

MINUTES
CCG Board Meeting Part I
27 March 2019 at 10.00am
Gold Room, Orsett Hall, Prince Charles Avenue, Orsett RM16 3HS

Present:	Dr A Deshpande (AD)	Chair of the Board
	Ms M Ansell (MA)	Accountable Officer
	Ms L Buckland (LB)	Deputy Chair and Lay Member (Governance)
	Dr V Bhat (VB)	GP Board Member
	Dr A Bose (AB)	GP Board Member
	Ms J Foster-Taylor (JFT)	Chief Nurse
	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 H Okoi (HO)	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)
	Mr R Harris (RH)	Corporate Director of Adults, Housing & Heath, Thurrock Council
	Ms L Hilkene (LH) (Minutes)	Executive Business Manager
	Ms J Hucey (JHu)	Director of Transformation
	Mr A Hudson (AH)	PPG/Chair of CRG
	Ms F Ryan (FR)	Director of Operations, BTUH
	Mr S Shaw (SS)	Local Democracy Reporter
	Mr T Shaw (TS)	Regional Director Partnerships, Seimans Healthcare
	Mr M Tebbs (MT)	Director of Commissioning
	Mr I Wake (IW)	Director of Thurrock Public Health

Apologies:	Dr J Hale (JHa)	Secondary Care Consultant
	Ms K James (KJ)	Chief Operating Officer, Healthwatch Thurrock
	Dr N Raj (NR)	GP Board Member

1. Welcome & Apologies	The Chair welcomed all to the meeting. The apologies were noted as above.
2. Declaration of Interest	<p><i>“In accordance with Section 140 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 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.</i></p> <p><i>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”</i></p> <p>The Chair asked Members to be mindful of the statement on declaring interests and reiterated the importance of following good governance and CCG Policy in declaring interests. The Chair requested any Declaration of Interest that was not already on the register or any interests that had a specific impact on intended agenda items, none were declared.</p>
3. Minutes of the Meeting and Action Log	<p>The minutes of the meeting held on 23 January 2019 were approved as a true record except for the following amendment:</p> <ul style="list-style-type: none"> Page 7, item 10, second paragraph, should read...”Consultant Document was approved by Thurrock Full Council on 11 December 2018”... and not 2019. <p>Action Log The items from the Action Log were discussed and updates provided. See attached.</p>
4. Thurrock Cancer Performance	<p>Following an invitation from the TCCG Board for a representative from BTUH to attend and present to TCCG Board members following poor cancer performance figures for Thurrock patients compared to BBCCG, the Chair introduced Fiona Ryan (FR), Director of Operations, Basildon & Thurrock University Hospitals NHS Foundation Trust (BTUH) who gave a slideshow presentation on ‘BTUH Cancer Delivery Thurrock CCG Patients’.</p> <p>Following the presentation, FR invited any questions.</p> <p>AB commented on the lower rates for Gynaecological, Lower GI and Skin, and questioned whether this was due to better community services. AB also invited FR to present findings and results at a future ‘Time to Learn’ (T2L) session to GPs and clinicians. FR replied she would be happy to attend.</p> <p>HO referred to cancer treatments per 100,000 population and asked if there was any supporting data that Thurrock is lower than BTUH, as the figures imply Thurrock is referring patients less? FR offered to check the data, but stated from her knowledge, it looked to be a population variance.</p>

AK made reference to the 62 day wait. FR stated there is a variance mix of a more complicated pathway and reiterated the pressure of delivering on time and making a recovery back to a realistic position. AK agreed but was also conscious of the need to continue to move forward or figures will slide back again.

IW stated there are multiple associated problems ranging from smoking, mortality (above the national average), bowel cancer which has a high prevalence in the area but low uptake of screening which is significantly lower than national average. However, a new testing kit will be launched soon which may help.

VB introduced himself as the new McMillan GP for the TCCG and stressed the importance of public awareness and advised it was hoped to give a short presentation to GPs at a future Clinical Engagement Committee (CEG) in the very near future.

JFT gave thanks to FR for the presentation and noted that that January performance figures for the 62 day wait are higher than BBCCG for a number of months. Discussion followed and concern was noted on the percentage of patients that are not seen within this period. FR stressed that everything is being done to manage, including daily calls and regular meetings.

MA reminded Board members and urged them to attend the launch of the cancer lung testing programme for Thurrock to be held in the Academic Centre at BTUH this evening. MA added that TCCG and Luton & Beds CCG were jointly in the process of appointing a new Director to oversee the programme. IW echoed the good news of the launch which will also look at the connection with the high level of smoking in the area, linking in with Thurrock Council's smoking cessation programme.

The Chair thanked FR for attending and invited her to attend for an update in six months' time.

5. Board Assurance Framework / STP Joint Committee Board Assurance Framework

NA presented the Board Assurance Framework Dashboard noting that the risks had been updated and presented at sub-committees for the review of risks associated with each committee. NA noted that there were 39 risks included on the register, 10 were rated red and therefore constituted the CCG BAF risks. NA stated that BAF risks were discussed in more detail within the Board papers on the agenda.

NA also highlighted to Members that risks relating to the STP Joint Committee (STPJC) had been removed from the CCG registers and a separate STPJC risk register was included within the papers to ensure that the Board are fully sighted on all risks for which the CCG is accountable.

JFT stated that there were two risks on the BAF that required further updating (QPS21 Child Protection Medical Examinations, and QPS22 Serious Case Reviews), whereby the mitigations for the risks were in the full register and so were not apparent in the dashboard. JFT has undertaken a full review of the two risks, and confirmed to Members that the risks stated within the register had been appropriately mitigated and there has been no impact on safeguarding children, and the CCG has fulfilled all its duties in a timely fashion with regard to medical examinations and the completion of serious case reviews. JFT acknowledged that some staffing difficulties could have impacted on capacity, but that additional controls were put in place to ensure that CCG duties were delivered.

JFT stated that further risk training will be provided and the Executive Team will ensure that all risks are fully reviewed prior to the register being published to ensure that all risks are fully updated.

	<p>AD stated that the Senior Management Team would review the risk management process to provide further assurance to the Board.</p>
<p>6.</p>	<p>Quality Report</p> <p>JFT presented the Quality Report and highlighted several key areas.</p> <p>EPUT EPUT continues to be monitored through the clinical quality groups, following the CQC actions from their recent inspection, with good progress being made.</p> <p>CQC inspection reports on Rawreth Court and Clifton Lodge Nursing Homes have now been received; the quality team will be working with the Trust to address any areas of learning.</p> <p>Three CQC reports have been received that should be noted, all receiving an overall rating of 'Good': Hollywood Care home, Collins House and Whitehall House.</p> <p>The TCCG will be working closely with Aveley Medical Centre who recently received an 'Inadequate' rating following a CQC inspection on 2 December 2018.</p> <p>NELFT have been given notice of a forthcoming CQC inspection. TCCG will be working alongside BBCCG in preparation for the inspection.</p> <p>The CQC report for Broomfield Hospital is now published following inspections. Improvements are required in all areas except 'Caring' which received a 'Good' rating for both inspections. The JCT are monitoring through the work-plan.</p> <p>St Andrew's Healthcare, Mansfield has recently been placed into special measures. JFT confirmed the CCG currently have no funded patients in situ.</p> <p>The TCCG Complaints team have been co-operating with the MSB Group of hospitals in identifying trends and themes going through the complaints/PALS service for service improvement.</p> <p>A new Domestic Abuse Single Point of Access from the 1st April has been funded by Thurrock Council and other services, which will include providing specialist accommodation to support vulnerable individuals into safer environments.</p> <p>A National Cervical Screening Campaign has been launched by Public Health England on 5 March 2019 to increase participation in the overall screening campaign.</p>
<p>7.</p>	<p>Finance</p> <p>Finance Report</p> <p>MW briefly presented the Month 11 Finance Report. MW stated the CCG is on track to deliver and a breakeven position this year, with more confidence on delivery. However, there were pressures from over performance on the London providers, mainly due to high cost treatments.</p> <p>MW explained that at the last Board seminar she had suggested a £500k increase in forecast for prescribing; this has now been mitigated down to £300k. There were several credits that came through which allowed the breakeven position, and held the Month 11 numbers fairly firm. The whole position overall has been balanced by the prescribing budget which continues to underspend, largely due to the QIPP programme, which also had a big impact on balancing.</p> <p>Financial Planning Update</p> <p>The financial plan is due to be submitted on 4 April 2019. The final position for ratification will probably not change; however a further plan will need to be submitted next month, this was due</p>

	<p>to contracts exchanging in the next few days.</p> <p>MW confirmed the Plan had been through Finance and Performance Committee and it was hoped to breakeven but not without challenges. Three key contracts should be noted; MSB Group contract funded at 6.4%; investment into the ambulance contact at 14% and expectation of increased spend in the mental health.</p> <p>MW circulated a spreadsheet and advised members not to expect any major changes. The JCT will manage on our behalf. The CCG have managed to maintain contingency reserve, with a total of £1.7m reserves. 70% of costs are now fixed, however this does leave it tight for investments. but they will stay in the plan.</p> <p>It was noted that £6.8m from the QIPP programme is incorporated in the plan which has been through TASC.</p> <p>MW highlighted a couple of areas of risk on the acute contract, with possible overspend on the prescribing and CHC budgets.</p>
<p>8.</p>	<p>Commissioning</p> <p>Commissioning Update MT briefly presented the salient points of the Commissioning Update which provides an update on the key commissioning commitments in the CCG Operational plan.</p> <p>The Community Headache Service pilot scheme which commenced last year has been extended for a further six months from 1 April 2019.</p> <p>The Children & Young People had a recent SEND inspection jointly undertaken by the CQC and OfSTED; the results are awaited and feedback will be given to the Board in due course.</p> <p>Emotional Wellbeing and Mental Health Service Thurrock is slightly behind the NHS England national targets of 32% for demonstrating referral and acceptances at 30.9%.</p> <p>Schools Wellbeing Service The CCG are working hard with the Public Health on the Schools Wellbeing Service in a partnership model also including Thurrock schools that will focus on the mental wellbeing of children and young people as well as school staff.</p> <p>LD Health Check Performance Performance at week 49 shows we had increased the number of checks compared to last year. However, the rise in target is insignificant, so the target is unlikely to be met, but MT stressed the action plan is robust and significant work has been completed in identifying young people that are not on the register.</p> <p>MT invited any questions.</p> <p>The Chair asked for clarity on the local maternity services (LMS). MT advised the service covers all pathways and work has included engaging proactively with local providers. It is hoped to be able to better communicate these services to the general public and the STP partners will continue work in 2019/20 to embed changes in practice and deliver further improvements to safety, personalisation and choice for women using maternity services.</p> <p>Mental Health Transformation Plan MT presented the Mental Health Transformation Plan which had been prepared by himself, IW and Catherine Wilson, Strategic Lead Commissioning, Thurrock Council. The paper had also</p>

	<p>been presented at Thurrock Council Full Cabinet, Thurrock Mental Health Transformation Board and the Heath Overview and Scrutiny Board.</p> <p>MT briefly explained the report highlights some of the key messages on needs assessment and areas of transformation that need to be addressed locally. MT gave reassurance to the Board that a strategic transformation board has been set up where key partners will be brought in to oversee delivery of the plan, including sub-groups.</p> <p>IW emphasised the large amount of work still to be completed with a sign off date of around the end of 2019/20. RH stated there was a whole collaboration around the work to be completed which has the backing of Thurrock Council.</p>
9.	<p>Transformation Update</p> <p>JHu gave a brief update on 'For Thurrock in Thurrock Transformation progress to-date.</p> <p>A workshop will take place on 1 April to capture/refresh a joint Thurrock vision for the future and plan the next steps. Ian Stidston, Head of Integrated Commissioning, has been working with the team and liaising with Thurrock Public Health on developing new outcomes which will feed into the workshop.</p> <p>The Tilbury and Chadwell Locality Primary Care Network has now fully recruited a full team and will be in post by 1 April. Staff will be going through a wide induction and getting to know the teams, with the Grays network following on through. JHu advised a baseline audit will be completed in Tilbury and Chadwell which will move into Grays to understand the impact, particularly the partnership with NELFT.</p> <p>Work has taken place to understand the skill mix groups in terms of GP capacity with meetings with groups of GPs within the locality networks. Further discussions are ongoing including capturing at CEG.</p> <p>Community led support teams are now in situ, based in community hubs and other venues, with drop in sessions to build relationships, and Wellbeing teams coming on line early summer.</p> <p>Public engagement started in early 2016 which asked people what they were looking for around new models of care, with another public engagement scheduled for this year to engage with the public to make sure things are on the right track.</p> <p>JHu advised that E-Consult was back on track after being held up pending an STP-wide approach. Roll out will be through CEG.</p> <p>JHu invited any questions.</p> <p>LB asked for clarity on how the new roles would be evaluated? JHu replied that roles would need time to bed in, probably around 3-6 months, when results would be seen. IW stated that evaluation is complex but there are routine data sets that are used including outcomes of specific professionals.</p>
10.	<p>Public Health Report</p> <p>IW presented the Public Health Report and highlighted the salient points.</p> <p>Lower Thames Crossing (LTC)</p> <p>As advised at previous Board meetings, Thurrock Council has opposed the LTC proposals but have since agreed, in line with all affected Councils, to adopt the M4 Smart Motorway Project using the Welsh methodology. An advisory group has been formed to manage this and have already met on the 29 January with further workshops planned for the public.</p>

	<p>Whole Systems Obesity Strategy A very successful Summit took place at Orsett Hall recently with over 100 people in attendance, representing a wide range of stakeholders including the CCG.</p> <p>Children’s Mental Health and Wellbeing A new approach to influence schools to participate in tackling obesity by focussing on prevention and early intervention in schools should be embedded in a phased approach during 2019/20. This will include targeting the uptake of healthy school meals, active travel to and from school and focussing on increasing physical activity in and outside the school environment.</p> <p>Joint Strategic Needs Assessment (JSNA) Programme There were two JSNA for Board members to note; one on Sexual Violence and Abuse, and one on Looked after Children.</p> <p>Healthcare Public Health The smoking cessation programme and the NHS Health checks activity for 2018/19 will unfortunately both be significantly under target by the of the financial year, despite the implementation of a recovery plan.</p>
<p>11.</p>	<p>Thurrock Council Report RH presented the Thurrock Council Report and highlighted key developments.</p> <p>The Council had recently set its budget for the coming year with a zero council tax increase.</p> <p>The Green Paper on Adult Social Care is still awaited, which is unsettling in terms of funding.</p> <p>The Local Plan was made reference to at the last Board meeting. However, RH stated it was important to note that the plan will define the overall framework of work within the local authority; infrastructure, roads, schools, planning etc. and encouraged the engagement of the CCG along with our partners to become involved. RH offered to present at a future Seminar Board meeting to explain further.</p> <p>Action: It was Agreed to invite RH to the next Board Seminar to present the Local Plan in more detail.</p> <p>Local elections are scheduled for 2 May and a by-election took place last week in Aveley and Uplands ward.</p> <p>RH invited any questions.</p> <p>TH stated he thought it was slightly untrue to say council tax had not been increased, as being a Thurrock resident, his own council tax had risen due to an increase in police services.</p> <p>AH asked for the Thurrock Council website to be more user friendly for the general public. RH said he would take these comments back to his team.</p>
<p>12.</p>	<p>Corporate Risk Appetite NA proposed that the Board Risk Appetite statement be rolled over from the previous year, no changes were proposed. NA requested the statement for 2019/20 be circulated and agreed virtually.</p> <p>DECISION: The Board APPROVED the process for agreeing the Risk Appetite Statement virtually, to be ratified at the next meeting.</p>

	<p>CCG Strategic/Corporate Objectives 2019/20 NA presented the proposed CCG Strategic/Corporate Objectives for 2019/20 commenting that they remain unchanged from the previous year. NA stated that discussions with the Executive Team concluded that whilst there had been changes in relation to the STPJC, the overarching aims and objectives of the CCG remain unchanged and therefore the existing objectives are still valid.</p> <p>DECISION: The Board DISCUSSED AND APPROVED the CCG Strategic/Corporate Objectives 2019/20</p> <p>Corporate Calendar Board members NOTED the 2019/20 Corporate Calendar.</p> <p>Safeguarding Children & Young People (SCYP) Policy & Procedures Policy and Personal Health Budget Policy NA stated that both policies had been presented at the Quality Patient & Safety Committee and the Integrated Governance Group, who recommended for Board approval. It was noted the policies would also be presented to the Audit Committee for information.</p> <p>LB provided assurance that the SCYP Policy had been discussed in detail at the Quality & Patient Safety Committee.</p> <p>DECISION: The Board APPROVED both the Safeguarding Children & Young People Policy & Procedures and the Personal Health Budget Policy.</p>
<p>13.</p>	<p>CCG Board Leads Update / Committee Chair's Update RM reiterated the works of Mental Health Transformation Plan under item 8.</p> <p>HO gave a brief update on the following:</p> <ul style="list-style-type: none"> • the last SW Essex MMC meeting at BTUH was cancelled; • the Prescribing Quality Incentive Scheme 2019/20 was presented at the Conflicts of Interest Committee (COIC) and Approved; • concerns were raised that the STP in reviewing the DVT pathway with the Stroke pathway, are not engaging with the Head of the Medicines Management of TCCG and BBCCG (Denise Rabbette, DR) when considering medication management. The management of the Dry Eye pathway was also reviewed without siting DR. • work on the Shared Care Protocol ADHD EPUT was ongoing. <p>LL stated that last Finance & Performance Committee had been virtual. MW had summarised Month 11 which was covered under item 7 on the Agenda.</p> <p>AK advised that TASC held on 8 March 2019 had approved a 12 month extension of the Tier III Weight Management Contract with More Life.</p>
<p>14.</p>	<p>CEG Update / CRG update</p> <p>CEG Update SM advised the last CEG had been well attended and next Month the whole session will be dedicated to Primary Care Networks.</p> <p>CRG Update AH stated that new members had attended the last CRG which was very encouraging. Ian Stidston (IS) gave a welcome presentation on the NHS long term plan. AH welcomed public meetings that engaged the public to help understand the transformation better.</p> <p>AH reiterated his request for GP practices to display leaflets from the CCG and Thurrock Council</p>

	in a more prominent position in surgeries.
15.	STP Joint Committee Chair's Update / STP Joint Committee Minutes
	<p>The Chair briefly highlighted the last STP Joint Committee meeting and explained he had also attended a meeting with Dr Paul Watson, Regional Director, NHS England including Chairs and Dr Anita Donley, Mid & south Essex STP Lead. During the meeting Dr Watson advised that procedures have been set in place for a new structure which will include the selection of one Accountable Officer across the five CCGs combined. The finer details are yet to be agreed but it is thought the commissioning structure will be separated and the primary care network may well become separate under NHSE. A more detailed plan is scheduled to be released in June 2019 after further meetings with the Programme Director.</p> <p>IW and RH expressed their concerns around decisions made that may undermine the work with the Health & Wellbeing Board which has already been achieved between Thurrock Council and NHS England. Discussions followed and RH gave an example of comparison of other areas in the UK which work well together.</p>
16.	For Information
	The minutes of the TASC held on 14 February 2019 were noted.
17.	Items to Escalate
	<p>There were no items to escalate to the Board Assurance Framework.</p> <p>There were no items to escalate to other Committee's / the Board.</p> <p>There were no items escalated from other Committee's / the Board.</p>
18.	Any Other Business
	<ul style="list-style-type: none"> The Board NOTED the Prescribing Quality Incentive Scheme 2019/20 was presented at the Conflicts of Interest Committee (COIC) and Approved (as covered under item 13). <p>Meeting ended at 12.30pm.</p>
19	Date of Next Meeting
	Seminar – 24 April 2019