

MINUTES

Integrated Commissioning Executive

22nd December 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*)
Ian Wake (IW) – Director of Public Health, Thurrock Council
Ade Olarinde (AO) – Chief Finance Officer, NHS Thurrock CCG
Allison Hall (AH) – Commissioning Officer, Thurrock Council
Mike Jones (MJ) – Strategic Resources Accountant, Thurrock Council
Jo Freeman (JF) – Management Accountant, Thurrock Council
Ceri Armstrong (CA) – Senior Health and Social Care Development Manager , 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
Mark Tebbs (MT) – Director of Commissioning, NHS Thurrock CCG
Christopher Smith (CS) – Programme Manager Health and Social Care Transformation, 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 24th November 2016	
	Notes from the last meeting were agreed.	
	Matters arising:	
	Integrated Data Set – IW clarified that the £50k contribution from the Local Authority to the Integrated Data Set had previously been agreed by the Digital Board and was kept in a Corporate pot. £25k had been secured from a successful bid for funding.	MJ to identify £50k contribution
	It was confirmed that Medeanalytics would be attending the January meeting to give a presentation.	

2.	<p>Health and Social Care Transformation – Prospectus and Communication and Engagement Plan</p>	
	<p>At the last meeting, ICE members had discussed the future Direction of Travel for health and social care and how this should be reflected within the next iteration of the Better Care Fund.</p> <p>As part of the discussion, it was agreed that the Adult Social Care transformation programme ‘Living Well in Thurrock’ and the CCG’s transformation programme ‘For Thurrock in Thurrock’ should be amalgamated to reflect an integrated approach.</p> <p>CA, JH and Richard Stone (CCG Head of Communications) had met to discuss the development of a document setting out an integrated vision for health and social care – incorporating preventing, reducing and delaying the need for care and support.</p> <p>As a result of the meeting, CA had developed a revised prospectus and a communication and engagement plan.</p> <p>ICE members discussed that the Tilbury Integration Project would help to develop and bring the vision to life.</p> <p>CA asked ICE members to consider the prospectus and provide comments.</p>	<p>All to consider and provide comment to CA</p>
3.	<p>Tilbury Integration Pilot</p> <p>ICE members discussed the Tilbury Integration Pilot.</p> <p>A business case would be prepared for the end of March with the specification for the pilot being outlined before the end of January.</p> <p>Key challenges included governance arrangements and the ability to quantify the financial envelope for Tilbury across health and social care.</p> <p>The Pilot would help to influence the development of the Tilbury Integrated Healthy Living Centre.</p> <p>IW commented that the work would look at influencing the whole system – so there would be consideration to other elements being included such as Housing.</p> <p>CA commented that a paper was currently being developed outlining options for future housing for people as they grew older.</p> <p>JH stated that she was writing a paper for the Executive to Executive meeting on the 24th January that described outline governance arrangements for the Pilot.</p>	<p>AO to provide information</p> <p>IW to link with Matthew Brown</p>
4.	<p>Better Care Fund 2016-17</p>	

	<p>Finance</p> <p>MJ stated that there were current pressures on Joint Reablement Team and external placement lines, but these would be met via Adult Social Care budgets and not through the BCF.</p> <p>The Exercise Referral Scheme was being funded via the underspend on the SEPT psychiatrist post.</p> <p>The total underspend was £126,399, with £95,000 of this currently unallocated. The underspend was from the one-off payment for performance award (total £664k).</p> <p>AH commented that the contract amounts for NELFT and SEPT were not correct.</p> <p>AO added that contract rebasing had been completed and the contract values were higher. The CCG would place the additional funding required in to the BCF so any shortfall could be paid.</p> <p>AO wanted clarification requiring profiling for different funding lines – e.g. some were in 12ths and others were profiled differently.</p> <p>With regard to the ‘payment for performance’ amount now incorporated within the BCF (£722k), AO said it was important to understand if there were any underspends. Projects had been funded based on 9 months of the year which would mean an overspend in future years unless additional funding could be found.</p> <p>AO commented that there was a discrepancy between the amount requested for the Falls Service and the amount the provider was asking for to run the service. The funding gap amounted to £82k over 22 months.</p> <p>Reports for all one-off projects were required for the next meeting.</p> <p>It was agreed that a separate meeting on finance would be held with reporting to the next ICE.</p> <p>Performance</p> <p>IV summarised the latest BCF performance information and stated that it reflected current pressures in the system.</p> <p>It was noted that whilst the Hospital was consistently on black alert and had also been at critical incident status, admissions were decreasing. There was some discussion about why this might be.</p> <p>Whilst the target for indicator ‘Proportion of Older People (65 and over) who were still at home 91 days and over after</p>	<p>MJ and AO to review underspend and bring to Jan ICE</p> <p>AO to confirm contract values.</p> <p>Report to next ICE (Emma Sanford/Irene Lewsey)</p> <p>CA to inform project leads of requirement to report to January ICE</p> <p>AO/MJ to organise finance meeting</p>
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	discharge from hospital into reablement/rehabilitation' was not being met, IV stated that Thurrock was performing well comparatively and suggested the target be reviewed.	
5.	Better Care Fund 2017-19	
	<p>CA provided an update about what was known for 2017-19. This was in lieu of the guidance which was now expected at some point in January.</p> <p>Key points included:</p> <ul style="list-style-type: none"> •Plans will span 2 years; •The BCF Plan will also act as the Health and Social Care Integration Plan; •National conditions will be reduced from 8 to 3; and •There will be two submission dates. <p>CA further commented that the BCF should reflect the joint direction of travel that was being set out within the Living Well in Thurrock/For Thurrock in Thurrock transformation programme.</p> <p>Additional meetings might be required in the new year to help with the development of the 17/18 – 18/19 BCF.</p> <p>MJ commented that in relation to the recent Financial Settlement for Local Government, the BCF Improvement Fund had been confirmed (estimated to be £170k for Thurrock). A further grant for Adult Social Care had been announced (Adult Social Care Support Grant) but this was for one year only.</p> <p>AO stated that the minimum CCG contribution to the BCF had been announced and that the 2017/18 amount incorporated a 1.79% uplift. The total amount for 17/18 was £10.048m. The uplift for 18/19 was 1.9%.</p> <p>Clarification was required on whether the uplift applied to the total CCG contribution to the BCF as opposed to just the minimum amount.</p> <p>AO stated that savings from the Intermediate Care review were expected to contribute towards QIPP savings.</p> <p>Further discussion needed to take place as to whether the BCF would expand during 17/18 – 18/19 and if so by how much. There was some discussion as to the benefits of having a far greater BCF that reflected the system in its entirety – both through an expanded pooled fund, but also aligned budgets – e.g. primary care and acute budgets. An expanded BCF could include the Public Health budget (minus the children's element).</p>	AO to circulate confirmed contributions.
6.	Living Well in Thurrock and For Thurrock in Thurrock Updates	
	Key updates had already been provided as part of agenda item 2.	

7.	Accountable Care Organisation/Multi-Speciality Community Provider	
	Updates were provided as part of agenda item 3.	
8.	System Pressures	
	RH updated that the pressure on domiciliary care in particular was still significant. The temporary embargo placed on Thurrock Care at Home was gradually being released as improvements were being made.	
9.	Local Digital Roadmap	
	IV stated that there was a reduced amount of funding available for key projects supporting the Local Digital Roadmap. This included the project to enable interoperability between patient and care records. Approximately £18m was available for the South and Mid Essex Sustainability and Transformation Plan footprint. A bidding process was being set up and business cases were required between January and March.	