

### Clinical Commissioning Group

# MINUTES Integrated Commissioning Executive 17<sup>th</sup> August 2017

Attendees			
Roger Harris (RH) – Corporate Director of Adults, Housing and Health, Thurrock			
Council (Joint Chair)			
Ian Wake (IW) – Director of Public Health, Thurrock Council			
Ade Olarinde (AO) – Chief Finance Officer, NHS Thurrock CCG			
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			
Ann Laing (AL) - Quality Assurance Officer – Adults Social Care, Thurrock Council			
Les Billingham (LB) – Assistant Director for Adult Social Care and Community			
Development, Thurrock Council			
Catherine Wilson (CW) – Strategic Lead for Commissioning and Procurement,			
Thurrock Council			
Ceri Armstrong (CA) – Senior Health and Social Care Development Manager ,			
Thurrock Council			
Christopher Smith (CS) – Programme Manager Health and Social Care			
Transformation, Thurrock Council			

Apologies
Mandy Ansell (MA) – Accountable Officer, NHS Thurrock CCG (Joint Chair)
Jane Foster-Taylor (JFT) – Chief Nurse, NHS Thurrock CCG
Sean Clark (SC) – Director of Finance and IT, Thurrock Council
Allison Hall (AH) – Commissioning Officer, Thurrock Council
Iqbal Vaza (IV) – Strategic Lead for Performance, Quality and Information, Thurrock Council

Item No.	Subject	Action Owner and Deadlines
1.	Welcome and Introductions	
	RH Chaired the meeting and introductions were made.	
	No conflicts of interest were declared.	
2.	Notes of the last meeting	
	The minutes of the meeting on 22 <sup>nd</sup> of June were agreed subject to the deletion of the 2 <sup>nd</sup> paragraph in item 8 which was incorrectly reported.	CS to amend minutes.
	There were no matters arising not on the agenda.	
3.	Better Care Fund 2017-19	



# Expression of Interest in Graduation and the delayed publication of the guidance for the 2017-19 Plan

The email dated 14 August 2017 confirming Thurrock has not been agreed as one of the seven programmes put forward for graduation nationally was noted. Some feedback by letter is awaited.

CS reported that the 2017-19 BCF Guidance was finally published by NHS England on 4 July 2017 despite concerns from the Local Government Association and the Association of Directors of Adult Social Services about the requirement regarding spending on reducing delayed discharge from hospitals to be prioritised over other social care needs. The deadline for submission of the plan, to be agreed by the Health and Well-Being Board on 8th September, is 11 September 2017.

#### **Narrative Plan**

CA outlined the direction of travel for the 2017-19 Plan which continues to be on whole system redesign including the contribution of non-clinical inputs. It was suggested that the focus of scheme 3 – Intermediate Care - needs to change because of the guidance and the emphasis required on Delayed Transfers of Care. The linkages to the Sustainability and Transformation Plan will also be highlighted. The structure of the plan will again follow the Key Lines of Enquiry published along with the guidance.

JH suggested there may also be pointers for the content of the Plan in the feedback regarding graduation

#### **Financial Plan**

MJ introduced that table showing the additional funding for 2017-19 including the Improved Better Care Fund (IBCF) allocations. He highlighted that £823,000 still needed to be allocated to existing or new initiatives.

The combination of incoming grant and the Social Care precept has resulted in a net increase of circa £1m for the Health and Well-Being Board total for 2017/18.

AO noted the closing position for the Better Care Fund's total expenditure for 2016/17 which resulted in a carry forward of funds of £389k. Also, by way of context, he explained the BCF funding nationally and locally, including the iBCF and shared a schedule identifying the funding streams comprising the minimum BCF values. He noted that the uplift for the community provider in 2017/18 needed to be incorporated in the relevant service lines. Inflation of 1.79% has been applied to the CCG minimum contribution in line with guidance.

AO pointed out that in terms of governance the guidance requires the agreement of both parties to the application of iBCF funds. The financial plan, including the application of the iBCF funding, was agreed in principle, pending the allocation of the £823k to specific projects. Final agreement would be sought at the next meeting as part of the BCF

Plan being brought for approval.

MT asked whether the increase in the home care rate included in the plan should be extended from adult social care to include Continuing Health Care funded placements. RH agreed this was an option for the use of new monies. CW suggested as a first step to quantify the potential requirement and to judge the likely financial impact.

MT to provide information on quantum.

#### Proposal for unallocated iBCF funds

CW explained that proposals were being put forward for each of the 3 BCF schemes: Prevention and Early Intervention; Out of Hospital Community Integration; Intermediate Care.

IW noted that the Integrated Commissioning Executive had agreed criteria for prioritising new investment, derived from the high level population outcomes, and the objectives of For Thurrock in Thurrock.

RH noted that the publication of the BCF guidance since the last meeting meant that some refinement of the criteria was now required, particularly because of the requirements regarding Delayed Transfers of Care.

In terms of the Business Cases presented for new investment IW noted not all currently provide sufficient detail regarding need, cost, evidence base of effectiveness, number of service users who would benefit, and return on investment.

RH said that deliverability within reasonable time frames was also an important factor. He also felt it was important to progress without further delay and to avoid significant underspends.

Each of the proposals was discussed in detail and agreement reached as set out in the table appended below.

#### Performance report

Ann Laing attended the meeting in place of IV and the Planning Template giving performance targets over the 2 year period for the BCF was discussed.

It was noted that a number of fields were pre-populated. In relation to table 4.2 Residential Admissions, the expectation was for a 5% reduction by 2018/19. It was agreed a further discussion of the targets was required prior to submission.

IV/AL to arrange

#### Arrangements for finalising the BCF

It was noted that the Integrated Commissioning Executive meeting scheduled for 31<sup>st</sup> August will need to sign off the Plan prior to publication of the Health and Well-Being Board papers for the (8<sup>th</sup> September) later that day.

RH has a meeting with Portfolio Holders on 28<sup>th</sup> August and can use that as an opportunity to obtain Council sign off of the Plan under delegated powers agreed by Cabinet on 5<sup>th</sup> April.

AO confirmed CCG sign off would be at its Finance and Performance Committee on 5<sup>th</sup> September. It was agreed to share the draft Plan with NHS providers

CA to share with Providers and VCS

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	and the voluntary and community sector as soon as possible.  AO asked for the opportunity to review the template with a subgroup prior to the meeting on the 31st.	AO to arrange
	Governance and reporting arrangements  AO said it would be helpful for the CCG Board to have greater visibility, and so understanding of the BCF. It was agreed that Adult Social Care representatives would attend the Finance and Performance Committee to report on progress and to answer questions from Committee members.	AO to arrange/invite
4.	For Thurrock in Thurrock	
	It was noted that the Executive of the Accountable Care Partnership is due to meet next week (commencing 21st August). An update on its plans will be available after that meeting	IW to report at next
	Highlight reports from the CCG and Adult Social Care were presented.	
6.	Any Other Business	
	JH explained that an initiative has been established to support transformational change through improved system leadership. It will involve three, two day events for a team representing the Thurrock system. She felt it was an important opportunity to focus collectively on the operation of the system in Thurrock, and also to influence the Sustainability and Transformation Plan. IW agreed to represent the Council.	IW/IH to arrange

## Thurrock BCF – Development Fund schemes 2017/18

Scheme	Recurrent	One Off
Implement a "Stretched QOF" in Tilbury and Chadwell		£ 68,000 for 1 year pilot
Increase the uptake of flu vaccination		£ 6,000 for 1 year pilot
Implement a depression screening and referral programme for patients on LTC registers and ASC clients aged 65+	Business case not ready yet	
Improve case finding of Hypertension and AF		N/A (£ 100k already carried forward)
Implement e-consults in Tilbury and Chadwell	No funding required	
Extend Provision of Social Prescribing	£ 100k ( plus £ 37,500 already in budget ) – dependent upon agreement of business case	
Alzheimer's Society	£ 19,000	
Exercise on Referral		N/A (£ 33,000 already in budget)
St. Luke's Hospice	Not BCF priority	
Micro-enterprises	Not BCF priority	
Home from Hospital		£75k one-year funding for pilot
Red Bag initiative	£ 2,000	
RRAS	£ 49,000 to be hosted by the LA	
Hospital Social Work Team	£ 80,000 agreed on the basis that this will give us 7 day service.	
Community based Social Work	£ 60,000	
A night service – enhancing John Stanley's current service	£ 50,000 – on the basis that this was also available to CHC clients	
Transform Homecare/Community Nursing/Buurtzorg	Need Business case	
Bridging Service – short term domicilary care post discharge		£ 64,000 agreed for 1 year only.

Discharge to assess beds (linked to Pickwick)	Agreed to establish £ 200k Winter Pressures fund that could go towards this. Further business case required for Discharge to Assess scheme.	
Total	£ 560k	£ 138k