

**MINUTES**  
**Integrated Commissioning Executive**  
 31<sup>st</sup> August 2017

<b>Attendees</b>
Roger Harris (RH) – Corporate Director of Adults, Housing and Health, Thurrock Council (Joint Chair)
Mandy Ansell (MA) – Accountable Officer, NHS Thurrock CCG (Joint Chair)
Ian Wake (IW) – Director of Public Health, Thurrock Council
Jane Foster-Taylor (JFT) – Chief Nurse, NHS Thurrock CCG
Ade Olarinde (AO) – Chief Finance Officer, NHS Thurrock CCG
Tendai Mwangagwa (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
Irene Lewsey, Head of Transformation, NHS Thurrock CCG
Allison Hall (AH) – Commissioning Officer, Thurrock Council
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

<b>Apologies</b>
Sean Clark (SC) – Director of Finance and IT, Thurrock Council
Iqbal Vaza (IV) – Strategic Lead for Performance, Quality and Information, Thurrock Council

<b>Item No.</b>	<b>Subject</b>	<b>Action Owner and Deadlines</b>
<b>1.</b>	<b>Welcome and Introductions</b>	
	RH agreed to Chair the meeting and introductions were made.  No conflicts of interest were declared.	
<b>2.</b>	<b>The Pickwick Model</b>	
	RH explained the purpose of the Integrated Commissioning Group and its interest in proposed use of Pickwick Court for out of hospital care. He invited IL together with Linda King from the Hospital Social Work Team and Karen Scott and Sharon Shelley from BTUH to describe the proposals in detail.	

Karen explained that Pickwick Court comprises two former 8-10 bedroom care homes owned by EPUT in Laindon. The proposal is to facilitate the timely transfer of medically stable patients from BTUH to a setting more suited to assessment and rehabilitation. This would free up capacity in acute and intermediate care settings. Refurbishment of the two care homes would take 2-3 months at which point recruitment (including that of a full time geriatrician) could begin. It is envisaged that stays of up to 10 days would enable patients time for recovery, and the facility would be a resource for all of south west Essex.

Karen felt that in comparison to the interim beds at Collins House, and Mayfield Ward which focus on rehabilitation, this facility would allow time for convalescence. She also felt that it would allow more specialist assessment to be undertaken, which were necessary because of the age of the patients and their multiple long terms conditions.

MT clarified that the scheme would not have a payment by results tariff and that instead the costs would be shared between NHS Basildon & Brentwood CCG (BB CCG) and Thurrock on a 60/40 basis. IL suggested there would be a quarterly review of usage to ensure the split remains proportionate. The proposal has already been agreed by BB CCG and features in the Better Care Fund Plan for the area.

RH thanked those presenting and invited the Executive to discuss the proposal.

AO said that the key challenge would be to ensure Thurrock gets its share. The cost of running the two units is £1,065k per year and so Thurrock's share would be £426k. He proposed a formal discussion with BB CCG to ensure there is clear agreement.

IL said that the requirement for convalescence beds had been identified in the Intermediate Care Review undertaken in 2015/16 and that at present there was no capacity in the system to meet this need. It was noted that the costs of a bed in the facility was lower than Intermediate Care.

CW said she would like to see evidence that there was a need for these beds for Thurrock residents.

JFT said having heard about the re-admissions of older adults over the weekend it would be helpful to know more about why discharges were failing.

MT said in view of the ambition to get the scheme operational in 6 months there was no time to undertake due diligence but that evidence could be collected over the course of the next year.

RH said he felt that more work was needed to clarify the

	<p>pathways, demand and costs.</p> <p>IW said that it would be helpful to compare the costs to the costs of Delayed Transfers of Care. He took the view that a return on investment of 2-1 should be expected.</p> <p>It was agreed that CW and MT should review the proposals in detail and come back with recommendations regarding funding.</p>	
<b>3.</b>	<b>Notes of the last meeting</b>	
	<p>RH said that following the meeting he had drafted a schedule containing what he felt to be the agreed development fund schemes for 2017/18 (these were then appended to the minutes) and asked in there were any corrections or comments.</p> <p>AO said he would confirm his agreement to the schemes after the meeting.</p> <p>MT asked that the Home from Hospital scheme be funded as a 1 year pilot for £75k.</p> <p>The minutes of the meeting on 17<sup>th</sup> of August were otherwise agreed.</p> <p>There were no matters arising not on the agenda.</p>	
<b>4.</b>	<b>Better Care Fund 2017-19</b>	
	<p><b>Graduation</b> MA noted that no feedback has been received to date.</p> <p><b>Narrative Plan</b> CA confirmed that phone calls with NHS Providers have been scheduled to allow them to comment on the plan in advance of the Health and Well-Being Board meeting on 8 September. There has been a request that the plan should show more of the impact of BCF schemes over the past two years. Comments from the voluntary and community sector are awaited. Comments received from the Portfolio Holder have been incorporated.</p> <p>It was noted that a DTOC target for Thurrock of 8.4 days had been approved by NHS England but that this value has now been queried by them. IW suggested doing detailed work to explain the costs and effects of this on the CCG finances. It was noted that the MediAnalytics software will not necessarily illustrate this and a clinical audit approach may be needed. It was agreed that the Performance and Data Group should be re-convened by IW and asked to address these issues.</p> <p>The plan will have a final review against the Key Lines of Enquiry after this meeting. However, it was agreed that, in view of the publication deadline for the Health and Well-Being Board, the current version should be circulated for</p>	<p>All were asked to make suggestions/</p>

	<p>approval at that meeting.</p> <p><b>Financial Plan</b>  AO highlighted some of the detail to be included in the Financial Template to be submitted with the Narrative Plan on 11 September. This includes updating the contract values for NHS Providers. The Health and Well-Being Board total has been adjusted because not all elements attract an inflation uplift. The net change is £31k. The closing position for last year's Plan has now been agreed.</p> <p>A minor adjustment has also been made to the IBCF value to bring it in line with the NHS England figures. The new total for 2017/18 is therefore £40,251,387. It was noted that the values in the plan for Winter Pressures will need to be adjusted to take account of the Home from Hospital investment agreed earlier in the meeting. AO confirmed NHS Provider payments will be brought up to date from October – not including CQINN payments. Subject to the points above the Financial Plan was agreed.</p> <p>In terms of completing the Financial Template AO suggested a small group to include CA/MT/CW/CS should meet to agree the scheme descriptions.</p> <p><b>Performance Plan</b>  The performance targets set out in the Plan were agreed.</p> <p><b>Arrangements for finalising the BCF</b>  The Plan is to be considered by the CCG's Finance and Performance Committee on Tuesday. CA agreed to attend to present the narrative Plan.</p> <p>RH said the Council's Directors Board will meet to consider the Plan on Tuesday.</p> <p>Delegated Authority for approval of the Plan by the Portfolio Holder and Corporate Director was agreed by Cabinet at its meeting on 5 April 2017.</p>	
<p><b>5.</b></p>	<p><b>Continuing Healthcare Funding</b></p> <p>JFT presented a paper showing the cost pressures which would result in any attempt to stabilise the market by aligning rates.</p> <p>AO noted that slippage in the BCF schemes and carried over sums may allow some flexibility going forward.</p> <p>CW proposed that in future rates should be negotiated jointly.</p> <p>It was agreed that including CHC funding in the BCF was not a possibility at present but that the proposition should be kept under review.</p>	

<b>6</b>	<b>For Thurrock in Thurrock</b>	
	<p>It was noted that the Accountable Care Partnership is on track.</p> <p>The Executives met last week but it seems there is a clash with future meeting dates.</p>	
<b>7</b>	<b>Winter Plan</b>	
	The Winter Plan was noted.	
<b>8.</b>	<b>Any Other Business</b>	
	The next meeting will be held on 28 September 2017.	