

**MINUTES**  
**Integrated Commissioning Executive (ICE)**  
26 July 2018

**Attendees**

Mandy Ansell – Accountable Officer, NHS Thurrock CCG (Joint Chair)  
Jeanette Hucey – Director of Transformation, NHS Thurrock CCG  
Mark Tebbs – Director of Commissioning, NHS Thurrock CCG  
Maria Wheeler - Interim Chief Finance Officer, NHS Thurrock CCG  
Tendai Mwangagwa - Head of Finance, NHS Thurrock CCG  
Jane Foster-Taylor – Chief Nurse, NHS Thurrock CCG  
Philip Clark – Continuing Health Care Transformation Lead (for AOB), Thurrock CCG  
Jo Freeman – Management Accountant, Thurrock Council  
Catherine Wilson – Strategic Lead for Commissioning and Procurement, Thurrock Council  
Jackie Groom - Strategic Lead – Performance, Quality and Business Intelligence, Thurrock Council  
Ann Laing - Quality Assurance Officer, Thurrock Council  
Emma Sanford – Strategic Lead Adult Social Care and Health, Public Health, Thurrock Council, representing Ian Wake.  
Christopher Smith – Programme Manager Health and Social Care Transformation, Thurrock Council

**Apologies**

Roger Harris – Corporate Director of Adults, Housing and Health, Thurrock Council (Joint Chair)  
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  
Ceri Armstrong - Senior Health and Social Care Development Manager, Thurrock Council  
Allison Hall – Commissioning Officer, Thurrock Council

**1. Minutes of the last meeting (28 June 2018)**

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 presented a detailed spreadsheet which showed the 3 month position for the BCF Pooled Fund.

- It was noted that this showed a £270k underspend which could be attributed in the main to lower than forecast expenditure on Care Homes, the Joint Re-ablement Team and the Bridging Service.
- Approximately £300k was shown as a currently un-allocated, non-recurring, carry forward fund, and it was agreed to reserve this against future winter pressures.

It was noted that the Bridging Service may need to be expanded during the summer holidays if carer availability reduces further as a result of leave being taken. CW is

liaising with providers regarding this cost pressure and will advise when the position is clearer.

There was a discussion about the process and criteria for committing underspends and un-allocated funds, and it was agreed that in the face of the current cost and demand pressures it would not be appropriate to invite business cases for new projects at this stage.

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

Ann Laing presented the Better Care Fund Scorecard to May 2018. Key points included:

- In relation to Indicator 5.1, there has been a change in the way Non Elective Admissions are recorded, and a change to the NHS England target itself. However, these are not recognised in the Better Care Fund reporting arrangements. Nor can the issue be resolved under the terms of the new Operating Guidance. The position is explained in the commentary for each Better Care Fund quarterly return submitted.
- In relation to indicator 5.3, Green has been achieved for the first time – although it was noted that the snapshot relates only to quarter 4.
- In relation to indicator 5.4, it was noted that the 7.9 value changes to 6.6 from September. Generally it was noted that performance was good with a Year to Date value of 2.7 being achieved against a 10.6 value nationally.

The meeting again welcomed the good performance in relation to delayed transfers of care and acknowledged that hard work across the Council, NHS and partners that has had a positive impact on improving performance.

It was noted that the national plans to introduce targets for reducing long stays in hospital (21+days) is not to be reported as part of the Better Care Fund this year. Mark observed that the data may give us a richer picture of the nature of the pressure on hospital beds and so it may be helpful to consider this in future DTOCs reports.

Ann agreed to include the figure in the Scorecard report in future.

Mark also suggested DTOC for mental health beds requires equal focus.

Ann noted that this features in Care Home placement figures where currently 31 of the 38 beds relate to mental health beds.

There was a short discussion about the report on the use of Interim Beds at Collins House. It was noted that the Interim Beds are not being used for re-ablement although the length of stay target is based on the target for re-ablement.

Catherine felt more work was needed to arrive at an appropriate target for stays in the interim beds.

Emma and Irene were asked to investigate the current pattern of use and to advise on an appropriate basis for measurement.

It was agreed that the matter would be discussed again in September.

**Action Emma Sanford and Irene Lewsey**

### **4. Better Care Fund Quarter 1 2018/19 Return**

It was noted that this had been signed off and submitted on Monday 23 July 2018.

### **5. Operating Guidance**

Christopher explained that the Operating Guidance for the year 2018/19 has now been published. It was noted that:

- Any challenge to the DTOC baseline target must be submitted to NHS England by 3 August 2018.
- Any change to the Better Care Fund Plan must be submitted by 24 August 2018.
- As noted above there is no requirement to report long hospital stays this year.
- The Departments of Health, and Communities and Local Government are working on the 2019/20 Policy Framework which will cover a single year and minimal changes can be expected.
- The Better Care Fund Plan for 2019/20 is expected to be a “roll over” of the previous year’s plan.
- In the longer term, with the ambition to publish a Green Paper as well as the Spending Review, larger scale changes may be expected.

## **6.GP Provision at Collins House**

- Catherine explained that the Council funded interim GP cover for residents at Collins House was established to meet an urgent need in Christmas 2017. The arrangements need to be resolved and it was agreed that going forward College Health would provide GP services for those using Interim Beds but that otherwise the residents would be expected to receive the service from their existing GP under the terms of the APMS contract. It is anticipated that this College Health contract will cost £10k per year, which will be met from resources within the Better Care Fund. This is to be a time limited arrangements and the longer term solution may be informed by the review of the length of stays in Interim Beds to be considered in September.

## **7. Hypertension – Update Report**

Emma presented a number of slides drawing on the evaluation of the programme to gain a better understanding of the impact and cost-effectiveness of the Pharmacy Hypertension Detection Programme in Tilbury, which has been operating for over 11 months - since June 2017. The evaluation report covers the activity of the programme over a nine month period of June 2017 - March 2018.

The report was noted and following discussion of the low activity, poor data recording, and high drop-out rate it was agreed no decision on the future funding of the programme would be agreed. Emma was asked to review the current Service Level Agreements to determine whether the programme could be halted prior to the end of the contract term. Jane Foster-Taylor, Phillip Clarke, Rahul Choudry and Jeanette Hucey were asked to review the report and to advise the Executive of the future of the programme.

## **8. Risk – related to the BCF Schemes, and to the Better Care Fund Pland and Section 75 Agreement**

- It was noted that the Risk Register in the 2017/19 Better Care Fund Plan now appeared somewhat negative, especially in relation to the highly successful partnership which has been forged between the Council and the CCG, and the improving performance of the Better Care Fund Schemes, especially in relation to Delayed Transfers of Care.

- Christopher and Ceri Armstrong were asked to review the Risk Register, and risks associated with the Better Care Fund more generally, and to come back to the Executive with an updated assessment.

**Action Ceri Armstrong and Christopher Smith**

### **9. Any Other Business**

Phillip joined the meeting and there was a discussion about the need for beds for complex, and palliative, and end of life care. He explained that the CCG has spoken with a Care Home provider wishing to exit the residential market who may be in a position to meet this need.

Catherine suggested it would be helpful to know more about the type of need being presented, as well as the deficiencies in the existing residential provision.

Christopher noted that the Market Position Statement, which is intended to be a signal to the market of future commissioning intentions, is currently being revised.

It was agreed that Phillip would come back to the Executive with a proposal addressing these issues.

**Action Philip Clarke**