

**MINUTES**  
**Integrated Commissioning Executive (ICE)**  
28 June 2018

**Attendees**

Roger Harris – Corporate Director of Adults, Housing and Health, Thurrock Council (Joint Chair)  
Allison Hall – Commissioning Officer, Thurrock Council  
Maria Wheeler - Interim Chief Finance Officer, NHS Thurrock CCG  
Tendai Mngangwa - Head of Finance, NHS Thurrock CCG  
Jo Freeman – Management Accountant, Thurrock Council  
Iqbal Vaza – Strategic Lead for Performance, Quality and Information, Thurrock Council  
Jane Foster-Taylor – Chief Nurse, NHS Thurrock CCG  
Catherine Wilson – Strategic Lead for Commissioning and Procurement, Thurrock Council  
Darren Kristiansen – Business Manager Health and Wellbeing Board, Thurrock Council  
Christopher Smith – Programme Manager Health and Social Care Transformation, Thurrock Council

**Apologies**

Mandy Ansell – Accountable Officer, NHS Thurrock CCG (Joint Chair)  
Jeanette Hucey – Director of Transformation, NHS Thurrock CCG  
Les Billingham – Assistant Director for Adult Social Care and Community Development, Thurrock Council  
Mike Jones – Strategic Resources Accountant, Thurrock Council  
Ian Wake – Director of Public Health, Thurrock Council  
Mark Tebbs – Director of Commissioning, NHS Thurrock CCG  
Philip Clark – Continuing Health Care Transformation Lead  
Ceri Armstrong - Senior Health and Social Care Development Manager, Thurrock Council

**Representatives**

Emma Sanford – Strategic Lead Adult Social Care and Health, Public Health, Thurrock Council, representing Ian Wake.

**Guests**

Faith Stow - Public Health Programme Manager  
Ann Laing - Quality Assurance Officer, Thurrock Council  
Abdul Ahad - Head of Financial Strategy, NHS Thurrock CCG

**1. Minutes of the last meeting (31 May)**

The minutes of 31 May 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 – Finance**

Jo Freeman advised members about the month two position. No financial pressures have been identified. During discussions it was agreed that:

- Hypertension detection funding would be considered at the next meeting  
**Action Emma Sanford**
- Homecare funding should be considered at the next meeting  
**Action Catherine Wilson**

## **3. BCF Plan 2017-19 – Performance DTOC Report and the BCF scorecard**

Ann Laing introduced the item. Key points included:

- Total non-elective admissions in to hospital (general & acute), all age. There were 1,554 non-elective admissions in April. This is 511 over the BCF target. The CCG agreed a new target trajectory with NHS England which equates to a target of 1,517 for April. If this target can be used for the BCF the non-elective admissions would be only 37 over target.
- Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+). In April there have been 76 delayed days which is 228 days under the target (green). Thurrock is the best performing local authority of both the region and CIPFA comparator groups.

Members welcomed the delayed transfers of care performance and acknowledged that hard work across the NHS and that of key partners that has had a positive impact on improving performance.

## **4. NHS England letter about DTOC targets and ambitions**

Ann Laing explained that the letter issued by NHS England:

- Sets out national plans to introduce targets for reducing long stays in hospital consisting 21+days.
- Excess bed days are currently monitored by the Clinical Commissioning Group (CCG) which suggests that the CCG will be best placed to monitor and report against proposed new targets.

Members agreed that a whole system response would be required to achieve the target. It was agreed that CCG colleagues would consider the proposed new targets further in conjunction with the Hospital Group and will report back to ICE at July's meeting.

**Action Abdul Ahad**

## **5. CCG QIPP plan for non-elective admissions**

Abdul Ahad introduced the item. Key points included:

- The CCG QIPP plan comprising £8m total budget of which £1,048,647 is provided for unplanned care. The QIPP business case was agreed in April. A review will be undertaken to evidence how QIPP financial support is improving outcomes.

During discussions the following points were made:

- It can be a challenge compiling evidence that unequivocally demonstrates cause and effect and the impact of some interventions on improving outcomes. However, as part of the Tilbury and Chadwell pilot project the availability of more appointments for patients is likely to impact on A&E activity.
- It is important to establish links between QIPP and BCF funding to ensure activities can be aligned, coordinated and not duplicated.
- Dashboards will be created to monitor QIPP funding activities. It was agreed that an update would be provided at August ICE.

**Action Abdul Ahad**

## 6. Exercise and referral programme business case

Faith Stow introduced the item. Key points included:

- The Exercise on Referral (EoR) Programme is an additional clinical pathway for patients with conditions such as stroke, diabetes, cardiovascular disease and cancer and focuses on tertiary prevention, so preventing serious illness, rehabilitation and preventing relapse. It is provided by Impulse Leisure
- An individual programme for the participant is devised with the agreement of the person being referred and they will be placed in the appropriate pathway within the overall programme lasting up to 12 weeks, with twice weekly session lasting one hour. All sessions are led by a suitably qualified instructor (Level 3/4) and there is a maximum cost of £3.00 per session to the participant.
- The programme is contracted from May 2018 for 2 years, plus optional 1 year. The contract value is £80,000 per year/ £240,000 in total. ICE have already agreed funding of £33,000 from the Better Care Fund (BCF) for 2018-19. Approval was being sought in principle for funding into 2019-20 and 2020-21.

<b>Funding breakdown</b>			
	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21 (optional)</b>
<b>Public Health</b>	£42,335	£37,667.5	£37,667.5
<b>Better Care Fund</b>	£33,000	£37,667.5 (TBC)	£37,667.5 (TBC)
<b>Total Programme costs</b>	£75,335	£75,335	£75,335

During discussions the following points were made:

- Members welcomed the impact of the exercise on referral scheme and agreed in principle to the funding proposed.
- Members agreed that some users may not like or prefer the gym environment and welcomed guidance on the flexibility and creativity that can be provided, such as purchasing exercise equipment such as bikes for individuals.

**Action Faith Stow**

- Members welcomed the age profile of users particularly with regard to the BCF focus on the cohort aged 65+. Members also welcomed sight of the evaluation report

**Action Faith Stow**

- Members noted that social prescribers, of which the Mayor is one, are often the best referrers to exercise on referral schemes.

## **7. BCF National Guidance**

Members noted that national guidance has not been published. The BCF leads teleconference scheduled for 26 June 2018 had been cancelled.

## **8. Collins House performance analysis – services funded through BCF**

Ann Laing introduced the item. Key points included:

- Collins House provides 45 beds in total of which 28 are permanent, 5 are reablement and 12 are interim beds.
- It is important to note that interim beds were previously referred to as 'step up, step down'.
- The beds are used for permanent residential patients, step down and reablement support.
- Interim beds appear to be used more for including discharge to assess, awaiting suitable placement following reablement support in the health funded beds, and emergency placements. Reablement is provided through the health funded reablement beds and individuals are moved back to interim beds when reablement has been completed and the individual is awaiting suitable accommodation.

During discussions the following points were made:

- Considerable financial support is provided to Collins House and members noted that if patients were not being supported at Collins House that it is likely that they would remain in hospital
- The target currently set for the average length of stay of interim beds (in days) (based on service users supported in the period, including departures) is 42 days. ICE members previously agreed the target and given the change in focus of interim beds it was agreed that the target should be reviewed. It was agreed that further consideration would be provided outside of the meeting and a report would be provided to ICE members at the July meeting.

**Action CCG and Council Commissioning**

## **9. How GP provision at Collins House should be funded in future**

This item was considered in part within agenda item 8

## **10. Risk management**

Recommendations made by internal audit of the BCF recommended a standing agenda item at ICE meetings. Members agreed that the BCF risk register will be reviewed on a quarterly basis, commencing in July.

**Action Christopher Smith**

## **11.AOB**

Allison Hall advised members the BCF quarterly template has been circulated and will be circulated to members on 16 July for approval. Members were advised that the BCF and iBCF reporting arrangements have now been combined into a single template.