

**MINUTES**  
**Commissioning Reference Group**  
**20<sup>th</sup> November 2018 at 4:00 pm**  
**Beehive Centre**

<b>Present:</b>	Alan Hudson (Chair) (AH-C)	PPG/TCRG
	Angela Jarvis (AJ)	Chair PPG St Clements
	Cheryl Ramballi (CR)	Operations Manager/ Pathology First
	Terrance Brown (TB)	Chafford Medical Centre PPG
	Graham Tidman (GT)	Thurrock Stroke Project
	Alan Harmer (AH)	Dr Yadava PPG
	Tony Davis (TD)	Rigg Milner PPG
	Alice Canes (AC)	Service Delivery Manager, IC24
	Charlotte Whyman (CW)	Service Delivery Manager, IC24
	Barbara Rice (BR)	Healthwatch Thurrock
	Maureen Cushing (MC)	Hassengate PPG
	Marcus Cushing (MCU)	Hassengate PPG
	Louise Banks (LB)	TCCG – Head of Communications
	Nick Hammond (NH)	TCCG – Estates and IT lead
	Mayowa Kushimo (MK)	TCCG – Senior Commissioning Manager, Mental Health and LD
	Judith Harding (JH)	TCCG – Meds Management
	Sam Galvin (SG)	TCCG
	Susan Duffy (SD)	TCCG
<b>Apologies:</b>	Kevin Brice, Terry Brown, Lesley Buckland	

<b>1.</b>	<b>Welcome &amp; Apologies</b>
	The Committee Chair welcomed everyone to the meeting. Apologies received as above.
<b>2.</b>	<b>Declaration of Interest</b>
	<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 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.</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</i></p> <p style="text-align: center;"><i>Vision Statement: The Health and care experience of the people of Thurrock will be improved as a result of our working effectively together.</i></p>

	<p><i>meeting will be recorded within the 'Recorded Conflicts of Interest Register', which are available on the CCG website"</i></p> <p>The Chair requested any Declaration of Interest that was not already on the register, nothing was declared.</p>
<p><b>3.</b></p>	<p><b>Minutes of the meeting held on 18<sup>th</sup> September 2018 and Action Log</b></p> <p>The minutes of the previous meeting were agreed with one amendment – CR asked that <u>booked</u> (not walk in) appointments were promoted.</p> <p><b>There were no items from the Action Log.</b></p>
<p><b>4.</b></p>	<p><b>Medicines Optimisation Update</b></p> <p><b>1. Gluten Free Update</b></p> <p>JH updated the meeting on the imminent changes that are happening with regards to GPs prescribing gluten free (GF) foods for Coeliac patients.</p> <p>Currently in Thurrock all GF foods are prescribed for both adults and children - this costs up to £25k per month to fund. This is not the case in neighbouring boroughs and the current prescribing of these items varies widely across the country, so a consultation was carried out across England and Wales last year resulting in a report being published in February 2018.</p> <p>The options considered were:</p> <ol style="list-style-type: none"> <li>1) Prescribe all GF food through GPs,</li> <li>2) Stop prescribing GF foods all together or</li> <li>3) Agree on restricted prescription of GF foods.</li> </ol> <p>This issue raised many concerns, particularly because of the high costs of these items in supermarkets.</p> <p>The decision made as a result of the consultation was that everything other than GF Bread and GF Flour mixes would be removed from the drug Tariff which will mean that Doctors will not be able to prescribe anything other than those two items once the legislation comes in. This does mean that there will be consistency across the country as some areas were not prescribing at all. There will be a separate consultation on the brands available.</p> <p>Thurrock CCG will continue to prescribe as they have been until the legislation comes into force and then only the bread and flour mixes will be able to be prescribed. This will probably be in early 2019.</p> <p>Consequently there will need to be a communication drive to ensure that all those affected are aware of the changes coming into play.</p> <p>There have been no further GF restrictions notified as yet but it has been calculated that these new restrictions will produce savings of over £20m nationally.</p> <p><b>Q.</b> Do the savings include the cost of medication?  <b>A.</b> JH explained that there is no medication to treat Coeliac Disease – just having a gluten free diet will control it.</p> <p><b>Q.</b> After legislation goes through can Thurrock continue prescribing everything as they have been?  <b>A.</b> No. They will not be able to prescribe anything that is removed from the drug tariff.</p> <p><b>Q.</b> Does only prescribing these two items pose any risks to health?</p>

**A.** The only risks are if a GF diet is not followed as the condition affects absorption in the gut which could lead to such things as osteoporosis and other problems that rely on absorption of nutrients through the gut. These two items were chosen as they are the ones that would be more expensive for patients to purchase – all other GF food does not cost that much more than non GF.

## **2. Milk Allergy Pathway**

JH showed the meeting a video summarising the difficulties mothers have when their babies suffer with Cows Milk Allergies (CMA).

Previously there has been no clear guidance before diagnosis was made before the new 2016/17 guidelines were written.

Doctors and parents alike were unsure of procedures and needed support as the only real way to check was to remove milk from the diet then add it back gradually to challenge the allergy. A lot of the time prescriptions were made for Extensively Hydrolysed Formula (EFH) which is extremely costly and also not necessarily the right way forward.

JH introduced the local pathway that has been agreed so that all involved know what should happen. There is a need to ensure that CMA is picked up and to standardise methods.

Dieticians, Health visitors, GPs, and Basildon Hospital paediatricians have developed a scoring sheet to help diagnose CMA and this is now installed on the GP and practice IT systems. There is also now a guidance booklet for parents if CMA is suspected.

There has been targeted education/training on this topic with GPs and nurses and there will be more going forward as well as looking to see how to engage more with families.

Work is being done through various organisations to raise awareness with parents on this issue and there are now extra dieticians in the hubs so that families can be seen quicker. Prescribing costs for EHF have come down considerably so the advice and guidance pathway is already starting to have an impact.

**Q.** How long do you stop milk in the diet before re-introducing it?

**A.** Generally for a baby it is 4 weeks but it is all explained in the booklet. The aim of this is to increase the level of understanding of the condition and it is important for a baby with MA to be under the dietician as soon as possible. They need to build up a tolerance to the allergy but most children do grow out of it.

## **5. Integrated Medical Centres (IMC) Update**

NH updated the meeting on the proposed IMCs in planning.

The referral from Southend HOSC to the Secretary of State has delayed progress a little but plans are still going ahead to future proof the Health services in the Thurrock area. Thurrock Council are planning for over 32,000 new homes. This will mean an extra 90,000 people who will need health care.

The IMCs will be situated in Corringham, Tilbury, Purfleet and Grays, and the CCG are working in collaboration with various trusts and looking at rebranding and improving health care so that community health services become more robust for patients.

**Q.** This has been on the cards to make up the shortfall in Doctors and nurses before the STP

came along so is it tied up with that?

**A.** Regardless of what happens the IMCs are needed for future proofing the health service.

**Q.** As there will be different providers for each centre will the centres be different?

**A.** There will be minor differences but they will all be branded the same and will do the same thing. There will be the facility to share services so if one thing is in 2 centres then the other 2 will also be able to access them.

**Q.** There will be a library in one – will there be one in all of them?

**A.** There will not necessarily be a library in all 4 but there will be community spaces for the community to use.

**Q.** Have the IMCs been funded by outside people? Was it with money raised from the sale of Orsett Hospital?

**A.** Honest answer is that I don't really know but the understanding is that any monies made out of the Orsett Hospital sale will go back into the local NHS.

**Q.** Who decided to close Orsett Hospital?

**A.** This was a clinical decision made by the Joint Committees and the 5 CCGs. (BR said that the Thurrock CCG chair abstained from the vote). It was not a political decision though and no politicians were involved.

**Q.** Can the real estate that Orsett Hospital stands on actually be sold? Some thought that it was land specifically for a hospital.

**A.** MC commented that there may have been a covenant that stated this, but this may well not now be traceable so there will probably not be another hospital built on the site. NH added that there have been discussions on using the site for new housing. BR informed the meeting that there is a special council meeting planned to discuss housing as well as the Lower Thames crossing and also that some of the planned building of new homes had already started.

**Q.** Are there IMCs in other parts of the country that prove they work well?

**A.** The IMCs in Dudley and also Harlow are being used as examples of good practice.

## 6. **Commissioning Update – Mental health**

MK addressed the meeting with updates on various work streams.

### **SMI Physical Health Checks –**

Work is on-going to increase the number of health checks with the help of a data cleansing exercise. There is a 60% target in 2018/19 nationally

### **Integrating Primary care with Mental health –**

Primary Care are recruiting a Community Psychiatric Nurse (CPN) to be based in Tilbury and Chadwell as more is being invested in mental health.

Work is also on-going to form a link between secondary and primary care

### **Early Intervention in Psychosis (EIP) –**

The team is currently delivering in Thurrock but is based in Basildon but EIP staff are to be based in Thurrock for better care co-ordination. Access and waiting times target has been met.

### **IAPT – Improving Access to Psychological Therapies**

Recovery rate continues to perform above target – 58.7% in quarter 1 and 54.7% in quarter 2. Access is improving and more PWPs and High Intensity staff are being recruited. In other areas of IAPT, there is a pilot looking at Long Term Conditions (LTC) plus a 6 month pilot project looking into pain management.

### **Individual Placement Support (IPS)**

This is for people in secondary mental health services to find and retain employment. Thurrock were unsuccessful in getting funding for this under wave 1 but the wave 2 bid has been launched.

### **Urgent and Immediate Care (IMC) for mental Health – support when in crisis**

There are various avenues for support in crisis –

SI36 – Street triage service

RAID - Psychiatry liaison

24/7 Crisis Response and Care Pathway

111 Service

All these are routes to take that can help in preventing hospitalisation.

### **Personality Disorders (PD)**

A pathway has been put in place developed and jointly delivered by EPUT and Inclusion Thurrock to support the therapeutic needs of people across Primary and Secondary Care.

**Q.** Why is Mental Health integrating with GPs in Chadwell St Mary?

**A.** Patients with mental health conditions are better served having a CPN working with the practice.

**Q.** Will each practice have their own mental health nurse?

**A.** CCG would have to look at funding for that but there are not enough CPNs to have one per practice. Could be looking at Health Alliances with practices sharing the CPNs – there may be a CPN base and practices would make referrals to them. Would be a good way to share resources.

**Q.** What is happening in Corringham?

**A.** We are looking at locality models. There is currently a Tilbury pilot and other locations are coming forward and once we know the results of the pilot, we will see all localities offer the same standard.

**Q.** There have been reports recently with criticism on existing services and for people in crisis.

**A.** Overall there is no problem with waiting times but this is being taken on board by the service who are looking at increasing health checks.

**Q.** It has been in the news that services provided and health check numbers are poor for those with Learning Difficulties?

**A.** These problems have now been recognised and are being addressed with parity of esteem putting mental health on an equal footing with physical health. Medication will be reviewed more regularly so that over medication can be stopped but it was agreed that there are still gaps in services.

**Q.** In general terms of figures on waiting times for treatment for those with mental health conditions, is there a target?

**A.** The target is 98% seen in 6 weeks and we are meeting this at 99.6% due to improvements

that have been made in recent years.

BR added that from working in Social Prescribing she has seen a 12 week wait for inclusion because of the different steps that need to be taken. The telephone assessment team is struggling with high numbers and there is an increasingly long wait for Rape and Incest crisis centres so there is still some way to go.

## 7. Healthwatch Update

BR gave a Healthwatch (HW) staff update and also an overview of her background in the Health Service

BR then informed the meeting of work that is going on in Healthwatch at the moment

HW has spoken to 500 people to get their views for the JSNA Report on Cancer.

HW are now carrying out a generic survey on hospital and GP appointments and also focussing on problems in Dentistry.

Thurrock is the second highest area for tooth extractions with one third of children having had at least one extraction before they start school. HW are working with the staff and parents at Children's Centres and patients, to study the problem and spread good practice.

This has also incorporated a survey in care homes to look at guidance that should be followed for residents and look at having care plans in place for dental hygiene.

The Dentistry JSNA is includes everyone whatever their circumstances and is a national piece of work.

The next subject HW will be looking at is ophthalmology and will include cost of glasses, cataract operations, after care services following eye operations etc.

**Q.** When will the dentistry report be finished?

**A.** The aim is January but because it covers work in a huge number of children's centres and care homes it is a huge piece of work. It will also include those with learning difficulties and how it affects them.

**Q.** Is the project on-going until January when the report is due?

**A.** Finalising the project should not take too long as papers are prepared as each part is finished. It just has to all be brought together but so far it does look like a lot of people are just not going to the dentist because the costs are too high.

There was then a discussion on the continuing high level of sugar in children's diets with this being a major contributing adverse factor to children's dental health.

**Q.** Is there an education element being looked at to combat the problems?

**A.** Yes – and the surveys are asking parents as well as children so that the surveys produce a complete picture.

BR completed the update by informing the meeting that HW are hoping to get more funding as a result to target the problem areas highlighted by the report.

## 8. Communications Update

LB welcomed the new people to the meeting, noted the increased attendance and gave an update on recent issues.

CCG are trying to engage with parents of young children to lighten the pressures at A&E as in the case of children, it's often not the best place for them to be. Pathways have been issued for the three most common ailments for children – Head Injuries, Bronchiolitis and Gastro-enteritis, giving guidance on what to do. All GP practices now have clinical versions of the pathways and all CCGs in Mid and South Essex are taking the same action. Communication and information is being given to parents through schools, Health Visitors and Public health in Thurrock, Southend and Essex councils and there are online communications as well as a leaflet entitled Stay Well. All these give simple advice promoting other avenues more suitable than A&E.

Flu Vaccinations – There is a focus on young children getting their free flu vaccinations. There is also a focus on pregnant women which includes dispelling the myths surrounding the vaccines.

Communications – LB asked how many people see CCG leaflets in GP surgeries, pharmacies etc. Leaflets and information are sent to these places as well as libraries and LB tasked the group to look out for them to see where work is needed to get CCG information out to people in the community.

Learning Disabilities – There is a briefing with Thurrock Lifestyle Solutions on 4<sup>th</sup> December in a bid to get key messages out to the right people. There is a need to ensure that we are engaging with those with learning disabilities and ensuring a level of understanding of what is available to help them stay well. CCG are also looking for gaps in service where improvements could be made.

New PPI Lay member – there is a need to recruit a new PPI lay member because Gillian Ross, the lay member for PPI has now left so LB will keep the group updated on this.

LB also asked for suggestions such as Facebook, local pages on line etc. that would be good avenues for communication with parents.

#### **8. Items to Escalate:**

There were no items to escalate to the Board Assurance Framework.

There were no items to escalate to other committee's / the Board.

There were no items escalated from other committee's / the Board.

#### **9. Any Other Business**

AH-C reminded those present that the Board meeting scheduled for 10:00 am at Orsett Hall on 28<sup>th</sup> November is one that the public can attend.

AH-C thanked everyone for coming and closed the meeting.

#### **Date of Next Meeting**

*Tuesday 15<sup>th</sup> January 2019 at 4:00 pm*