

MINUTES
Integrated Commissioning Executive
31st October 2019

Attendees

Mandy Ansell – Accountable Officer, NHS Thurrock CCG (Joint Chair)
Roger Harris – Corporate Director of Adults, Housing and Health, Thurrock Council (Joint Chair)
Catherine Wilson – Strategic Lead for Commissioning and Procurement, Thurrock Council
Ian Stidston – Interim Director of Commissioning, NHS Thurrock CCG
Jo Freeman – Management Accountant, Thurrock Council
Maria Wheeler - Interim Chief Finance Officer, NHS Thurrock CCG
Tendai Mhangagwa - Head of Finance, NHS Thurrock CCG
Allison Hall – Commissioning Officer, Thurrock Council
Ann Laing - Quality Assurance Officer, Thurrock Council (substitute for Jackie Groom)
Emma Sanford – Strategic Lead – Health and Social Care, Public Health Thurrock Council (substitute for Ian Wake)
Christopher Smith – Programme Manager Health and Social Care Transformation, Thurrock Council
Les Billingham – Interim Director for Adult Social Care and Community Development, Thurrock Council
Ceri Armstrong - Senior Health and Social Care Development Manager, Thurrock Council
Mike Jones – Strategic Lead for Finance, Thurrock Council
Steve Mayo – Deputy Chief Nurse, NHS Thurrock CCG (substitute for Jane Foster-Taylor)

Apologies

Ian Wake – Director of Public Health, Thurrock Council
Sean Clark – Director of Finance and IT
Jane Foster-Taylor – Chief Nurse, NHS Thurrock CCG
Jackie Groom - Strategic Lead – Performance, Quality and Business Intelligence, Thurrock Council
Mark Tebbs – Director of Commissioning, NHS Thurrock CCG

1. Minutes of the last meeting (11th September 2019)

The minutes of the last meeting were agreed as a true record.

Matters Arising

There were no matters arising from the meeting notes of 11th September 2019.

2. BCF Plan 2017-19 Performance

AL presented the Scorecard to the end of August 2019.

Total non-elective admissions in to hospital (5.1) – performance was currently under plan.

Long-term support needs of older people met by admission to residential and nursing care homes, per 100,000 (5.2) – whilst performance was ‘red’, the position was recoverable. The dip in performance was in part due to a backlog of data.

Proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation (5.3) – performance was ‘red’ by 0.1% and

therefore the position was recoverable. This indicator included people who had died at home following discharge from hospital.

Overall delayed transfers from care (5.4) – Good performance was being sustained with Thurrock being the best performing authority in its CIPFA comparator group and in the region.

CCG colleagues commented that pressure on Accident and Emergency was currently in paediatrics.

With regard to DTOC pressures, intermediate care and CHC beds were the top reasons for delays.

3. Collins House Interim Beds – Review of Target for Average Length of Stay

There was a request to change the average length of stay from 6 to 12 weeks. The beds were used as an interim solution and were not reablement beds. As such, the average length of stay was often longer than 6 weeks. If the stay exceeded 6 weeks, the social worker responsible would complete a Funding Agreement Report (FAR) and would have to state why the person required a longer stay.

ICE agreed the recommended target but with a proviso that the length of stay was reviewed periodically to ensure that people being admitted to interim beds met the criteria and were suitable.

4. BCF Plan 2019-20 Finance

There was currently a £106k surplus due to a slightly improved position created by an underspend against different lines plus some of the Fund being unallocated. It was suggested that this could be used as a contingency.

£9k had been agreed for the Voluntary Sector to cover Social Prescribing invoices (the funding gap was as a result of misaligned invoices).

A DTOC coordinator post had previously been added as a 6 month post, but this should have been 12 months and would be corrected.

Members were made aware that it was possible that an Adult Social Care precept would be applied to the 2020-21 Council Tax. This would be subject to Council agreement.

5. Bridging Service

The Bridging Service had been introduced in response to pressures on domiciliary care. As a result, an existing waiting list had been reduced, but the reliance on the service has meant an increase in hours being used.

3 options to reduce the amount spent on the Bridging Service were presented:

- Cease using the service – the implications of this option were finding 300 hours a week of domiciliary care and the possibility of a growing waiting list. Finding additional hours with a fragile domiciliary care market would be difficult.
- Use the service until the end of January – the implications of ceasing the service at the end of January were that there were likely to be additional pressures through Winter and not having the Bridging Service as an option would likely reduce market capacity.
- Use the service until the end of March – this would coincide with the review of the discharge pathway and was the preferred option.

Comments included:

- Reviewing any waiting lists
- Looking to use any unallocated Winter Pressures monies to fund the cost of the Bridging Service
- Ensuring that we planned for the end of April if this is when we were going to cease using the service
- The use of the Service reflecting the pressure and complexity of demand – there were increased hours but not an increase in people using the service
- Either increased funding was required or an expectation that waiting lists and increased DTOC were likely
- The recent analysis of residential care placements showed the increased complexity and the increased age of people entering residential care today.

Option 3 (to fund the use of the service until the end of March) was agreed and would be funded through unallocated Winter Pressures resource.

It was agreed that two papers would be brought to a future meeting:

- Residential Care Placement analysis (November meeting) – CW
- Review of the Discharge Pathway (to be advised) – CW

6. Home from Hospital (By Your Side)

CW reported that the service had been very successful, with 246 referrals (mainly via the Hospital Team). Out of the referrals, 66% of people required no further support. Some of this group were likely to have required further support had the service not been in place.

The BCF has committed to funding a recurring £35,130 but the service actually costs £70,260 to run. Whilst the outstanding amount has been covered for this year, a commitment from ICE is required to ensure that the service can continue to run.

It was agreed that the ongoing funding of the service would be considered alongside the review of the discharge pathway that was to be considered by the Integrated Care Partnership (see item 5).

7. The Better Care Fund 19-20 – update

CA updated ICE members that the BCF Plan for 19-20 had been submitted on time. A couple of additional pieces of information had been requested through the Eastern Region BCF Lead and the regional assurance process had taken place. The next stage was moderation following which plans would be recommended for sign off.

8. Future of ICE – BCF Working Group

CA presented a paper recommending the establishment of a BCF and Integrated Commissioning sub-group. This would be the last meeting of the ICE before new Integrated Care Partnership arrangements were established. As the ICP would have a broader and more strategic agenda, a sub group was required to focus on the detail of the BCF and of the development of Integrated Commissioning.

ICE agreed that the group was required and that it would report to the ICP by exception.

ES asked to be added as a member of the new group.

A date for the first meeting would be agreed where the new group's terms of reference would be discussed and agreed. This would include governance arrangements.

9. Risk Register

There was nothing to add.

Exception reporting would take place between the new BCF sub-group and the ICP.

Any Other Business

IS expressed his thanks to CA and CS for the support given to the group.