

Thurrock - An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future

Health and Wellbeing Overview and Scrutiny Committee

The meeting will be held at **7.00 pm** on **13 June 2019**

Committee Room 1, Civic Offices, New Road, Grays, Essex, RM17 6SL

Membership:

Councillors Victoria Holloway (Chair), Shane Ralph (Vice-Chair), Tom Kelly, Sara Muldowney, Joycelyn Redsell and Elizabeth Rigby

Ian Evans (Thurrock Coalition Representative) and Kim James (Healthwatch Thurrock Representative)

Substitutes:

Councillors John Allen, Alex Anderson, Cathy Kent, Sue Sammons and Sue Shinnick

Agenda

Open to Public and Press

	Page
1. Apologies for Absence	
2. Minutes	5 - 12
To approve as a correct record the minutes of the Health and Wellbeing Overview and Scrutiny Committee meeting held on 7 March 2019.	
3. Urgent Items	
To receive additional items that the Chair is of the opinion should be considered as a matter of urgency, in accordance with Section 100B (4) (b) of the Local Government Act 1972.	
4. Declarations of Interests	

5. **HealthWatch**
6. **Mid & South Essex Sustainability and Transformation Partnership (Verbal Update)**
7. **Targeted Lung Health Checks Programme - Thurrock Clinical Commissioning Group** **13 - 26**
8. **Primary Care Networks** **27 - 38**
9. **Work Programme** **39 - 40**

Queries regarding this Agenda or notification of apologies:

Please contact Jenny Shade, Senior Democratic Services Officer by sending an email to Direct.Democracy@thurrock.gov.uk

Agenda published on: **5 June 2019**

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DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF

Breaching those parts identified as a pecuniary interest is potentially a criminal offence

Helpful Reminders for Members

- *Is your register of interests up to date?*
- *In particular have you declared to the Monitoring Officer all disclosable pecuniary interests?*
- *Have you checked the register to ensure that they have been recorded correctly?*

When should you declare an interest *at a meeting*?

- **What matters are being discussed at the meeting?** (including Council, Cabinet, Committees, Subs, Joint Committees and Joint Subs); or
- If you are a Cabinet Member making decisions other than in Cabinet **what matter is before you for single member decision?**



Does the business to be transacted at the meeting

- relate to; or
- likely to affect

any of your registered interests and in particular any of your Disclosable Pecuniary Interests?

Disclosable Pecuniary Interests shall include your interests or those of:

- your spouse or civil partner's
- a person you are living with as husband/ wife
- a person you are living with as if you were civil partners

where you are aware that this other person has the interest.

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What is a Non-Pecuniary interest? – this is an interest which is not pecuniary (as defined) but is nonetheless so significant that a member of the public with knowledge of the relevant facts, would reasonably regard to be so significant that it would materially impact upon your judgement of the public interest.

Pecuniary

If the interest is not already in the register you must (unless the interest has been agreed by the Monitoring Officer to be sensitive) disclose the existence and nature of the interest to the meeting

If the Interest is not entered in the register and is not the subject of a pending notification you must within 28 days notify the Monitoring Officer of the interest for inclusion in the register

Unless you have received dispensation upon previous application from the Monitoring Officer, you must:

- Not participate or participate further in any discussion of the matter at a meeting;
- Not participate in any vote or further vote taken at the meeting; and
- leave the room while the item is being considered/voted upon

If you are a Cabinet Member you may make arrangements for the matter to be dealt with by a third person but take no further steps

Non-pecuniary

Declare the nature and extent of your interest including enough detail to allow a member of the public to understand its nature



You may participate and vote in the usual way but you should seek advice on Predetermination and Bias from the Monitoring Officer.

Our Vision and Priorities for Thurrock

An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future.

1. **People** – a borough where people of all ages are proud to work and play, live and stay
 - High quality, consistent and accessible public services which are right first time
 - Build on our partnerships with statutory, community, voluntary and faith groups to work together to improve health and wellbeing
 - Communities are empowered to make choices and be safer and stronger together

2. **Place** – a heritage-rich borough which is ambitious for its future
 - Roads, houses and public spaces that connect people and places
 - Clean environments that everyone has reason to take pride in
 - Fewer public buildings with better services

3. **Prosperity** – a borough which enables everyone to achieve their aspirations
 - Attractive opportunities for businesses and investors to enhance the local economy
 - Vocational and academic education, skills and job opportunities for all
 - Commercial, entrepreneurial and connected public services

Minutes of the Meeting of the Health and Wellbeing Overview and Scrutiny Committee held on 7 March 2019 at 7.00 pm

Present: Councillors Victoria Holloway (Chair), John Allen (Vice-Chair), Cathy Kent and Joycelyn Redsell

Ian Evans, Thurrock Coalition
Kim James, Healthwatch Thurrock Representative

Apologies: Councillors Tom Kelly and Elizabeth Rigby

In attendance: Roger Harris, Corporate Director of Adults, Housing and Health
Ian Wake, Director of Public Health
Mandy Ansell, Accountable Officer, Clinical Commissioning Group
Jeanette Hucey, Director of Transformation, Clinical Commissioning Group
Mark Tebbs, Director of Commissioning, NHS Thurrock CCG
Jenny Shade, Senior Democratic Services Officer

Before the start of the Meeting, all present were advised that the meeting may be filmed and was being recorded, with the audio recording to be made available on the Council's website.

47. Minutes

The minutes of the Health and Wellbeing Overview and Scrutiny Committee held on the 24 January 2019 were approved as a correct record.

48. Urgent Items

No urgent items were raised.

49. Declarations of Interests

Ian Evans, Thurrock Coalition, declared a non-pecuniary interest in respect of agenda item 9, Adult Social Care Local Account 2018-2020, as Thurrock Coalition supported the workshops to look at the priorities for the Local Account going forward.

Councillor Redsell declared a non-pecuniary interest in respect of agenda item 6, Sexual Assault and Abuse Mental Health Pathway in Thurrock, as she was a member of the Police, Fire and Crime Panel.

50. Healthwatch

Kim James, Healthwatch, updated Members on the positive work undertaken by 43 community groups to establish the suitability of Dental Services provided in Thurrock. It had been identified there were 15 NHS dentists in Thurrock with each having vacancies. It had become apparent that residents were not registering at these dentists due to a number of reasons such as fear or finances. Healthwatch had identified gaps within the dental services provision in particular at Children's Centres, Residential Homes and those patients with Chronic Obstructive Pulmonary Disease (COPD) with recommendations being made for in-house training programmes to be undertaken.

Kim James stated that Healthwatch had been invited to present the report to the Essex Oral Health Committee.

The Chair thanked Kim James for the good report and the work undertaken by Healthwatch.

51. Sexual Assault and Abuse Mental Health Pathway in Thurrock

Mark Tebbs, Director of Commissioning NHS Thurrock Clinical Commissioning Group, presented the report that provided Members with an overview to the work to improve the sexual assault and abuse mental health pathway in Thurrock. That concerns had been raised at previous Health and Wellbeing committees and following several meetings and discussions with stakeholders it had been agreed to extend the grant to South Essex Rape and Incest Crisis Centre (SERICC) for a further six months to enable the completion of the Thurrock Joint Strategic Needs Assessment and for the development of an overarching Essex wide strategy. That strategy would be led by colleagues from the Police Fire and Crime Commissioner to fully review the evidence base, clarify commissioning responsibilities between agencies and to ensure that a robust understanding of local need. Mark Tebbs referred Members to the two appendices that looked at the evidence base and commissioning responsibilities.

Councillor Redsell referred to the number of acronyms in the report and requested a glossary sheet of these going forward. The Chair agreed that this would be useful alongside a breakdown and information of all structures.

Councillor Kent thanked Mark Tebbs for the report and questioned when the action plan would be presented back to Members. Mark Tebbs stated that a meeting with the Police Fire and Crime Commissioner Panel would take place next week to address the next steps on strategy and would feedback on the Joint Strategic Needs Assessments Action Plan in the next municipal year.

Kim James stated Healthwatch had been approached by Public Health colleagues to take part in the Joint Strategic Needs Assessment.

The Chair thanked all those stakeholders involved and said as worked developed on this and plans were made she hoped it would demonstrate an innovative way of working. Replicating many other excellent plans that had been presented to this committee so that this could also be used as an example of what Thurrock had done and could be used in other areas as a show case.

Councillor Redsell questioned whether SERICC counsellors were Cognitive Behavioural Therapy trained. Mark Tebbs clarified that SERICC employed qualified counsellors but that they were not necessarily trained in Cognitive Behavioural Therapy. As part of the pathway review we are seeking assurance that we had the right balance of services locally that provide both treatment and emotional/practical support.

RESOLVED

The Health and Wellbeing Overview and Scrutiny Committee noted the progress on the work to improve the Thurrock sexual assault and abuse pathway.

52. NHS Long Term Plan: An Overview and Critique for Thurrock

Ian Wake, Director of Public Health, presented the report that contained the NHS Long Term Plan commitments which were summarised around the following key themes and what these themes meant for Thurrock.

- Finances and Resources – Plan set out the increase to NHS budgets in England of £20.5 billion however the future funding for Adult Social Care was not included. That savings from administration costs of more than £700 million had been made with the CCG being told to reduce their running costs by 20% by 1 April 2020.
- Prevention and Health Inequalities – The plan recognised both individual and place based focus; one million contacts had been made between patients and clinicians every day; funding for more services strongly linked to equalities going forward; raised concern on the services for 0-19 young persons and the sexual health services.
- New Models of Integrated Care – The plan mirrored what had already been started in Thurrock who were now ahead of the game. The move to integrate primary and community health care around mixed skills workforce servicing populations of over 40 thousand which left further questions on the proposed Integrated Care Systems.
- Action to improve care quality and outcomes in different clinical specialities – Partnership arrangements for children and young people in Thurrock had to be strengthened; an ambition plan to increase the proportion of cancers diagnosed at stage 1 and 2 from the current 50% to 75% by 2028. The plan also had a huge range of ambitions to improve mental health treatments.
- Workforce – Plan recognised a shortage in workforce and had been one of the biggest challenges facing the health service. Workforce remained a major challenge in Thurrock and the plan had a lack of

detail on how this could be resolved. The new funding had been welcomed and the New Model Care was already mirroring Thurrock's journey.

Councillor Allen thanked Ian Wake for the report but raised his concern on waiting times for Thurrock MIND. Roger Harris agreed to pick this item up outside the committee with Councillor Allen.

Ian Evans, Thurrock Coalition, referred to the Health Inequalities and questioned which footprints would be agreed and when this would happen. Ian Wake stated at this stage it was not clear on which Health Inequalities footprints these would be compared against.

Councillor Kent thanked Ian Wake for the report and stated the focus should be on the Workforce and thanked the NHS workforce for the fantastic job that they did. Councillor Kent had concerns of the shortage of General Practitioners and had been disappointed that the report had not looked at the recruitment and retention of General Practitioners in Thurrock and how solutions had not been offered. Councillor Kent had welcomed the extra grant but stated there had to be a process to ensure the money was being spent in the right way and how would residents know how this money was being spent. Ian Wake agreed that the report made little reference to the lack of General Practitioners and that some commitment had been made to train doctors and medical replacements. That Thurrock plans would be to have a mixed clinical workforce with placed based practitioners undertaking many of the tasks that General Practitioners would normally carry out.

Mandy Ansell, Accountable Officer, Thurrock Clinical Commissioning Group, referred Members to the out of hours service at Hubs as an example that this was working where appointments to see a physiotherapist were fully booked but there had been available appointments for General Practitioners. That a new medical school had been built in Essex committed to those students to train and stay in Essex. The existing Thurrock Primary Care Networks were ahead of the curve and outcomes were being seen from this.

The Chair stated that the development of education and skills was vital and that it was essential that funding for colleges was available as this would be where future health specialists would come from.

Councillor Allen echoed Councillor Kent's comment on the lack of General Practitioners and that early intervention was vital.

Councillor Redsell referred to the development of digital services and reminded Officers that not all elderly residents would have access to IT and questioned how General Practitioners and pharmacists were joined up as many of the medical centres in Thurrock operated differently.

Ian Wake stated the digital agenda was strong with the plan that one third of appointments would be made digitally and that traditional channels of appointment booking would still be available. Ian Wake stated that it should

not be assumed that not all elderly residents did not have access to digital media.

The Chair asked how pharmacies fit into the Hub process. Mandy Ansell stated there were partnerships between General Practitioners and Pharmacies and these could be found in all parts of the health service.

The Chair thanked Ian Wake for the report and the break down on what the five themes meant for Thurrock.

The Chair referred members to recommendation 1.2 and stated that this recommendation had been added to highlight the complex piece of work and to ensure transparency of where the new NHS funding was being invested. The item would continually be reviewed and would be added to the work programme for 2019/20.

RESOLVED

- 1. That the Health and Wellbeing Overview and Scrutiny Committee consider and comment upon:**
 - **The report and the themes that it addresses.**
 - **How the NHS Long Term Plan may be implemented in the context of the needs of the population of Thurrock and our existing system transformation agenda.**
 - **The risks and opportunities associated with the wider proposed changes to the commissioning arrangements across Mid and South Essex STP.**
- 2. That the Health and Wellbeing Overview and Scrutiny Committee agreed to receive further information about how the new funding will be invested in Thurrock.**

53. Verbal STP Update

Roger Harris, Corporate Director of Adults, Housing and Health, updated Members that no further updates had been received with regard to the referral made to the Secretary of State in late January 2019. That contact was being made with the office to the Secretary of State on a weekly basis to try and identify the possible timescales of a reply. Roger Harris stated that once correspondence had been received from the Secretary of State this would be shared with Members.

Mandy Ansell, Accountable Officer, Clinical Commissioning Group, stated that the current Independent Chair appointed for the Sustainability Transformation Partnership, Anita Donley, would be stepping down following her three year term. With the Chairs Group currently seeking a replacement through advertisement and interview.

The Chair recommended that the Sustainability Transformation Partnership be added to the 2019/20 work programme.

54. Adult Social Care Local Account 2018-2020

Roger Harris, Corporate Director of Adults, Housing and Health presented the report that had been aimed at the local community and described how Adult Social Care had progressed against the 10 key priorities that had been set in the last Local Account. The key challenges and the process of co-production were used to identify the 10 priorities for the next two years. It had been decided that going forward the report would be produced bi-annually to enable more time for consultation. Roger Harris referred members to the budget on Adult Social Care Services in 2017/18 and in particular drew Members attention to key fact that 4929 calls and emails per month had been processed by Thurrock First in 2017/18.

Roger Harris publically thanked Thurrock Coalition for their involvement and contribution in undertaking the workshops and highlighted to Members the achievements and feedback of the priorities for 2017/18 that had been collated from those workshops.

Roger Harris stated that the Shared Lives initiative had not been as successful as hoped with only 5 placements with more work needed to be undertaken with the identification of appropriate care matchings being the biggest challenge.

Councillor Redsell questioned why the Shared Lives initiative had not worked well. Roger Harris stated that due to a number of reasons it had taken a long time to get off the ground with only 5 matches out of the target of 20. That a separate independent review had been commissioned and work would be undertaken further once the results were available at the end of April.

The Chair thanked Roger Harris for the very useful and helpful report.

RESOLVED

That the Health & Wellbeing Overview and Scrutiny Committee considered and noted the report.

55. Work Programme

The Chair asked Members if there were any items to be added to the work programme for the next municipal year.

Members agreed that the following reports should be added to the 2019/20 work programme:

- Developments on Primary Care
- NHS Long Term Plan
- Sexual Assault and Abuse Mental Health Pathway

- Sustainability Transformation Partnership

The Chair stated that those reports presented to Members in 2018/19 that requested further updates would also be added to the work programme.

Members agreed that a glossary of acronyms be provided.

The Chair thanked Members and Officers for their constructive contribution to the Health and Wellbeing Overview and Scrutiny Committee over this municipal year and stated how impressive the level and details of reports presented to Members had been.

The meeting finished at 7.58 pm

Approved as a true and correct record

CHAIR

DATE

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Democratic Services at Direct.Democracy@thurrock.gov.uk**

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13 June 2019	ITEM: 7
Health and Wellbeing Overview and Scrutiny Committee	
Targeted Lung Health Checks Programme – Thurrock Clinical Commissioning Group	
Wards and communities affected: All	Key Decision: For Information
Report of: Mandy Ansell, Accountable Officer, Thurrock Clinical Commissioning Group	
Accountable Programme Director: Sam Brown, Programme Director, Thurrock Clinical Commissioning Group	
Accountable Officer: Mandy Ansell, Accountable Officer, Thurrock Clinical Commissioning Group	
This report is Public	

Executive Summary

Thurrock Clinical Commissioning Group has been identified and chosen for a four year investment in the National Targeted Lung Health Checks Programme due to high lung cancer mortality, high incidence of smoking and high incidence of lung cancer rates. Working with the East of England Cancer Alliance, NHS England Regional and National Team - Thurrock Clinical Commissioning Group have started on the set up of a programme to deliver Targeted Lung Health Checks.

1. Recommendation(s)

1.1 That the Health and Wellbeing Overview and Scrutiny Committee note and support the delivery plan for the Targeted Lung Health Checks Programme and the later commencement of the programme for the people of Thurrock.

2. Introduction and Background

2.1 NHS England confirmed in February a four year investment in 14 Targeted Lung Health Checks Programmes across England to improve the early detection of lung cancer and other respiratory disease. Two Clinical Commissioning Groups (Luton and Thurrock) within the East of England Cancer Alliance footprint were identified and chosen to be part of the National Programme as having the highest lung cancer mortality rates along with a high incidence of lung cancer.

- 2.2 The aim of the Targeted Lung Health Checks Programme is to identify those at risk of developing lung cancer and increase the number of lung cancers diagnosed at an early stage by providing targeted low dose Computerised Tomography (CT) scans.
- 2.3 Thurrock Clinical Commissioning Group people registered with a General Practitioner who are current smokers or ever smoked aged 55 to 74 years and 364 days will be invited to a Lung Health Check where they will undertake a spirometry test and a lung cancer risk assessment. If appropriate they will be offered smoking cessation advice. If they are assessed as high risk they will undertake a low dose CT scan and if lung cancer is suspected they will be referred to a rapid access lung clinic. If they are low risk they will not undertake a scan and will be referred back to their General Practitioner if significant 'other' disease is diagnosed.
- 2.4 A joint Thurrock and Luton Clinical Commissioning Group clinically lead Programme Team has recently been established and work has commenced to set up the local programmes working with NHS England Regional, and National Teams.

3. Issues, Options and Analysis of Options – N/A

4. Reasons for Recommendation – N/A

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 No formal consultation was needed as this programme came out of a national announcement around improving rates of cancer survival. However, three outreach events have already occurred. One in March with clinicians at Basildon and Thurrock Hospital from Cardiology, Radiology, Cancer services and public health. A further co-production event with clinicians, patient representatives, nurses and community service providers and public health. This helped to shape the early programme development and put together the recommendations for location of screening sites and service design.

Further patient input was gained at the Clinical Commissioning Group's Commissioning Reference group in May, where people were given the opportunity to ask questions and feed in to the communications around the programme.

6. Impact on corporate policies, priorities, performance and community impact

- 6.1 There will be an impact on increased referrals to smoking cessation services, community respiratory and management of patients within the community following screening. The location of the screening sites will be designed to reduce impact on the community and provide equality of access. North East London NHS Foundation Trust (NELFT) Respiratory Team, Thurrock

Healthy Lifestyles and the public health teams have been involved in the co-production event and will be involved further as the plans progress.

- 6.2 There is obvious clinical impact on capacity for existing hospital services, but there is financial capacity to recruit further to boost staff numbers.

7. Implications

Health inequalities were identified by the Government across 14 areas and following the Nelson Study, on pilot sites in Manchester and Leeds, the Targeted Lung Health Checks programme was set at a narrow cohort of patients for who this would have the greatest impact.

There is an implication on the numbers of staff needed to cover extra diagnostic and treatment pathways. Radiologists and nurses are difficult to recruit to, even though there is money in the programme 'pot' to recruit extra staff. This is being assessed with Basildon & Thurrock University Hospital and Mid and Essex group of hospitals (Mid Southend Basildon).

8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

Detailed references are made within the presentation.

9. Appendices to the report

Appendix 1 - Targeted Lung Health Checks Programme – Thurrock Clinical Commissioning Group

Report Author:

Sam Brown

Programme Director

Thurrock Clinical Commissioning Group

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Target Lung Health Check Programme

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Health and Wellbeing Overview and Scrutiny Committee

13th June 2019

Mandy Ansell

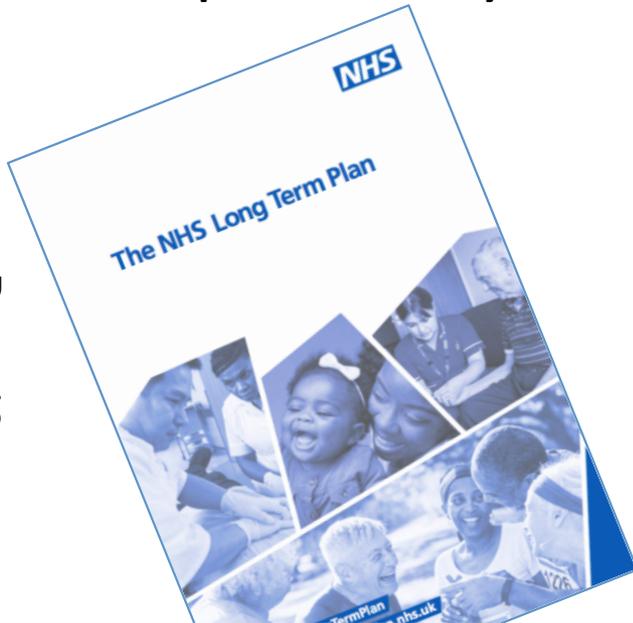
Accountable Officer, Thurrock CCG





NHS England has confirmed it is to invest in 14 targeted lung health checks across England to improve the early detection of lung cancer and other respiratory disease.

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Milestones for cancer

- From 2019 we will start to roll out new Rapid Diagnostic Centres across the country.
- In 2020 a new faster diagnosis standard for cancer will begin to be introduced so that patients receive a definitive diagnosis or ruling out of cancer within 28 days.
- **By 2020 HPV primary screening for cervical cancer will be in place across England.**
- By 2021, where appropriate every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support.
- By 2022 the lung health check model will be extended.
- By 2023, stratified, follow-up pathways for people who are worried their cancer may have recurred. These will be in place for all clinically appropriate cancers.
- By 2028, the NHS will diagnose 75% of cancers at stage 1 or 2.



Map not to scale. Locations are approx.



What are Lung Health Checks?

People in the selected areas who are aged 55 to 74 with a smoking history (current smoker or ex-smoker) will be invited to attend a lung health check by their GP.

The health check will be conducted by a lung specialist nurse and will involve discussion around lung cancer symptoms, a breathing test (spirometry) and smoking cessation advice (as appropriate). The results of this will then be used to calculate a person's individual lung cancer risk. Anyone at high risk of lung cancer will be invited to have a low-dose CT scan.

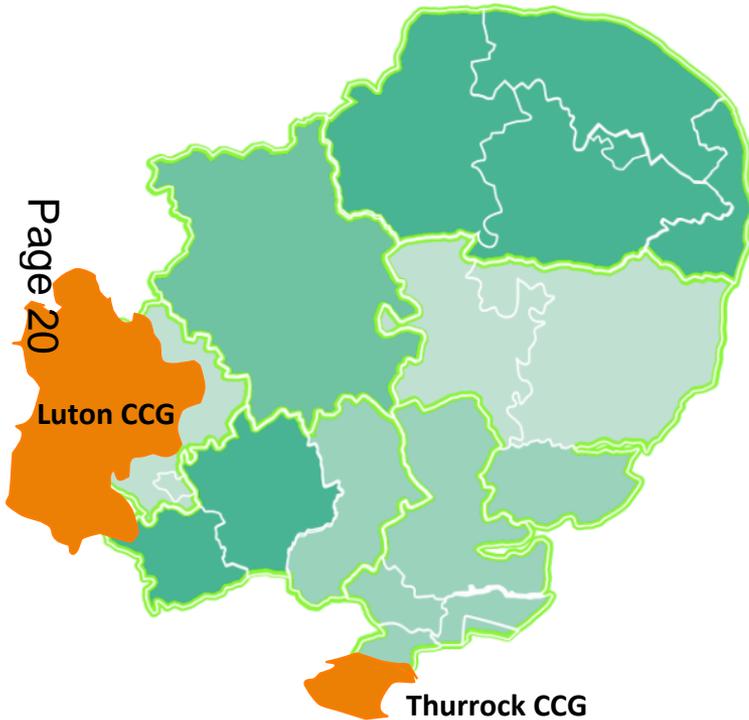
<https://www.youtube.com/watch?v=eUZgUDq5hl4> - action=share





Introduction

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	Luton CCG	Thurrock CCG
Total population size	223,000	179,000
Smoking prevalence	10% of population ↑	9.8% of population ↑
Successful quitters (Apr – Sept 2017)	863 ↓	427 ↑
Lung cancer incidence per year	Approx 110 new cases ↑	Approx 100 new cases ↑
Emergency presentations for (all cancers)	23% ↑	20% ↑
Early stage diagnosis (all cancers)	50% ↑	52% ↑
Stage 4 diagnosis for lung cancer	48% ↓	56% ↑
Lung cancer one year survival	39% ↓	38% ↓
Lung cancer under 75 mortality	41% ↑	43% ↑
Lung cancer most common cause of death	6 th	4 th



Engagement

- Initial stakeholder events held in both CCGs.
- Co-design workshop held in Luton CCG and Thurrock CCG.
- Clinical conversations have generated excitement...and challenge.
- PHE engaged...with challenge.
- Healthwatch Thurrock and Luton engaged and are enthusiastic...with challenge.
- Full stakeholder mapping underway.
- Comms and engagement strategy in development.





Service Model

Learning from others to
co-design a model for the best local fit



YORKSHIRE LUNG SCREENING TRIAL



Manchester Lung Health Check

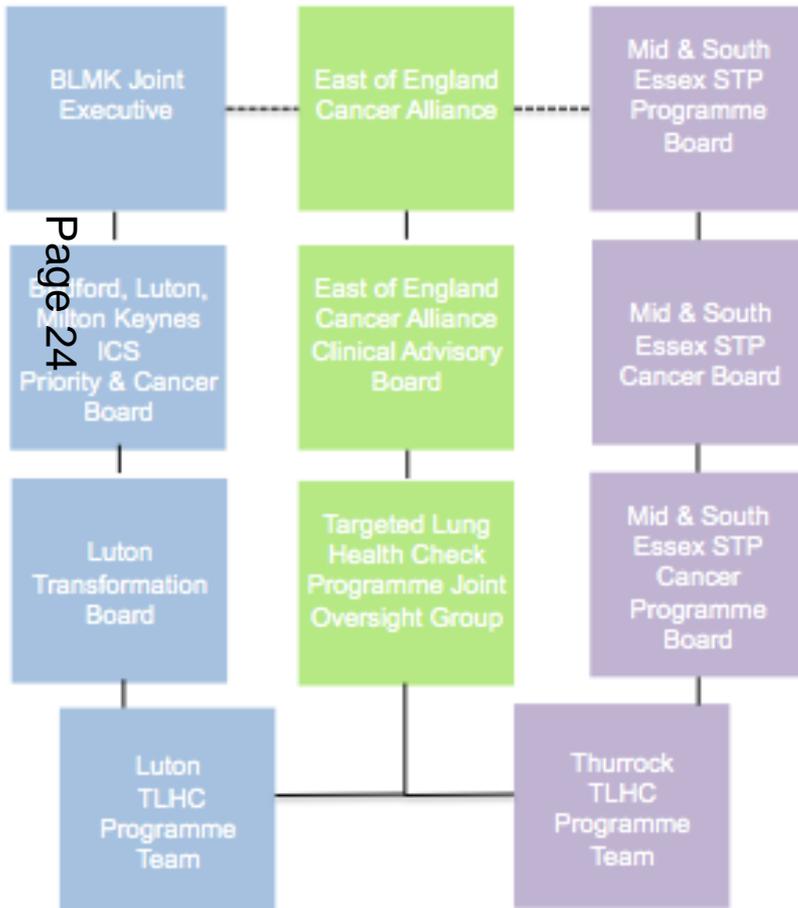


Thurrock and Luton





Governance



- Collaborative governance arrangements between the CCGs/STPs, Cancer Alliance, NHS England Region and National Teams.
- Executive and clinical level governance.
- Reporting framework to be agreed early May.
- Task and finish groups for design and modelling, operations and comms & engagement developed.
- Acceptance on Transformation Change through System Leadership Programme





Initial Risks and Issues

Initial Risk Register: Targeted Lung Health Check Programme										
ID	Date Raised	Risk Description	Likelihood	Impact	Severity	Owner	Mitigating Action	Contingent Action	Progression actions	Status
1	23/4/19	Access to primary care data impacting on numbers of participants	Green	Yellow	Yellow	SB	Work with CCG Boards and team and CRUK	TBC	To be raised at inaugural Joint Programme Delivery Group	Open
2	23/4/19	Quality of primary care data to establish cohorts impacting on numbers/ inappropriate participation	Yellow	Red	Yellow	SB	CCG audit and quality review under taken prior to invite extract	TBC	To be raised at inaugural Joint Programme Delivery Group	Open
3	23/4/19	Alignment to existing/planned smoking cessation programmes impacting on service capacity	Green	Yellow	Yellow	SB	Work with CCG/PHE in design and delivery	TBC	To be raised at inaugural Joint Programme Delivery Group	Open
4	23/4/19	Difference in approach between CCGs impacting on purchasing/ leasing arrangements	Green	Red	Red	SB	Work collaboratively with CCGs in co-design and procurement	TBC	To be raised at inaugural Joint Programme Delivery Group	Open
5	23/4/19	Procurement process may cause delay to October go live	Red	Red	Red	SB	Design specification, test the market early	TBC	To be raised at inaugural Joint Programme Delivery Group	Open
6	23/4/19	National availability of mobile scanners and/ or reporting capacity may impact on October go live	Red	Red	Red	SB	Test the market early, work with National Team on availability	TBC	To be raised at inaugural Joint Programme Delivery Group	Open
7	23/4/19	Delay in the recruitment to clinical team may impact on October go live	Yellow	Red	Red	SB	Identify key clinical leaders and team early	TBC	To be raised at inaugural Joint Programme Delivery Group	Open
8	23/4/19	Lack of participant take up will impact on trajectory	Yellow	Red	Red	SB	Develop robust comms plan and recruitment process	TBC	To be raised at inaugural Joint Programme Delivery Group	Open
9	23/4/19	Delay in information governance arrangements will impact on service delivery	Yellow	Red	Yellow	SB	Work with IG Leads early in process to define requirements and sign off	TBC	To be raised at inaugural Joint Programme Delivery Group	Open

Initial Issues Log: Targeted Lung Health Check Programme										
ID	Date Raised	Issue Description	Status	Priority	Owner	Reported by	Escalation Date	Impact	Actions	Resolved by & date
1	23/4/19	Clinical and management concern on impact to current lung pathway diagnostics and treatment capacity	Open	High	SB/JR	SB	May Meeting	High	To be raised at inaugural Joint Programme Delivery Group	
2	23/4/19	Potential overlap with current respiratory monitoring in primary care	Open	High	SB	CO	May Meeting	High	To be raised at inaugural Joint Programme Delivery Group	



Next steps

- Earn and gain clinical and citizen buy in.
- Gain supporting business intelligence and data analysis.
- Develop demand and capacity modeling.
- Design model and service specification.
- Establish procurement requirements and activate process.
- Communication strategy incorporating local needs and populations

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13 June 2019		ITEM: 8
Health and Wellbeing Overview and Scrutiny Committee		
Primary Care Networks		
Wards and communities affected: All	Key Decision: Not applicable	
Report of: Rahul Chaudhari, Director of Primary Care, Clinical Commissioning Group		
Accountable Officer: Mandy Ansell, Accountable Officer, Clinical Commissioning Group		
This report is Public		

Executive Summary

To provide an update on the national agenda on the roll out of Primary Care Networks and what this would mean for Thurrock.

The update will include information on the 10 Year Plan with would focus on improving primary and community services, getting people to be healthy, proposals on the range of clinical priorities, identifying workforce and the increase in the role of digital.

Members will be provided with information on Primary Care Networks and what the key expected outcomes would be. The requirements of Primary Care Networks such as 2019/20 being a development year and from April 2020 the Primary Care Networks will be expected to deliver against five national service specifications with two further service specifications be applied from April 2021.

The additional roles under the Primary Care Networks Financial Entitlements will be explained on how these will support in achieving the anticipated outcomes and how designated funding will be allocated to support the employment of additional staff. From July 2019 Primary Care Networks will be entitled to funding and these will be explained further to Members.

How the participation in the Directed Enhanced Service requires Primary Care Networks to complete a registration form by the 15 May 2019 to include certain information.

And finally the update will provide Members with a timescale for the participation in the Network Contract for Directed Enhanced Services.

Health and Wellbeing Overview and Scrutiny Committee will then be asked to note the update.

Rahul Chaudhari

Director of Primary Care

NHS Thurrock Clinical Commissioning Group

Thurrock CCG

Primary Care Networks

Rahul Chaudhari
Director of Primary Care

10 Year Plan

- Greatest focus on improving primary and community services
 - Major emphasis on the role primary care networks will play in the delivery of services
 - Whole of England to be covered by Integrated Care Systems by April 2021
 - £4.5bn uplift to primary and community health services (significant levels of up front investment) – without unrealistic expectations on efficiency
 - Funding flows to shift to ICSs and PCNs
- A big push on getting people to be healthy
 - Greater emphasis of public taking responsibility for their own health (supported by the NHS)
 - Greater emphasis on prevention
 - Starting point that 9 in 10 people have an unhealthy lifestyle habit, 5 in 10 have at least two

10 Year Plan

- Proposals across a range of clinical priorities
 - Children and Young People, Cancer, Cardiovascular, Stroke, Diabetes and Mental Health (most are have there own targets and delivery milestones)
- Workforce identified as the biggest challenge
 - Already identifies some specific targets re recruitment to certain professions. There is likely to be further workforce requirements when the 2019 Spending Review is confirmed
- Increased role of digital
 - Significant commitment on the role of digital in the delivery of primary care and outpatients. Clear expectation given to patients on the minimum access to digital they should expect

Primary Care Networks

- What?
 - **All** registered patients to be covered by a PCN, of around 30 -50k, by June 2019
 - GP practices take the leading role in PCNs
 - If any 'non-participating' practices, a PCN will be identified to provide network services to their patients
 - PCN requirements, and funding arrangements, will be informed by the Network Contract Directed Enhanced Service,
 - DES will apply from 1 July 2019, and will remain in place, 'evolving annually', until at least 31 March 2024

Networks

- Key expected outcomes:
 - Improved sustainability for GP practices, including improving the ability of practices to recruit and retain staff
 - to provide a wider range of services to patients
 - facilitate stronger collaboration with the wider health and care system, to deliver more integrated services
 - support management of financial and estates pressures

Primary Care Networks – Requirements

- 2019/2020 is ‘development year’, involving:
 - formation of PCN’s
 - PCN-level delivery of Extended Hours service, available to 100% of patients covered by each Network
- From April 2020, PCN’s expected to deliver against five national service specifications:
 - structured medication reviews,
 - enhanced health in care homes,
 - anticipatory care (with community services),
 - personalised care and
 - supporting early cancer diagnosis.
- Two further service specifications will apply from April 2021:
 - cardiovascular disease case-finding and
 - locally agreed action to tackle inequalities.

PCN Financial Entitlements – Additional Roles

To support PCNs in achieving the anticipated outcomes, designated funding will be allocated to support employment of additional staff:

- 2019/20:
 - each PCN will be reimbursed
 - 70% of the salary costs of an additional Clinical Pharmacist (up £37,810 inc. on-costs)
 - 100% of the salary costs of a Social Prescribing Link Worker (up to £34.113 inc. on costs)
- 2020/21 onwards:
 - Each PCN allocated a single, combined Maximum Reimbursement Sum to support employment of personnel within the Additional Roles – i.e. :
 - For 2020/21 – Clinical Pharmacists, Social Prescribing link Workers, Physician Associates and/or First Contact Physiotherapists
 - From 2021/22 onwards – all of above, plus Paramedics.
 - The sum available will be based upon each PCN’s weighted capitation

PCN Financial Entitlements – Additional Roles

In addition to the funding to support Additional Roles, from July 2019 **PCNs** will be entitled to:

- Core PCN Funding: £1.50 per registered patient
 - This is a **recurrent extension of the existing support scheme**, introduced through the GPFV covering 2017/18 and 2018/19.
- Clinical Director contribution: £0.514 per registered patient (July 2019 to March 2020)
£0.69 per registered patient (April 2020 to March 2021)
- Extended Hours Access: £1.099 per registered patient (July 2019 to March 2020)
- Enhanced access (from April 2020): £6 per registered patient (currently £4.13/head)

NB: This represents the core entitlement. However the CCG intends to work closely with PCN's to identify opportunities for additional investment to support developments in-line with the CCG's Primary Care Strategy.

Entitlement paid directly to **participating practices**:

- Practice Participation Payment: £1.761 per weighted patient per year

Participation in Network Contract DES

Participation in the DES requires PCNs to complete a registration form (by 15 May 2019), including the following:

- a. the names and ODS codes of the proposed member GP practices
- b. the PCN list size - sum of its proposed member GP practices' registered list as at 1 January 2019;
- c. a map clearly marking the proposed geographical area covered by the PCN (Network Area);
- d. the initial Network Agreement;
- e. the single practice or provider (who must hold a primary medical care contract) account that will receive funding on behalf of the PCN;
- f. the named accountable Clinical Director.

Timescales for participation in Network Contract DES

By 15th
May 2019

PCN
completes &
returns
Registration
Form

By 31st
May 2019

Commissioners
review, and
confirm to
NHSE, that
Registration
requirements
have been met

Between
1st June to
30th June
2019

GP Practices
sign up to
Network
Contract DES
via CQRS

From 1st
July 2019

GP Practices
signed- up to
Network
Contract DES
can claim
Participation
Payment

From July
2019

Relevant
payments to PCNs
commence (1
month in arrears)

PCN
commences
offer of
Extended
Hours Service
to 100% of
covered
population

**Health Overview & Scrutiny Committee
Work Programme
2019/2020**

Dates of Meetings: 13 June 2019, 5 September 2019, 7 November 2019, 16 January 2020, 5 March 2020

Topic	Lead Officer	Requested by Officer/Member
13 June 2019		
HealthWatch	Kim James	Officers
Mid & South Essex Sustainability and Transformation Partnership (STP)	Roger Harris / Mandy Ansell	Officers
Targeted Lung Health Checks Programme	Mandy Ansell / Sam Brown	Officers
Primary Care Networks – Presentation Only	Mandy Ansell / Rahul Chaudhari	Officers
5 September 2019		
HealthWatch	Kim James	Officers
Update on Cancer Waiting Times	Tom Abell / Andrew Pike	Members
Update on New Mental Health Crisis Pathway	Mark Tebbs	Members
Sexual Assault and Abuse Mental Health Pathway / Joint Strategic Needs Assessment on Sexual Assault	Mark Tebbs / Ian Wake	Members
Whole System's Obesity Strategy / Delivery Plan	Faith Stow	Officers
Pathway Review	Catherine Wilson	Officers
7 November 2019		
HealthWatch	Kim James	Officers

Flash Glucose Monitoring Report	Mandy Ansell	Members
Adult Social Care - Fees & Charges Pricing Strategy 2019/20	Roger Harris	Officers
NHS Long Term Plan	Mandy Ansell	Officers
16 January 2020		
HealthWatch	Kim James	Officers
Developments on Primary Care	Ian Wake	Members
5 March 2020		
HealthWatch	Kim James	Officers

Further reports (date to be agreed):

- Integrated Medical Centres

Reports for 2020/21:

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Clerk: Jenny Shade
Last Updated: April 2019