

MINUTES
Integrated Commissioning Executive (ICE)
31 May 2018

Attendees

Roger Harris – Corporate Director of Adults, Housing and Health, Thurrock Council (Joint Chair)
Ian Wake – Director of Public Health, Thurrock Council
Les Billingham – Assistant Director for Adult Social Care and Community Development, Thurrock Council
Mark Tebbs – Director of Commissioning, NHS Thurrock CCG
Maria Wheeler - Interim Chief Finance Officer, NHS Thurrock CCG
Tendai Mngangwa - Head of Finance, NHS Thurrock CCG
Jeanette Hucey – Director of Transformation, NHS Thurrock CCG
Jo Freeman – Management Accountant, Thurrock Council
Jane Foster-Taylor – Chief Nurse, NHS Thurrock CCG
Catherine Wilson – Strategic Lead for Commissioning and Procurement, Thurrock Council
Ann Laing - Quality Assurance Officer, Thurrock Council
Darren Kristiansen – Business Manager Health and Wellbeing Board, Thurrock Council
Emma Sanford – Strategic Lead Adult Social Care and Health, Public Health, Thurrock Council

Apologies

Mandy Ansell – Accountable Officer, NHS Thurrock CCG (Joint Chair)
Mike Jones – Strategic Resources Accountant, Thurrock Council
Allison Hall – Commissioning Officer, Thurrock Council
Philip Clark – Continuing Health Care Transformation Lead
Ceri Armstrong - Senior Health and Social Care Development Manager, Thurrock Council
Christopher Smith – Programme Manager Health and Social Care Transformation, Thurrock Council
Iqbal Vaza – Strategic Lead for Performance, Quality and Information, Thurrock Council

1. Minutes of the last meeting

An editorial amendment was required on the 26 April minutes whereby the Accountable Care Alliance should be referred to as the Integrated Care Alliance.

Action HWB Business Manager (Complete)

On the basis of the amendment being made the minutes were approved as an accurate record. Members considered the action log and agreed which actions could now be closed. These are reflected in the updated action log, circulated with these minutes.

2. BCF Plan 2017-19 – Performance DTOC Report and the BCF scorecard

Ann Laing introduced the item. Key points included:

- In March there were 260 delayed transfers of care (delayed days), which is a decrease of 57 compared to the previous month (317).
- There have been 17,164 non-elective admissions overall in the year, 4,813 over target. If changes had not been made to the recording of non-elective admissions, the outturn would have been 13,143, which would have been 792 over target.

- In Quarter 4, 52 out of 61 service users that were discharged from hospital into reablement/rehabilitation were still at home 91 days later, which equates to 85.3%. Of the 9 individuals who were not at home 91 days later, 5 had passed away, 1 was in hospital, 2 were in residential care and 1 was in extra care. With 5 individuals deceased the maximum percentage that could have been attained (if everyone else was at home) would be 93.4%.

During discussions the following points were made:

- Members considered whether ICE should be considering how action taken is addressing the target not being achieved.
- It was agreed that the CCG Quip Plan for non-elective admissions will be shared with members and discussed at the next ICE

Action Mark Tebbs

- Members were advised that the A&E Delivery Board acknowledged efforts made in Thurrock to reduce DTOCs.

3. Proposed methodology for DToC targets 18/19

Members noted the proposed methodology set out within the briefing note which focussed on the BCF– DTOC ambitions for 18/19, which included setting out that:

- The national expectation for 2018-19 is that the number of hospital beds occupied by people whose transfer has been delayed should not average more than 4,000 by end September.
- DTOC ambitions have been calculated:
 - Using a 3 month baseline based on Quarter 3, 2017-18 data (instead of 1 month as was used in the previous year)
 - To deliver the mandate ambition of fewer than 4,000 daily delays and the reductions from the baseline to be nationally split 50:50 between NHS and ASC delays – but locally, the degree of reductions expected will not be equal
 - Based on three bands for social care and NHS delays. These bands are based on the level of DToCs in each HWB per 100,000 18+ population.

4. BCF Plan 2017 – 2019 Finance Report

Jo Freeman provided confirmation that:

- The BCF pool, following LA's adjustments for pay award and increments, is £42,488,011
- The BCF carry forward total is £1,345,682

5. Internal Audit Report

Members noted that an audit of the Better Care Fund (BCF) had been undertaken as part of the approved internal audit periodic plan for 2017-18. The audit was designed to assess controls that seek to ensure the Council accurately records and accounts for all cash income and that banking arrangements are secure.

The internal audit concluded that the council can take substantial assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective.

The internal audit report made the following recommendations:

- A signed copy of the Annual Governance Statement should be retained on file. The annual review process within the section 75 agreement needs to be revisited to determine how reporting should be measured. This ensures compliance with the agreement.
- Risk management should be a standing agenda item at ICE meetings and any discussions and decisions minuted. This ensures compliance with the agreement.
- Minutes of ICE meetings should be formally noted by HWBB on a regular basis to evidence that they have been presented and discussed if appropriate.

Action HWB Business Manager

Action HWB Manager

6. Mede Analytics

Emma Sanford provided members with an overview and update on the Mede Analytics Project, which included:

- Proof of concept was approved by the ICE in November 2017
- NEL CSU, the CCG's current provider had previously (during procurement) agreed to transfer data to whatever provider we chose providing a valid DSA had been obtained from NHS Digital. However they gave notice to the CCG in December 2017 for provision of this service. Public Health colleagues have contacted Arden GEM (the CCG's new provider) to develop a separate contract to run to the same term as the Mede analytics contract.
- Progress is also being made towards Primary Care data sets being transmitted into Mede analytics
- Progress has also been made towards obtaining IAPT data. A field list and data sharing agreement has been agreed with the provider and Mede Analytics will be installing the Pseudo-anonymisation at source imminently.
- Progress is being made with obtaining the NELFT community data.
- Due to delays of implementation this results in an additional, unbudgeted for, cost pressure of
 - 2018/19 - £10,375
 - 2019/20 – £10,800
 - 2020/21 - £10,800

During discussions the following points were made:

- ICE members approved the additional budget requested, set out above
- Mede Analytics will not provide live updates but data will be transferred on a monthly basis. However, once live Mede Analytics will support professionals by enabling them to access all relevant data about an individual.

7. Thurrock First System Integration Project

Members noted the short paper providing an overview of the Thurrock First System Integration Project and acknowledged that the evaluation of Thurrock First is scheduled for September. It was agreed that the merits of the system integration project should be considered at that time.

Action HWB Manager

8. AOB

No other business was raised or considered by members.