

**MINUTES**  
**Integrated Commissioning Executive (ICE)**  
30 August 2018

**Attendees**

Mandy Ansell – Accountable Officer, NHS Thurrock CCG (Joint Chair)  
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  
Jeanette Hucey – Director of Transformation, NHS Thurrock CCG  
Maria Wheeler - Interim Chief Finance Officer, NHS Thurrock CCG  
Tendai Mngangwa - Head of Finance, NHS Thurrock CCG  
Tania Sitch – Integrated Care Director, NELFT/Thurrock Council (Trusted Assessor item)  
Philip Clark – Continuing Health Care Transformation Lead (for AOB), Thurrock CCG  
Catherine Wilson – Strategic Lead for Commissioning and Procurement, 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  
Ann Laing - Quality Assurance Officer, Thurrock Council

**Apologies**

Mike Jones – Strategic Resources Accountant, Thurrock Council  
Jo Freeman – Management Accountant, Thurrock Council  
Mark Tebbs – Director of Commissioning, NHS Thurrock CCG  
Jackie Groom - Strategic Lead – Performance, Quality and Business Intelligence, Thurrock Council  
Jane Foster-Taylor – Chief Nurse, NHS Thurrock CCG  
Christopher Smith – Programme Manager Health and Social Care Transformation, Thurrock Council

**1. Minutes of the last meeting (26 July 2018)**

The minutes of 26 July were approved as an accurate record with one amendment on page 2 as follows:

- The action owners for investigating the current pattern of use of interim beds at Collins House and identifying an appropriate target for stays in interim beds are Catherine Wilson and Ann Laing.

**2. BCF Plan 2017-19 – Finance**

Tendai Mngangwa presented the position for month 4 of 2018-19:

- The underspend position is relatively unchanged from the previous month
- The predicted end of year carry forward is £233k
- Following the July meeting, the pharmacy element of the Hypertension pilot has been ceased, but the GP element will continue
- Members agreed that CCG and Council contributions towards the Alliance work Andy Vowles is carrying out will be from the BCF (confirmed as £6,400)

- Members agreed that the DTOC coordinator post would be funded by the BCF
- It had been agreed that the BCF would fund an extension to the Bridging Services and Catherine would confirm the length of the extension
- Phillip raised a concern that Thurrock interim beds were used to provide capacity for non-Thurrock residents and that this might lead to a shortage
- Some monies allocated from the BCF to initiatives were unspent to date – Thurrock First (£20k), Integrated Data Set (£10k), DTOC (£70k) and confirmation was required as to whether the funding was still required

### **3. BCF Plan 2017-19 – Performance DTOC Report, BCF scorecard, 18-19 Performance Targets**

Ann Laing provided an update on the BCF scorecard:

- With the exception of Non Elective Admissions, all BCF targets are on track to be met
- There is an ongoing issue with the Non Elective Admission target – with the new reporting arrangements not matching the date contained within the BCF quarterly return. This has been raised with the regional BCF manager. Performance against this target is only slightly below target
- Ian stated that there was an issue relating to the number of beds at the Hospital being taken up by people with a Mental Health crisis. Mandy commented that she had already been part of discussions concerning this matter and a further conference call was to take place with Andrew Pike. Additionally, a review of the Mental Health crisis pathway was currently taking place
- Whilst Long Stay Patients was not a BCF indicator, it had been agreed to monitor this indicator at the previous meeting. Data provided by NHS England did not currently match data held locally and this had been raised with the regional BCF manager.

Delayed Transfers of Care Report:

- Thurrock continued to perform extremely well – with the current rate of performance at 3.3 (delayed days from hospital per 100,000 population). Thurrock performs best in the region and against its comparator group
- Thurrock's DTOC target from September onwards is 6.6 – performance is to be maintained or improved

BCF Performance Targets 2018-19

- ICE members confirmed that there would be no changes to targets for 18-19 – apart from the DTOC target that had been set nationally
- Clarification on the NEA target/data was expected from NHS England and would be shared once received

### **4. Better Care Fund Plan 2019-20**

Ceri Armstrong introduced the item and recommended that whilst it was likely that BCF arrangements for 2019-20 would be rolled over from 2017-19, ICE members might like to ensure that the Direction of Travel reflected within the Plan matched that of the ambition for the whole system. This would ensure that the BCF Plan was consistent with arrangements for the Alliance and also the Better Care Together Thurrock whole system transformation programme. It would ensure that the BCF reflected a whole system approach:

- ICE members agreed that the BCF Plan should reflect the direction of travel for the whole system in Thurrock
- This might mean that the BCF would expand to incorporate funding elements not currently included – e.g. Learning Disabilities, Mental Health
- Consideration should be given to governance arrangements – e.g. BCF sitting beneath the Alliance
- If the BCF was to reflect arrangements for the Alliance, then providers should be included as should the entirety of budgets across the system
- Consideration needed to be given to QIPP and how this would interact with BCF arrangements

### **5. Trusted Assessor (taken as item 3)**

Tania Sitch provided an updated on the Trusted Assessor 'High Impact Change Model':

- There were a number of ways in which the Trusted Assessor model could be defined
- Our model focused on working with care homes in the Borough to provide assurance that someone was safe to be discharged back to their care
- Progress was actually far more advanced than actually reported and this needed to be reflected in the next quarterly return
- The Trusted Assessor had been employed by the Hospital and would be alerted as soon as someone from a care home had been admitted which enabled them to manage issues that often prevented someone from leaving hospital when medically fit to do so
- The next phase of the work would be to work with care homes to prevent more people from being admitted to hospital – e.g. management of UTIs was one issue requiring further work
- Phillip made the comment that there were a number of initiatives in place focusing on care homes, but these were not always well coordinated. Catherine stated that work was being carried out to review pathways for older people and to review how they worked (Phillip to be included within this work)
- Tania also reported that the 'Red Bag' initiative had been implemented with an increasing number of patients from care homes arriving with a red bag

### **6. Complex, Palliative, End of Life Care Beds – Proposal**

At the July meeting, Phillip had identified a need for beds for complex, palliative and end of life care. The report followed on from this discussion in exploring opportunities to expand the community bed offer in Thurrock for people requiring palliative or end of life support:

- There was a need to invest in community capacity for complex, palliative and end of life care beds
- Opportunities to explore could include utilising spare/available capacity within existing residential care homes and supporting St. Luke's Hospice to provide the provision required
- 8 beds have been earmarked by Basildon and Thurrock University Hospitals Foundation Trust (BTUH) for extremely frail patients (those scoring 8 or 9 on the Rockwood Clinical Frailty Scale) with location to be confirmed (likely to be Brentwood Community Hospital)
- A further update will be brought back to ICE at a later date when the future model is clearer

## **7. Delayed Discharge from Specialist Commissioned Neurological Rehabilitation Placements**

Phillip stated that when there were delayed transfers of care from specialist commissioned neurological rehabilitation placements, the CCG was charged regardless of who was at fault for the delay. This could lead to the CCG incurring a significant charge as placements were often expensive.

It was agreed that a decision on the approach to be taken on charges arising from delayed discharges on such specialist placements would be taken forward by Catherine, Roger, Maria, and Phillip.

## **8. Risk Register**

At the July meeting, it had been agreed that a refresh of the risk register would be undertaken. This was provided for discussion and agreement.

The revised risk register was agreed, but members asked that Christopher link with Nicola Adams (CCG Head of Governance) to discuss linkages and parallels with the CCG risk register.

**Action – Christopher Smith**

## **9. Any Other Business**

Roger highlighted a digital technologies fund that was being made available via STPs. It was possible that the funding could be utilised for further investment in the Mede-Analytics tool that Public Health was leading on. Maria Wheeler agreed to lead on behalf of Thurrock and would link with Emma Sanford (Public Health) and Jackie Groom (Adult Social Care) to identify possible funding bids.

**Action – Maria Wheeler**

Mandy identified clashes with the November and March ICE meetings and these would be rearranged.

**Action – Ceri Armstrong**