MINUTES
Integrated Commissioning Executive
30 November 2017

Attendees
Roger Harris (RH) – Corporate Director of Adults, Housing and Health, Thurrock Council (Joint Chair)
Mark Tebbs (MT) – Director of Commissioning, NHS Thurrock CCG
Jane Foster-Taylor (JFT) – Chief Nurse, NHS Thurrock CCG
Jeanette Hucey (JH) – Director of Transformation, NHS Thurrock CCG
Tendai Mnangagwa (TM) - Head of Finance, NHS Thurrock CCG
David Mountford, (DM) Interim Chief Finance Officer, NHS Thurrock CCG
Jo Freeman (JF) – Management Accountant, Thurrock Council
Catherine Wilson (CW) – Strategic Lead for Commissioning and Procurement, Thurrock Council
Emma Sanford (ES) - Strategic Lead-Health & Social Care, Thurrock Council
Iqbal Vaza (IV) – Strategic Lead for Performance, Quality and Information, Thurrock Council
Maria Payne(AL) – Senior Public Health Manager, Thurrock Council
Allison Hall (AH) – Commissioning Officer, 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)
Ian Wake (IW) – Director of Public Health, Thurrock Council
Les Billingham (LB) – Assistant Director for Adult Social Care and Community Development, Thurrock Council
Mike Jones (MJ) – Strategic Resources Accountant, Thurrock Council

Item No.	Subject	Action Owner and Deadlines
1.	**Welcome and Introductions**	
	RH agreed to Chair the meeting and introductions were made. No conflicts of interest were declared.	
2.	**Minutes of the last meeting**	
	The minutes were agreed. Matters arising: •It was noted that the letter of approval from NHS England for the Thurrock Better Care Fund Plan 2017-19 had been received on 30 October 2017.	

	•With regard to the action additional Public Health spending to be included in the BCF Pooled Fund, Jo and Tendai and Emma will meet to agree the necessary accounting treatment. •With regard to the action for Ian, Catherine, Jane, Irene Lewsey, and Philip Clark to meet to get a better understanding of the blockages, and to draft a plan to improve flows involving assessments, the matter will be discussed further in the DTOC item below. •In relation to the action for Iqbal and Catherine to review the Key Lines of Enquiry for Care Quality Commission Reviews, Jane offered to advise on the CCG practice for CQC visits. • With regard to sharing the performance report with the CCG Finance and Performance Committee, Ann and Iqbal to note there is a virtual meeting to be held on 15/12/2017, and the report will be sent by email. •It was noted that the Social Prescribing Business Case was on the agenda for the next meeting on 28 December. However, this meeting may need to be brought forward – depending on the volume of other business requiring discussion. Christopher to advise.	JF; TM; ES IV; CW; JFT AL; IV CS
3.	**MedeAnalytics – Proof of Concept**	
	Emma introduced the presentation by explaining that the objective was to demonstrate that the terms of Phase 1 proof of concept have been met. Specifically: • Data can be pseudo-anonymised at source in such a way that it can still be linked to other data sets • This data can be transferred using a secure FTP transfer process • The data can be linked with another data set that has been through the same process • The data can then be used to analyse patients common to the two data sets She said she hoped the Executive would sign off the proof of concept in order for the work to progress to further phases. The current dataset includes all BTUH inpatient data for the last 2 years 2015-17 (but not A&E or outpatients data), and ASC data for the 4 years 2014-18. Iqbal noted that the limiting factor at this stage is the power of the data matching engine. Emma explained in one example that analysis has shown that those with ASC packages had fewer attendances at BTUH, with the exception of MSK episodes. Jane noted that at this stage community services data was	ES

	also not included, and that these were likely to include the most frail. Emma praised the capability of the dashboard facility, but noted that in terms of outputs this was work in progress. By way of a further example, she said she hoped to be able to identify. changes in ASC packages following strokes or TIAs, and thus show the potential cost of strokes to ASC. David said in his experience the key to getting value from these types of systems was to ensure those using it have the necessary training. The system currently has issues related to defining cohorts, setting date ranges and identifying sequences of events for individuals. Regarding the inclusion of SUS data, Maria explained that issues have arisen with the Council's application to NHS Digital. A telephone call to resolve matters is booked for later today but it is not clear how long it will be before approval for the inclusion of SUS data will be received. Jane said a Privacy Impact Assessment for pseudonomised data from BTUH needs to be in place. Roger asked when the MDTs would be able to see identifiable patient data? Emma clarified that this data would only be accessible to those involved in direct patient care but will come after the Proof of Concept is signed off. Emma confirmed that as the data transfer and linking capability has been demonstrated, the recommendation was to sign off the Proof of Concept. Primary Care and Community Services data can then be added. She also confirmed that the agreement was that the contractor would be paid once the dataset were added, and so if IG issues which preclude data transfer were encountered there would be no cost. The plan was to start in Tilbury with a meeting scheduled for 4th December with GP practices and community providers including IAPT to determine IG processes and information sharing agreements. The meeting approved the recommendation on the Proof of Concept. Roger asked that the Executive be given a further update in 3 months (the meeting to be held on 22 February 2018).	
4.	**Better Care Fund 2017-19**	
	•Update on the mobilisation of Services in BCF schemes	

	Catherine confirmed the additional staff funded by the BCF were now in place. A proposal has been received from Ngage for the Home from Hospital service, and this could be in place in a few weeks as there was no requirement to tender. The Bridging service is to be extended (both the hours covered and the period of time the service will be offered). She agreed to bring further details to the next meeting. Roger asked for this to include mobilisation dates and costs. Mark suggested it should also include an indication of performance in relation to delayed transfers of care. •Mid Year Finance Review It was noted that the papers tabled do not currently show the slippage on the spend on individual projects. More time is needed to prepare this analysis and so discussion of the item was deferred to the next meeting. •Quarter 2 Return Allison introduced the Q2 Return. This was approved for submission. It was noted that performance in Q3 (due 19 January 2018) and Q4 may be more challenging. As the Q3 return will not be available for the next meeting it was agreed it would be signed off electronically. It was noted that the IBCF Return was also due on 19 January. This only requires being sign off by the Council but will be shared with the CCG.	CW
5.	**BCF Performance report**	
	It has been understood that the November data, to be reported in January, will be used as the baseline for future performance. However, the letter from NHS England suggested the September data would be used. The weekly analysis provided by Ann is reckoned to capture 95% of the data (it is not possible to collect data from hospitals outside the area). This currently shows that while the target is 299 delayed days 348 days is projected to the end of the Month. However, it was agreed that the case needs to be made that the IBCF has in fact helped to prevent further delayed transfers of care. It was noted that the current month's delays were primarily attributed to ASC and Health delays were on target although the data has not yet been validated. Jane noted the impact of winter is reflected in the figures. Mark suggested that differentiating delays in this way was not helpful especially as we were attempting to address issues across the whole system.	

	It was agreed that Catherine would convene a meeting to look at the operational issues behind the delays and Public Health would be asked to provide some analysis. It was noted that the Council's procurement of Domiciliary Care was delayed because of the impact of the National Living Wage and the move to zoned rather than whole Borough lots. The successful tenders are now expected to be announced in early January 2018.	CW/IL
6	**Update on Digital 2020**	
	Iqbal explained that the Mid and South Essex STP bid for funding for digital integration had not been successful. However, the STP may now fund work to develop a plan for digital integration. This would include the capability for a shared care record. He agreed to draft a short report on the E Digital 2020 proposal for the Executive meeting in January 2018.	IV
8	**Sustainability and Transformation Plan consultation**	
	.It was noted that the Joint Committee has agreed to publish and consult on the Pre Consultation Business Case, although the proposal for Orsett Hospital is not yet available.	
9.	**Any Other Business**	
	Mark explained that the Accountable Care Partnership has been tasked with scoping new commissioning arrangements to include commissioning, contracting, gain share and an outcomes framework. Jeanette suggested this would need to be linked to the Sustainability and Transformation Plan but it was not clear how to do so. Common principles could be agreed but not pooling across the STP footprint. Roger suggested this should be taken forward by the a Steering Group including Mark, Catherine, Jeanette and himself	RH/MT/JH/CW