Working together for better health and care

NHS Thurrock Clinical Commissioning Group

MINUTES
CCG Board Meeting Part I
28th November 2018 at 10:00 am
The Gold Room, Orsett Hall, Prince Charles Avenue, Orsett RM16 2HS

Present:	Ms L Buckland (LB) (Chair)	Deputy Chair and Lay Member (Governance)
	Ms M Ansell (MA)	Accountable Officer
	Dr V Bhat (VB)	GP Board Member
	Dr A Bose (AB)	GP Board Member
	Ms J Foster-Taylor (JFT)	Chief Nurse
	Dr J Hale (JH)	Secondary Care Consultant
	Mr T Hitchcock (TH)	Lay Member (Corporate)
	Dr A Kallil (AK)	GP Board Member
	Dr L Leighton (LL)	GP Board Member
	Dr S Maskara (SM)	GP Board Member
	Dr R Mohile (RM)	GP Board Member
	Dr N Raj (NR)	GP Board Member
	Ms K Webb (KW)	Practice Board Member
	Ms M Wheeler (MW)	Chief Finance Officer
In Attendance:	Ms N Adams (NA)	Head of Corporate Governance (Company Secretary)
	Ms S Galvin (SG) (Minute Taker)	Senior Business Administrator
	Mr A Hudson (AH)	PPG/Chair of CRG
	Prof M Bewick (MB) Item no 1	Independent Chair, CCG Joint Committee
	Mr R Harris (RH)	Corporate Director of Adults, Housing & Health, Thurrock Council
	Mr R Chaudhari (RC)	Director of Primary Care
	Ms H Forster (HF) Item no 6	Strategic Lead, Thurrock Council
	Ms A Eastgate (AE) Item no 6	Associate Director, Lower Thames Crossing, Thurrock Council
	Ms A Poyton (AP)	Department of Work and Pensions
	Ms E Douglas (ED), Observer	Quality Patient Safety Manager

Apologies:	Dr A Deshpande (AD)	Chair of the Board
	Dr H Okoi (HO)	GP Board Member
	Mr M Tebbs (MT)	Director of Commissioning
	Ms L Hilkene (LH)	Executive Business Manager

1.	**Welcome & Apologies**
	In the absence of the Dr Deshpande, the Chair, LB as Deputy Chair conducted the Meeting. The Committee Chair welcomed everyone to the meeting. Apologies received as above.
2.	**Declaration of Interest**
	"In accordance with Section 14O of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012 (and subsequent statutory guidance) the CCG must ensure that it manages any and all conflicts of interest that may arise. All members (and those attending the meeting) have a duty to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS Thurrock CCG. Can I therefore ask anyone in this meeting to declare now any conflicts (real or potential) that they may have, declared or otherwise, in relation to the planned agenda for today's meeting. This must also be recorded on the signing in sheet indicating for which agenda item you may be conflicted. ***Should any unforeseen conflicts arising during the meeting, please ensure that you stop the proceedings to declare it accordingly. All declared interests are recorded in our register of interests and any conflicts arising during any CCG meeting will be recorded within the 'Recorded Conflicts of Interest Register', which are available on the CCG website"*** The Chair requested any Declaration of Interest that was not already on the register, none were declared.
3.	**Minutes of the meeting held on 24th October 2018 and Action Log**
	The minutes of the meeting held on 24th October 2018 were ***APPROVED.*** The items from the Action Log were discussed and updates provided. See Action Log.
4.	**Joint Committee Progress**
	MB introduced himself to the Board Members and provided an overview of the role and purpose of the Mid and South Essex Sustainability and Transformation Partnership (STP). MB highlighted the joint working relationship across the CCGs within the STP and the joint commissioning teams who are now commissioning the services delegated to the STP Joint Committee (JC). MB acknowledged the requirement to reduce 20% of running costs and how working with the STP JC could facilitate that with the approach of 'doing things once' within the STP where this is appropriate and possible, and major system re-design to secure more effective and efficient services going forward. MB noted that both the CCG Chair and Accountable Officer have been both very supportive of the work of the STP JC and at the same time challenging so as not to lose sight of the requirements of individual CCGs and localities. MB stated that it was an important role of the STP and the CCGs within it to ensure that sufficient engagement with the public and key stakeholders on any areas of system change. MB acknowledged that there had been a focus on acute service reconfiguration upon commencement of the STP JC, however, the CCG Chair was instrumental in ensuring that there is a parallel focus on Primary Care; it is the two systems working together that will facilitate change in patient pathways. MB reminded Board members that there had been referrals to the Secretary of State regarding the recommendations for service reconfiguration and the closure of Orsett Hospital and that whilst work around these areas continue, decisions cannot be made until the referral process is complete, which will delay the process and consequently may impact on funding.

	MB highlighted workforce as one of the most challenging risks within the STP JC, but stated that developments with Anglia Ruskin University and their training programme were positive and would support local health systems as would delivery of the new Primary Care Strategy within the STP. The Chair invited questions. AH expressed concern regarding the referral to the Secretary of State and the difficulties awaiting the outcome of the referral may cause. MB replied that work will continue until an outcome has been reached so as to delay the process as little as possible, but there were risks to funding where such delays exist. RM voiced concerns that well performing CCGs within the STP may be adversely impacted by other CCGs that may be struggling with finance and performance. MB replied that CCGs are accountable as individual organisations, but have committed to working together to improve the overall performance and financial management of the STP system, providing all governance processes are in place and robust. MW confirmed that whilst this is a complex process, the CCGs are working together to resolve any issues. AH commented that he believes the Secretary of State will agree the proposals. However, AH questioned whether another consultation period would be required if this were not the case, thereby incurring more and more cost. MB responded theoretically an additional consultation would not be required. VB highlighted concerns around investment in Primary Care and whether the Primary Care Strategy could therefore be delivered within the proposed financial envelope. MB replied that working with Alliances and changing the way in which the system works by caring for patients within the community and avoiding hospital admissions is the way in which the Primary Care Strategy will be delivered and each CCG is working within a financial envelope to deliver the strategy. AB raised concerns regarding the sustainability of the CCG and MB reiterated that CCG are changing and working closer together to deliver strategic objectives, confirming that change is inevitable, but that current legislation would need to change to initiate wholescale change of the purpose of CCGs and how they currently exist. NR commented that CCGs are still required to ensure the quality of locality based care. MB replied that the STP JC has no intention of taking away locally led care and would not have the power to do so. MB reiterated that the STP JC supports the distinction between managing system wide services and maintaining local services within individual CCGs. LB thanked MB for his assurance and attendance. 10:30 NF, AE, AP, RH, RC and ED joined the meeting. 10:38 MB left the meeting. The Chair asked everyone to introduce themselves for the benefit of the people that had joined the meeting. Members ***NOTED*** the update on the STP provided by MB.
5.	**Board Assurance Framework (BAF)**
	NA presented the Board Assurance Framework (BAF), noting that the Board receives the full BAF and Corporate Risk Register (CRR) twice annually and for the remaining meetings only the

	BAF. NA noted that the Dashboard does however list all risks so that the Board are sighted on the risks and changes since the last Board meeting. NA noted that risks had been discussed in detail at each Board sub-committee, prior to being presented to the Board. There are currently 53 risks held within the BAF and CRR with 14 risks rated as extreme and therefore noted at the CCG BAF. The top five risks relate to: • East of England Ambulance Services (STP risk) • EPUT Unexpected Deaths • Joint Committee: Finance and Over Performance • STP Managing Quality Risks • SUHFT Ophthalmology Services There were five new risks added to the BAF, one risk had increased and eleven had decreased, 36 risks remained static. The new risks related to: • LeDer Reviews (Risk score 12) • Unaccompanied Asylum Seekers (Risk score 12) • Initial Health Assessments for LAC (Risk score 10) • Out of Area Placements (Risk score 8) • Enteral Feeding (Risk score 6) NA informed Members that risk management arrangements are developing within the STP and that a paper was expected at this meeting to present how risks are being managed within the STP, instead this will be brought to the next meeting of the Board. It is expected that STP risks will eventually be removed from the CCG registers, but that the STP risk registers will be presented to the CCG Board alongside the CCG registers with assurances relating to how risks are being managed. NA asked whether there are any questions LB added that a Risk and Assurance Sub-Committee of the CCG Audit Committee is being established, which will meet in common with other CCGs in the STP to address STP risk and assurance processes. **ACTION:** NA to present a paper on the risk management processes of the STP. JH questioned the narrative for risk QPS25 on page 18. NA and JFT confirmed that the wrong text had been tagged to the risk (technical issue), which will be rectified at the next iteration of the register. Members ***NOTED*** the updated BAF and that key risks included within the framework were discussed as agenda items.
6.	**Public Health Report – Lower Thames Crossing**
	The Chair introduced HF to present the Lower Thames Crossing Health Report. HF confirmed that the report had been provided to the Board and introduced AE to provide an overview of the proposed changes for the Lower Thames Crossing. It was noted that the consultation on the proposed changes closes on 20th December and the CCG agreed to raise awareness of the consultation so that individuals could participate where appropriate. As scaled plans of the proposed crossing were presented, Members engaged in discussion regarding the proposals and the potential issues relating to health, for example pollution and chemical treatments (to soil etc.) and potential congestion affecting travel around Thurrock.

	AE confirmed that environmental assessments would be conducted and presented as part of the plans. TH highlighted that there is a thorough consultation document that takes the plan brought by AE and breaks down into smaller segments and that RH has previously shared the link and with this information. RH advised that Thurrock Council will hold a full council meeting on 11th December. Thurrock Council would be putting forward a robust response. Members agreed that engaging with the consultation was important. LB thanked AE. Board Members ***NOTED*** the update on the Lower Thames Crossing project and the associated consultation and engagement process.
7.	**Quality Report**
	JFT referred to the attached report and drew the attention of Members to the following: **Improvements In Cancer Performance** JFT highlighted the approval of Cancer improvement monies to support the 62 day performance at Basildon which largely looks at imaging pathways. A second Thurrock specific funding stream had been identified through the Cancer Alliance to look specifically at the lung cancer pathway and survival rates. The detail on this pilot will be shared with the Board when available. JFT invited questions. KW asked whether the additional investment into cancer improvement was temporary. JFT confirmed it was and would be spent by BTUH this financial year. NR stated that recruitment to Locum Radiologist may prove difficult and highlighted that there were no on call radiologists. NR commented that there is delay in reporting on chest x-rays and that the error rate is high. If this is improved it would support achievement of the cancer targets. Members ***NOTED*** the quality report.
8.	**Finance Report**
	MW reported that the financial position is in line with plan as reported last month, the CCG were also forecasting a balanced position at year-end. The Acute position was significantly over plan, largely relating to London Trusts. The Nuffield also reported an overspend due to higher than expected Choose and Book activity. High cost IPT patients have generated an over spend against the mental health budget, one patient costing over £300k per annum. The position has been mitigated with the use of reserves. The over spend in the acute budgets was offset partially by lower than expected prescribing costs, largely due to over delivery of the QIPP programme. In addition, general reserves had been used to balance the position year to date and for the year. The QIPP programme had delivered 96% of the overall target to date, which supported a breakeven position overall despite significant financial pressures. MW outlined the development of the 2019/20 financial plan. The key risks were delivering the QIPP programme, where much of the financial spend was contained within a block contract. There is a need to generate cash releasing savings in order to fund the known cost pressures and planned investments for 2019/20. In addition MW highlighted the recent letter received from

NHS England notifying the CCG of the need to achieve 20% savings against its running cost allocation in 2020/21.

Members ***NOTED*** the finance report.

9. Commissioning

Mayflower Healthcare Alliance Contracts (MHA)
NA presented the report on behalf of MT and stated that the Finance & Performance Committee considered the contractual arrangements for MHA for which the contract expires on 31st March 2019. It was noted that MHA is providing the following services for the CCGs and BTUH:

- Community Dermatology including Acne Clinics
- Community Urology Including Annual Cystoscopy Checks
- Community Gynaecology
- Community Neurology (Headache Clinic)

Board Members noted that the CCG had been working with Attain Procurement Support and NHS Basildon & Brentwood CCG to review the value for money aspect of the current service. The outcome of the review was to recommend an extension of the commissioning arrangement with Mayflower Community Services.

KW questioned the level of data being provided because this was limited to six months and should be expanded to a 12 month period to provide a balanced view.

LB confirmed that a rigorous discussion took place at the Finance & Performance Committee (FPC) suggesting a two year (with the option to extend by a further year) contract award, rather than three years. This also ensures that the contract expiry is aligned to the MSB block contract to provide flexibility. Assurances around quality and performance were provided at the FPC.

Members discussed the implications of dermatology services being provided on a block basis with BTUH. It was noted that there was a lack of alternative providers in the market and a need for continuity of services.

MA suggested another discussion be held within the Transformation and Sustainability Committee and/or FPC.

DECISION: The contract award to Mayflower Healthcare was **NOT APPROVED** at this meeting and is therefore subject to further scrutiny prior to virtual approval being sought.

ACTION: Further data regarding the Mayflower Healthcare contract renewal be provided to TASC/FPC to ensure the decision to renew is based on sufficient data. Should the recommendation remain the same, the decision will be ratified by the CCG Board in January.

Connect Health – Contract Extension
NHS Thurrock CCG and NHS Basildon & Brentwood CCG (BBCCG) commission Connect Health to provide:

- MSK Services
- Advanced Scope Physiotherapy Services
- Rheumatology Outpatient Services
- Pain Outpatient Services.

The contract was originally awarded by Basildon and Thurrock University Hospital NHS Foundation Trust in 2015/16 following a procurement process. The Lead Commissioner arrangement was novated from BTUH to NHS BBCCG. With provision to extend the contract for a further year, the contract has been extended.

	Members **NOTED** the one year contract extension for Connect Health.
10.	**Primary Care Report**

PC Transformation Update
RC presented the Primary Care Transformation update reporting that recruitment was underway for a mixed skill base for the Tilbury and Chadwell locality. The CCG was successful in securing £500k non-recurring funds through a 'Dragons Den' bid from the national team. A further £416,000 (non-recurrent funds) will also be received to support the STP Primary Care Strategy.

Electronic Referral Service (eSR)
RC advised that the CCG had 98% of referrals made through the eRS system.

EITSM
RC reported that the transfer of IT Service Provider from NELCSU to Arden and Gem CSU has been rescheduled.

IPlato
RC confirmed this has been rolled out and was proving successful in getting patients to cancel appoints without undue delays on the telephone.

GP WiFi
RC stated that most GP Practices now have WiFi, although there were some concerns regarding availability after hours and creating anti-social behaviour; the team were considering switching this off.

GP Online Services
It was noted that the current year target is 20% and the CCG is achieving 19%.

New Skill Mix
Following the introduction of the MSK service within the Hubs, the CCG are now introducing dieticians as well as physiotherapists and pharmacists and IAPT services. RC reported that this was really doing well.

Hubs
The Hubs have offered over 11,000 GP appointments and close to 8,000 nurse appointments, which had become very popular. Graphs within the report show the number of patients seen. The CCG is currently below the national average of 'Do Not Attend (DNA) appointments. The Hubs were audited, with complimentary feedback regarding the roll out of the Hubs, the introduction of newer services and patients reported satisfaction rates. RC noted that from next year, the Hubs have to offer 45 mins of appointments per 1000 of population which is a 50% increase in offer. The CCG are working with the hospital to see if there is an impact on readmission rates.

The Chair invited questions.

VB expressed dissatisfaction with hospital performance with regard to choose and book. RC responded that the hospital were struggling to publish their appointment times for clinics. The hospital was inundated with referrals. RC advised that the CCG can speak to the STP JC for support.

LL asked when the next Premises Meeting was due to take place. RC replied that premises are now on the STP footprint under the STP Estates Development Committee.

Members ***NOTED*** the Primary Care update report.

11.	**Governance**

CCG Board Self-Assessment and Annual Report
NA noted that the Board self-assessment and annual report had been presented in draft at the August meeting of the Board, and the final version had been circulated to Members outside of the Board meeting. The attached final version of the report was ***RECEIVED*** formally by the Board.

Policy Approval – Procurement Policy, Complaints Policy and EPRR Strategy
NA presented three policies for approval of the Board, noting that each policy had been to and recommended by the Audit Committee, in addition the Procurement Policy was also recommended by the Finance & Performance Committee.

NA noted that the Complaints Policy had been refreshed and included minor changes particularly around the introduction of the STP and how complaints will be handled that relate to work delegated to the STP Joint Committee.

NA noted that the Procurement Policy had undergone a complete review and had been written by colleagues within Attain, who are commissioned as experts to deliver procurement projects for the CCG.

Finally NA noted that the EPRR strategy had some minor amendments to streamline the policy and reflect changes in local structures.

DECISION: The CCG Board ***APPROVED*** the Complaints Policy, Procurement Policy and EPRR Strategy v4.0.

12.	**CCG Board Leads Update/Committee Chair's Update**

TH (chaired the last meeting of the FPC) and reported that the CCG was on plan to achieve the QIPP 96% target. MW advised that the internal target is 91% and the KPI's are looking good.

SM provided an update on CEG (see below).

AK provided an update on items presented at TASC.

AB updated Members on Time to Learn sessions and mandatory GP training.

MA noted that AB and a member of the commissioning team would present on diabetes in the new year.

VB congratulated the Primary Care Team for their hard work on the 'Dragon's Den' bid, and updated Members on elective and non-elective performance and Primary Care recruitment.

RM confirmed that the IAPT inadvertent addition to opiates was due to commence on 1st December.

AP (attending as a member of the public) introduced herself and advised that she has been sent by DWP from the local Job Centre to see whether any connections can be made with local health systems. AP reported that members of IAPT team have been assisting Work Coaches with customers that are unemployed and have mental health issues. AP reported that the link between unemployment and health is quite shocking, as is the link with deterioration of health conditions to physical to mental health. It was noted that 80% of people walking through the job centre door have multiple health conditions and as a service we are trying to work with them.

13.	**CEG Update**
	LL asked for AP to be invited to attend to T2L/CEG to enable GP colleagues to better understand the connections between job centres and health conditions. AP confirmed she would be happy to attend. **ACTION:** AP to be invited to attend CEG/Time to Learn
14.	**Thurrock Alliance MOU**
	MA explained that a draft MOU had previously been presented to the Board, which was approved subject to certain questions (raised at the Board meeting) being answered and that the Director of Transformation had met with Board Members and presented at TASC to respond to those questions. Virtual approval of the MOU was also received from all Members. **DECISION:** The Board ***RATIFIED*** the Thurrock Alliance MOU.
15.	**Items for Information**
	SWE System Winter Plan was ***NOTED*** by the Board. Minutes of the sub-committees were ***NOTED*** by the Board.
16.	**Items to Escalate:**
	There were no items to escalate to the Board Assurance Framework. The following items were escalated to other committee's / the Board: • The paper regarding Mayflower should go back to TASC and return to the January Board Meeting. There were no items escalated from other committee's / the Board.
11.	**Any Other Business**
	The following items of AOB were discussed: MA asked AH to provide an updated in relation to the Commissioning Reference Group. AH reported that the CRG meeting was held last week, it was well attended and included some new members. AH advised there was a medicine optimisation update regarding gluten free products. There was also an update on milk intolerance. AH commented that it would appear that a lot of GPs were not aware of these issues. An updated on IMCs was presented. Commissioning gave an update on mental health. AH commented that there was a lot of information to take in and that mental health is becoming increasingly significant. AH stated a major issue is there are so many pathways and issues that affect people's lives. Healthwatch provided an update. Communications also gave update as did Thurrock Lifestyle Solutions. LB thanked AH and asked whether there were any questions. There were none. AH would like to thank Lynne Hilkene, and the CCG for their support.
Date of Next Meeting	
23rd January 2019	