

**MINUTES**  
**Integrated Commissioning Executive**  
 22<sup>nd</sup> June 2017

<b>Attendees</b>
Mandy Ansell (MA) – Accountable Officer, NHS Thurrock CCG (Joint Chair)
Roger Harris (RH) – Corporate Director of Adults, Housing and Health, Thurrock Council (Joint Chair)
Tendai Mnangagwa (TM) - Head of Finance, NHS Thurrock CCG
Mike Jones (MJ) – Strategic Resources Accountant, Thurrock Council
Jo Freeman (JF) – Management Accountant, Thurrock Council
Jeanette Hucey (JH) – Director of Transformation, NHS Thurrock CCG
Mark Tebbs (MT) – Director of Commissioning, NHS Thurrock CCG
Jane Foster-Taylor (JFT) – Chief Nurse, NHS Thurrock CCG
Les Billingham (LB) – Head of Adult Social Care and Community Development, Thurrock Council
Catherine Wilson (CW) – Strategic Lead for Commissioning and Procurement, Thurrock Council
Iqbal Vaza (IV) – Strategic Lead for Performance, Quality and Information, Thurrock Council
Christopher Smith (CS) – Programme Manager Health and Social Care Transformation, Thurrock Council

<b>Apologies</b>
Ian Wake (IW) – Director of Public Health, Thurrock Council
Ade Olarinde (AO) – Chief Finance Officer, NHS Thurrock CCG
Sean Clark (SC) – Director of Finance and IT, Thurrock Council
Allison Hall (AH) – Commissioning Officer, Thurrock Council
Ceri Armstrong (CA) – Senior Health and Social Care Development Manager , Thurrock Council

<b>Item No.</b>	<b>Subject</b>	<b>Action Owner and Deadlines</b>
<b>1.</b>	<b>Welcome and Introductions</b>	
	MA agreed to Chair the meeting and introductions were made.  No conflicts of interest were declared.	
<b>2.</b>	<b>Notes of the last meeting 25<sup>th</sup> May 2017</b>	
	The minutes of the meeting on 25 <sup>th</sup> May were agreed.  There were no matters arising not on the agenda.	
<b>3.</b>	<b>Better Care Fund 2016-17</b>	
	<b>Expression of Interest in Graduation and the delayed publication of the guidance</b> CS said that an email from the Better Care Fund Support	

	<p>Team had been received. This confirmed that the expressions of interest have been assessed by representatives from Department of Health, Department for Communities and Local Government, NHS England and the Local Government Association (LGA) and the provisional scores moderated. Recommendations from this initial sift have also been considered by senior officials from these organisations and will be discussed at the Integration Partnership Board (IPB) next week. Once the IPB has made a final decision on the pilot wave of graduates, advice will be sent to Ministers and senior managers in NHS England with a view to getting a final decision. We will be informed of decisions once they are finalised. MA confirmed that Andrew Pike has supported our expression of interest. It was noted that in the Eastern Region, Luton have also entered an expression of interest.</p> <p>CS reported that at the monthly teleconference with the Better Care Support Team yesterday it was confirmed that we are no nearer to receiving a date for the publication of the Guidance and are therefore no nearer to being clear about timescales for the submission of the Better Care Fund (BCF) Plan. It appears NHS England and Association of Directors of Social Services/LGA have still not reached agreement with regard to Delayed Transfers of Care (DTOC) conditions and expectations.</p> <p><b>Finance Report</b></p> <p>MJ said that because of annual leave commitments it has not been possible for him and AO to meet to finalise the expenditure plan for 2017/18. However, the plan has now been updated to show actual spend and consequently the total pooled fund was now expected to be in the region of £40m. A number of issues still need to be resolved, including what uplift may be applied to the value of the scheme to reflect inflation – a column has been added to give indicative values for this. A row has also been added to show the £838k development fund. There is a small underspend (£6k) to be carried over from 2016/17. RH asked if other expenditure should be added to the pooled fund. It was suggested Continuing Health care (CHC) funding could be included, as well as the £3 per head funding for primary care. In relation to the latter it was noted that the Clinical Commissioning Group (CCG) Board had agreed this should be aligned to For Thurrock In Thurrock (and so could be included in the pooled fund) but that the funds could only be spent on the primary care workforce. JFT noted that the cost of commissioning services for people with learning disabilities had been reducing and the inclusion of them in the BCF provides greater flexibility. RH noted that the podiatry service is a very specialised and this means many local people have limited access to it. He</p>	<p>AO/MJ to meet to agree detailed expenditure plans and to provide a summary report for the next meeting.</p>
--	--	--

	<p>would like to see a proposal for a service with greater availability. RH also noted that the main element of the Improved Better Care Fund has been used to ensure market stability. MA said that in her view our strategy and plan is in line with what we know of the Better Care Fund guidance. MT/JFT/AO will meet to consider what other CCG funding could appropriately be added to the pooler fund.</p> <p><b>Business Cases for new investment proposals</b> As agreed at the last meeting the Business Cases were presented with reference to the high level population outcomes, and the objectives of For Thurrock in Thurrock. MA said that a report with recommendation was needed so that the Integrated Commissioning Executive (ICE) could sign off the commitments it agreed to support. The evaluation and scoring of the proposals would provide the audit trail for the decisions. CW said that duplication needed to be watched for. MT asked Finance to identify the available funds in each category - BCF/Improved BCF/£3 per head etc – to ensure the correct funding stream is applied to each proposal. He also noted that some proposals would necessarily deliver over a longer time frame and it would have to be accepted that this may mean, for example, they have less impact on DTOC this coming winter. RH also asked that account be taken of the potential for slippage and the fact that some proposals were non-recurring. It was agreed an expert panel would be convened to appraise the business cases (to include JFT/JH/CW). CW will ask AH to co-ordinate this work.</p> <p><b>Performance report</b> IV presented a revised scorecard asking that new targets for 2017/18 be agreed. Indicators 5.1; 5.2 and 5.3 were agreed at the meeting. It was noted that the 2016/17 out-turn value for indicator 5.4 was very significantly above the target although it still compares well with the rest of England. RH asked for further analysis to be undertaken on DToC so that a further discussion about the target, as well as measures to reduce the out-turn in 2017/18, could be agreed.</p>	<p>MT/JFT/AO to discuss inclusion of further CCG funding</p> <p>JFT/JH/CW to evaluate Business Case and to report to next ICE</p> <p>IV to provide a further report on DToC to next meeting.</p>
<p><b>4.</b></p>	<p><b>For Thurrock in Thurrock</b></p> <p><b>Accountable Care Partnership</b> It was noted that a Governance meeting for the Accountable Care Partnership was scheduled for 2pm today although RH had not received an invitation. Andy Vowles is understood to be attending. However, the meeting clashes with the opening of the Mayflower unit.</p> <p>It was noted that IW has taken the work as far as he can. JH said that further work has been undertaken on Terms of Reference, and an issue has arisen as to where the Accountable Care Partnership sits with the Sustainability</p>	

	<p>and Transformation Plans. Specifically questions had been raised about the focus on Tilbury/Chadwell area, rather than the whole of south west Essex which NHS providers favour. LB said that the proposal was in fact for the ACP to start in Tilbury/Chadwell in part because of the complexity of the south west Essex area which would slow progress. MT said that when the ACP is formed and functioning he felt a different approach to commissioning may be needed with a focus on capitation and outcomes. RH confirmed that Tania Sitch has been agreed as the Project Lead for the Accountable Care Partnership and he will ask her for an update following the 2pm meeting. The minutes and draft Terms of Reference will be circulated to the Integrated Commissioning Executive. JH agreed to circulate a publication explaining how an accountable care organisation can work.</p> <p><b>Adults, Housing and Health – Highlight report.</b> CS presented the monthly report on the transformation workstreams for Adults Housing and Health. The report was noted. MT raised a concern about a number of interim care beds in Collins House currently being empty. It was agreed IL would be asked to advise on current patterns of need for interim care.</p>	<p>TS to provide an update on the progress with the ACP</p> <p>IL to provide an update on the utilisation of Interim Care Beds</p>
5.	<b>Improving our DTOCs position</b>	
	This item was deferred pending further analysis of the 2016/17 out-turn.	
7	<b>Annual Governance Statement and Review of the Section 75 Agreement</b>	
	This was agreed. The statement will be attached to the Annual Report to the Health and Well-Being Board later in the year.	
8.	<p><b>Any Other Business</b></p> <p>With regard to the Grenfell Tower fire in west London, RH advised the meeting that checks had confirmed that all residential tower blocks owned by the Council comply with all current fire regulations. This has been communicated to tenants by letter, and a number of meetings with tower block residents have also been scheduled.</p> <p>MA confirmed that MT has now been appointed Director of Mental Health services for the STP footprint. This new responsibility is in addition to his role as Director of Commissioning in Thurrock.</p> <p>IV asked what was known about the requirements of the Digital workstream in the Better Care Fund. CS confirmed that there had been no new developments.</p>	