

MINUTES

Integrated Commissioning Executive

29th September 2016

Attendees
Roger Harris (RH) – Corporate Director of Adults, Housing and Health, Thurrock Council (Joint Chair)
Mandy Ansell (MA) – Acting Interim Accountable Officer, NHS Thurrock CCG (Joint Chair*)
Ade Olarinde (AO) – Chief Finance Officer, NHS Thurrock CCG
Mike Jones (MJ) – Strategic Resources Accountant, Thurrock Council
Mark Tebbs (MT) – Director of Commissioning, NHS Thurrock CCG
Christopher Smith (CS) – Programme Manager Health and Social Care Transformation, Thurrock Council
Ceri Armstrong (CA) – Directorate Strategy Officer, Thurrock Council
Allison Hall (AH) – Commissioning Officer, Thurrock Council
Iqbal Vaza (IV) – Strategic Lead for Performance, Quality and Information
Catherine Wilson (CW) – Strategic Lead for Commissioning and Procurement, Thurrock Council
Jeanette Hucey (JH) – Director of Transformation, NHS Thurrock CCG

Apologies
Sean Clark (SC) – Director of Finance and IT, Thurrock Council
Ian Wake (IW) – Director of Public Health, Thurrock Council
Les Billingham (LB) – Head of Adult Social Care and Community Development, Thurrock Council

Item No.	Subject	Action Owner and Deadlines
1.	Notes of the last meeting 25th August 2016	
	The notes of the 25 th August meeting were agreed. CW stated that a project brief for the Enhanced Care Home pilot would be brought to the October meeting.	CW October meeting
2.	Better Care Fund Plan 2016-2017	
	a) Progress Report – Scheme 2 Integrated Community Older Adults HWB Service MT gave an update on the initiatives that were part of scheme 2. With regard to the Integrated Community Older Adults, MT said it would be important to demonstrate that the initiative was delivering the expected outcomes. MT said that it would be important to identify what had been	

<p>spent to date. Any underspends needed to come back to ICE so a decision could be made as to what the money should be spent on.</p> <p>MT stated that Mayfield Ward had now closed.</p> <p>An update on the Integrated Community Older Adults HWB Service would be given to the next System Resilience Group.</p> <p>Single Point of Access A separate report on the SPA would be brought to the October meeting. MT asked that Irene Lewsey be invited to Project Group meetings.</p> <p>For Thurrock In Thurrock JH stated that there had been a good Executive to Executive meeting between the CCG, Health Providers and the Council. MT added that Commissioning Intentions had been developed and there was an opportunity for these to go out jointly from the CCG and Council. The focus of the commissioning intentions was 'Not In Hospital' services and would be sent to all three NHS providers.</p> <p>RH commented that he had concerns about how the Multi-Speciality Community Provider would operate and wanted clarification about the direction of travel.</p> <p>JH responded that the purpose of the current direction of travel was to develop an Out of Hospital Model to deliver the 5-year Forward View. SEPT would have the overall lead but would co-ordinate with the other providers.</p> <p>SEPT had been asked to develop a clear proposal to bring staff together under joint teams – but with each provider retaining their sovereignty.</p> <p>JH said that the conditions for developing a MCP were not right at the moment which is why a different model was being developed initially. The learning from the current Vanguard was that moving towards a MCP model should take place in bite-size chunks.</p> <p>The CCG had agreed with providers that they would be given a two year period of stability so they could develop plans.</p> <p>CS asked for the legal advice that had been given to CCGs to be sent to him as there could be a link to the Council's plans for the possible spin out of Adult Social Care fieldwork and provider services.</p> <p>MT said that a commissioning and provider forum would be established and would oversee the development and delivery of plans for the Out of Hospital model.</p>	<p>MT October meeting</p> <p>Tania Sitch October meeting</p> <p>JH to provide the legal advice given by Hampsons</p>
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<p>Integrated Healthy Living Centres A budget had been agreed to oversee the development of IHLCs. The LA would contribute 50% (£75k) and the CCG would provide the remainder.</p> <p>It was likely that services would move from Basildon Hospital to the IHLCs – one of which was likely to be located within the grounds of Thurrock Hospital.</p> <p>Carers CW stated that work was taking place to retender the current Carers contract. The aim would be to increase the volume of contact made with carers through the new contract. Only a small percentage of carers in Thurrock currently came in to contact with the CARIAD service.</p> <p>b) Finance AO updated ICE on year to date performance. This included clarification of financial values for service lines related to NELFT and SEPT. The BCF would be updated accordingly and ICE agreed to increase the value of the BCF pot by £710,228.</p> <p>The payment for performance amount and the 2015/16 carried forward amount was now shown separately.</p> <p>MJ clarified that overspends would be capped up to the value of the Better Care Fund.</p> <p>Out of the amount carried forwards from 2015/16, £100k was still to be allocated.</p> <p>Out of the amount allocated to one-off projects from the carried forwards money, ICE members stated that they wanted reports on what had been spent to date. This included:</p> <p>Hypertension – the pilot needed to be delivered within the amount allocated by the ICE (£100,800). Any additional amounts would need to be covered by the Public Health Grant. Emma Sanford to be asked to provide an update on the project, and the spend to date.</p> <p>Care Home Support – MT to asked Irene Lewsey to provide an update on what has been spent to date and progress.</p> <p>Falls – clarity was required on the value of the project – the business case had stated £152,615 but the amount requested was £229,346. Irene Lewsey would be asked to provide an update for the October meeting.</p> <p>AO would follow up on the pharmacy input to Care Homes as CA thought this was included as part of the Integrated Community Older Adults HWB Service.</p> <p>c) Performance</p>	<p>ES to provide update to October meeting</p> <p>IL to provide update to October meeting</p> <p>IL to provide update to the October meeting</p> <p>AO to confirm</p>
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	<p>IV provided an overview of performance to date against indicators contained within the BCF scorecard.</p> <p>Two of the indicators were currently RAG-rated as 'red'. Once of these was Delayed Transfers of Care. IV had undertaken some additional analysis on the DTOC figures and stated that a significant number of these attributable to adult social care were from SEPT.</p> <p>IV added that pressure on the Council's in-house domiciliary care provision was contributing to DTOC numbers. This, together with the on-going issue of recruiting sufficient numbers of carers had resulted in an increased number of people waiting for support. There was also insufficient residential bed capacity so compounding pressure on the system.</p> <p>MA raised concerns that the impact of ASC pressures could lead to more people being admitted to hospital.</p> <p>RH agreed that this was a possibility and that Council staff were being asked to volunteer for 'step-up' training.</p> <p>NHS Operating Guidance 2017/18 AO commented that the NHS Operating Guidance had been received for 2017-18. There were changes to how CQIN was allocated with none of the possible 2.5% determined locally. As a consequence, AO suggested that contract values within the BCF be without the CQIN amount. This might mean a reduction in value for those lines. The net uplift for 2017-2018 was 0.1%.</p> <p>However, it was agreed to leave the values for 2017/18 as shown in AO's tabled spreadsheet.</p>	
3.	<p>Delayed Transfers of Care</p> <p>Update as above.</p>	
4.	<p>Integrated Data Set</p> <p>Emma provided an update on the development of the integrated data set across health and social care.</p> <p>ES said that after a short delay, the procurement exercise had begun. The closing date was 26th October and the evaluation of bids would follow.</p> <p>A paper would be brought to the November ICE by the Tender Evaluation Panel recommending the award of contract to the preferred bidder.</p>	<p>ES to bring IDS paper to November ICE</p>
5.	<p>Living Well in Thurrock</p>	
	<p>A highlight report was provided on Living Well in Thurrock.</p> <p>In addition to the report provided:</p> <ul style="list-style-type: none"> • 2 tenders had been received for Shared Lives; • A bid was being prepared for the 28th October which 	

	<p>if successful would release capital funding to establish a supported living-type scheme in Chichester Close for people with learning disabilities;</p> <ul style="list-style-type: none"> • Meetings were taking place with domiciliary care providers in Thurrock to further the Living Well at Home pilot. <p>With regard to the Single Point of Access, it was important that the service linked to other points of access – e.g. 101 and Out of Hours.</p>	
6.	For Thurrock In Thurrock	
	An update has been provided in relation to the scheme 2 progress report.	
7.	Possible areas of saving/efficiency	
	A paper on proposals for the 2017/18 budget would be brought to the next meeting.	MJ to bring paper to October meeting.
8.	Sustainability and Transformation Plan – Joint Principles across Essex, Southend and Thurrock HWBBs	
	<p>RH updated ICE that the Chair of Thurrock HWBB (Cllr Halden) had drafted a paper containing a set of principles to ensure that commissioning, planning and provision of health and social care was in the first instance on a Health and Wellbeing Board footprint.</p> <p>The principles had been sent to Essex County Council and Southend Council Health and Wellbeing Board chairs for endorsement.</p>	
9.	Any Other Business	
	<p>1. There was a proposal to establish a new slimmed down programme board for the Success Regime.</p> <p>2. AO stated that there had been no billing for the payment for performance monies to date and a decision was needed as to how the monies should be apportioned. Irene Lewsey would be asked to calculate the update from NELFT.</p> <p>3. AO said with the establishment of the BCF we could expect to shape a programme of performance improvement, efficiencies and potentially savings. MT said that ICE should consider placing the total value of contracts contained within the Accountable Care Organisation within the Better Care Fund. RH stated that some time should be spent at the next ICE meeting considering what the BCF for the future should look like.</p>	<p>Irene to confirm amount spent to date by NELFT on the Care Home Support project</p> <p>October ICE to consider BCF for the future, and future DoT for integration</p>