones, with 1 risk rising and 1 going down. NM confirmed that NHS England are aware of the register. **Policy Approvals:** • **Complaints Policy -** NM advised of the main changes as outlined in the policy. KJ referred to p.4 (p.22) of the report under 'My Expectations' and asked for ? to be amended. **Decision: The Policy was approved subject to the above amendment.** • **Information Governance Management Framework -** The document should be approved annually but had not changed significantly from last year; the Policy had been already been presented to various Committees before reaching Board. **Decision: The Policy was approved.** • **Individual Funding Request Policy -** The Policy had been through various Committees before reaching Board. JFT highlighted changes made to the referring of GPs. LB referred to the recent legislation and asked for a caveat to be included. **Action: NM to take back to Paul Balson, BBCCG.** • **EPRR Plan -** It was noted that Jackie King, Mid Essex CCG is the lead for this Policy. Several changes have been made to the Policy and to-date we are on Version 8.1. JFT advised that TCCG had made changes/recommendations on the Action Plan. **Decision: The Policy was approved.** **Terms of Reference Approval:** • **New Transformation & Sustainability Committee -** NM explained that it is proposed that the existing QIPP Committee is changed to a new Transformation and Sustainability Committee (TSC). RV stated that a selection of patients were on QIPP, but could not see this on the new proposed Committee. NM advised that these would not have been members of the Committee. However, the transformation has a programme of consultation with the public. Discussion ensued and LC offered to be included and also LB from a governance legislative position. **Decision: Approved under Other Relation Committees - will report into CRG to include both lay members.** • **Conflicts of Interest Committee -** NM advised this had been already been to the Remuneration, Conflicts of Interest and Audit Committees with some minor changes being made. LB said that currently the document shows three Lay members; Governance, PPI and Sessional. **Action: It was agreed to take out 'Sessional' Lay member.** Discussion followed around GPs and their own conflicts of interest. NM asked Board

members to email her with any specific concerns. **Decision: It was agreed to remain with the existing Terms of Reference and discussions will be taken back to IGG and then to Audit.**

- **Remuneration Committee** - **Decision: The Board were happy to accept this paper.**

Conflicts of Interest Guidance - The document had been to the Audit Committee and various proposed changes had been suggested (see page 4 of document (p. 222). NM asked for these changes to be considered, including introducing of a 3rd Lay Member to sit on the Board. **Decision: The Board approved all of the proposals made by the Audit Committee.**

Conflicts of interest Committee Report - Essex Integrated Urgent Care Project - NR spoke at length concerning the Integrated Urgent Procurement (IUC). NR advised of an extensive debate at Committee level whereby it was agreed to take forward to the Board for approval.

Essex Integrated Urgent Care Project - Clinical Engagement Report - NR gave background to the report and discussion followed on the composition of the Care Hub and whether clinicians should be local and involved in local care. LV said expressed concern that the engagement period was too short for us to do anything meaningful, but assured the Board we had done everything in the timeframe available. LB gave assurance to the Board that the meeting was very robust and a caveat was sent back to ? RV asked of any patient involvement. NM replied that a patient involvement paper was sent out to patients, of which the process had worked very well.

I'm not happy with this para above. Please can this be checked properly.

4. Chief Nurse

Quality Report

JFT introduced Maria Whelan, CHC Operational Lead to the Board, and presented the Quality Report. The following was highlighted:

- NELFT - the CQC inspection report has now been published with an overall rating of 'Requires Improvement'.
- Safer Staffing – This continues to be an area of concern escalated by NELFT specifically for the community hospitals. However, it was noted this was a national problem, not just NELFT.
- Barking, Havering & Redbridge University Hospitals Trust (BHRT) - the CQC undertook an unannounced inspection of the Trust in September. The report is awaited.
- Princess Alexandra Hospital (PAH) - JFT advised that the Trust had been placed in special measures after a CQC inspection.

Management of Flu Outbreaks

JFT advised that current arrangements for the management of flu outbreaks in care homes is proving problematic and last year it was agreed to source a solution for the provision of the 2016/17 season.

The Board were asked to consider various options as outlined in the paper. **Decision: The Board agreed to ask Medicines Management to explore and look at a one year contract for this winter and to review again next year.**

5. Head of Primary Care

Primary Care update - in the absence of the Head of Primary Care, MA presented the report and highlighted the following points:

- **Sai Medical Centre** - A good example of the impact the Primary Care team is having. The team had undertaken extensive work with the Medical Centre in light of a CQC 'Inadequate' inspection in January. The CQC had since followed up with a visit in October, with an overall feedback of 'Satisfactory'.
- **East Tilbury and Corringham Medical Centre** - MA advised that at a recent patient engagement meeting, over 300 patients had attended following the announcement of the

	closure of the practice. However, after numerous concerns and issues, the decision was taken to halt the process and explore other avenues. RH added that Thurrock Council are now looking to possibly buy the building and NHS England have extended the contract to practices for another nine months. • **Estates and Technology Transformation Fund (ETTF) -** This was good news for Thurrock with several areas of new build extensions promised to practices.
6.	**Director of Adults**
	Thurrock Council Update RH presented the Council update to the Board. RH reiterated the Council's decision to commence discussions concerning East Tilbury and Corringham Medical Centre. There were some issues around the state of the building plus commitments from NHS England; it was hoped a favourable agreement can be reached. RH advised the Board that the item concerning the CT scanner was presented to the Scrutiny Committee in September. It was noted that Thurrock has now formally objected, but this has now gone to the Secretary of State on the grounds that the service was not strong enough. Under the Living Well in Thurrock Transformation Programme, RH highlighted the three key elements: Stronger Communities, Built Environment and Adult Social Care (and Health) infrastructure. CQC Report - RH advised of the recent CQC Report 'State of Care' for 2015/16. The report states a very fragile picture with many nursing homes going into bankruptcy and difficulties in recruiting the right staff. The biggest challenge in the next 12 months would be to try and get stability back into the care market. Discussion ensued on the difficulty on placing patients within the Thurrock area, coupled with difficulties in recruiting carers has made it very difficult for the Council to deliver.
7.	**Director of Public Health**
	Public Health Update IW presented the Public Health update. The Integrated Data Set began nine months ago and responses were due back tomorrow (27/10), with initial responses being recorded as excellent. The Public Health Structure is now looking much healthier with vacant posts being filled with the exception of two improvement managers, and three graduate trainee posts to fill. A new Registrar was due to start in January 2017 for nine months. Four Cabinet papers were approved this month; the largest being the 'Twenty-First Century Wellbeing Services for Children and Young People'. The Annual Report of the Director of Public Health will be brought to the Board at the next meeting. *The Board adjourned at 12.00 noon.* *The Board reconvened at 12.15pm*
8.	**Chief Finance Officer**
	Finance Month 6 Plus QIPP Report AO presented the Finance Report which gave an update on the 2016/17 QIPP plan and update on the year to-date performance, plus the 2017/18 QIPP plans. AO highlighted the table showing the QIPP position which summarises the current financial position. Key points to note are Acute Planned/Unplanned Care and the Mental Health contract. CHC continues to be an area of concern, however, some under achievements have been offset by an over achievement on Acquired Brain Injury.

	Discussion arose on the forward planning of the QIPP target of £7.1m for 2017/18. AO advised a full report will be made available for the next Board meeting.
9.	**Director of Commissioning**
	Performance In the absence of the Director of Commissioning, AO presented the Commissioning Portfolio Update. Cancer waiting times were discussed with the 62 week wait proving a challenge and falling short, particularly in May 2016 at only 38%. The Board asked for clarification on the figures. JFT replied that this had been picked up through the cancer work-streams and an action plan has been developed to improve performance. **Action: Commissioning Director/Team to pick up on cancer wait times.** **Commissioning Report** AO presented the Report on behalf of the Director of Commissioning, and highlighted the key commissioning commitments. It was noted there were no financial implications to record.
10.	**Director of Clinical Engagement Group**
	VR advised of two recent successful CEG meetings in September and October. The September meeting gave several updates including the financial situation, Hubs and Integrated Data Set. There was also an informative presentation on the launch of a service model for the Diabetes Prevention programme. The October meeting saw an excellent presentation from NELFT/Thurrock Council and SEPT on Thurrock's new Single Point of Access, and an update on IAPT Recovery College. Unfortunately there was no representation from BTUH, but several items of concern were discussed and will be raised outside the meeting with BTUH. Notably issues with the phlebotomy service and the new template letters for GP practices.
11.	**Chair of Commissioning Reference Group**
	This item was withdrawn from the Agenda.
12.	**PCBC Update**
	It was noted that Boston Consulting would be in attendance directly after the Board meeting to present this item.
13.	**A.O.B.**
	None.
Date of Next Meeting	
23 November 2016 at High House, Purfleet	