MINUTES
Integrated Commissioning Executive
28 September 2017

Attendees
Roger Harris (RH) – Corporate Director of Adults, Housing and Health, Thurrock Council (Joint Chair)
Mandy Ansell (MA) – Accountable Officer, NHS Thurrock CCG (Joint Chair)
Jane Foster-Taylor (JFT) – Chief Nurse, 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
Catherine Wilson (CW) – Strategic Lead for Commissioning and Procurement, Thurrock Council
Emma Sanford (ES) Strategic Lead – Health and Social Care Public Health I Public Health Team, 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

Apologies
Ade Olarinde (AO) – Chief Finance Officer, NHS Thurrock CCG
Les Billingham (LB) – Assistant Director for Adult Social Care and Community Development, Thurrock Council
Ian Wake (IW) – Director of Public Health, Thurrock Council
Ceri Armstrong (CA) – Senior Health and Social Care Development Manager , Thurrock Council
Allison Hall (AH) – Commissioning Officer, Thurrock Council

Item No.	Subject	Action Owner and Deadlines
1.	**Welcome and Introductions**	
	RH agreed to Chair the meeting and introductions were made. He advised the meeting that in consequence of a very long and contentious Council meeting last night he will have to finish the meeting at 10am today/ No conflicts of interest were declared. It was noted that Ade will be leaving the CCG at the end of October to take up a post in Nigeria.	
2.	**Minutes of the last meeting**	
	The minutes were agreed.	

	It was noted that the proposal for Pickwick Court is not proceeding. The scheme has not received the support of NHS Basildon and Brentwood CCG because of the operating cost. It was agreed that the £247k set aside in the BCF Plan for this proposal would now be added to the total for winter pressures.	
3.	**MedeAnalytics**	
	ES confirmed that Information Governance approval has been received for the use of Adult Social Care user data. IV confirmed children's services data will follow. In respect of the Secondary Uses Service (SUS) data from BTUH a work-around is in place, with a one off extract being used for the proof of concept. NHS Digital is also working on the application for a live feed of SUS data to be made available. ES confirmed that it will take 2-4 weeks to process the data and so patient level data (non-identifiable) would then be available for analysis by the Integrated Commissioning Executive. Some other users (such as G.P.s) will have access to patient identifiable date. NELFT, EPUT, the IAP provider and GPs in Tilbury will have access to the system after the proof of concept has been signed off. RH noted that meeting the information governance requirements had been a tortuous process, and had taken much longer than anticipated. ES said she plans to bring the proof of concept to this in November for approval. She explained that the system could then be used to address a range of issues, for example it has the potential to cost the impact on various parts of the health and care system of an incidence of stroke. A paper outlining the variety of potential applications is being prepared. IV added that a number of cross functional pre-prepared reports could be set up to analyse pathways and costs. MT said there was a need to agree rules for role based access to the data and reports, and particularly who should have access to patient identifiable data when it involves data they do not control. ES said that the Data Use Forum will also need to ensure that data interpretation is fully informed by each data controller. It was agreed there would be a further presentation on MedeAnalytics proof of concept at the November meeting.	ES
4.	**Better Care Fund 2017-19**	

	Better Care Fund Plan RH reported that he had received information that the assurance of the Thurrock BCF Plan went well, and that there was a recommendation that the Regional Assurance Panel which convenes on Tuesday 3 October should approve the plan without conditions. It was noted that the Plan will still need to be assured at the national level and so the outcome must be regarded as provisional until a letter from NHS England is received confirming approval. The Plan was judged to be the best submitted in the region and it was felt that Thurrock may be able to support other local areas that may be struggling with their BCF Plans. Issues in other areas of the region include delayed transfers of care (Herts.); areas with multiple CCGs; and DFG issues between counties and districts. In some cases the issue appeared to be that the Key Lines of Enquiry had not been addressed. It was noted that preparation should now be made to reconcile the finances for the Pooled Fund for 2017-18, and to prepare the Section 75 agreement. **Better Care Fund Finance** MJ presented the latest version of the finance monitoring sheet to the meeting. He reported that slight changes had been made with: a) the inclusion of the salary of the Integrated Care Director in the Pooled Fund – the effect was to increase the fund to £40,369,832; and; b) the transfer of the funds set against Pickwick Court to the Winter pressures budget line. MT reported that an analysis of the system capacity going into winter has been undertaken and it shows a deficit of 90 beds in BTUH. He noted that a difficult winter is anticipated. An internal efficiency target equating to 60 beds is planned although this was felt to be ambitious. MT said further to the decision not to proceed with Pickwick Court, there was no plan B to fall back on although the under occupancy of EPUT older persons beds could be looked at. CW asked in it this could be looked at in the context of our Home from Hospital and other similar services so as to provide a solution local to Thurrock. RH asked the finance leads (MJ and TM) to meet to finalise the monitoring sheet. He noted the CCG Board has asked for quarterly reports which MJ and TM will work together to provide. MT noted that the funding for the RRAS Joint Manager needs to be paid through a agreement with the Council not via the CCG provider contract. RH observed that there could be significant variances in the	MJ/AO CS MJ/TM

	financial out-turn compared to the financial plan, which contains a number of assumptions about when and how fully schemes/services can be mobilised. This created the potential for underspends which should be reviewed at future meetings of the I.C.E. CW reported that the specification for the Home from Hospital scheme has been agreed and expressions of interest for a 1 year pilot (costing £75k) will now be sought. She confirmed a robust evaluation will be undertaken to ensure the scheme is having the right impact. MT noted the potential for confusion as several BCF schemes (or their constituent services) now appear to have similar names.	
5.	**BCF Performance report**	
	IV reported an increase in delayed days related to Adult Social Care – the primary cause was the waiting time for the commencement of Home Care packages. It was noted that daily monitoring by DH/NHSE Executives is planned with follow up phone calls to areas with poor performance. One concern is that the data has a 6 week delay before being reported. RH noted the delays could be related to one of a number of local hospitals. It was anticipated that the data for August could be poor although the Home Care service has much improved. IV advised that the regulator the Care Quality Commission is to start to inspect local authorities and their health partners. This programme of whole system joint reviews will start with the 12 worst performing areas. RH expects it to be rolled out nationally. Delayed transfers of care is one of the triggers for a review – a key indicator is the number of discharges at the weekend. Locally preparation for a future review has been started. IV agreed to present an overview of the review process to the next I.C.E. meeting. JH remarked that it was helpful to plan in this way, to stay ahead of the requirements, and also to use our knowledge of how we are performing including benchmarking. MT asked if it was possible to analyse the data to enable the underlying issues to be tackled, for example, the 167 delays related to completion of assessments. IW confirmed he has set up a I.C.E. Subgroup to examine the data in detail. CW felt an audit of patient/service user pathways and experience could also tell us what we need to know.	IV IW

	MT also saw the need to discuss operational performance and issues with non-acute Health providers. Mark O'Connor is now the performance lead for the CCG. IV agreed to make contact with him.	
6	**For Thurrock in Thurrock**	
	The highlight reports were noted. JH reported that the Kings Fund led 2 day transformational change workshop in Leeds had been very productive. The Accountable Care Partnership Exec meeting is expected to look at a range of local/sub-regional/Sustainability and Transformation Plan footprint issues arising out of those discussions.	
7	**Thurrock Council budget savings requirements 2018/19?**	
	This item was deferred to the next meeting.	
8	**Sustainability and Transformation Plan consultation**	
	This item was deferred to the next meeting.	
9.	**Any Other Business**	
	There was none.	