

MINUTES

Integrated Commissioning Executive

30th March 2016

Attendees
Roger Harris (RH) – Corporate Director of Adults Housing and Health (Joint Chair)
Mandy Ansell (MA) – Acting Interim Accountable Officer (Joint Chair*)
Mark Tebbs (MT) – Director of Integrated Commissioning
Catherine Wilson (CW) – Strategic Lead for Commissioning and Procurement
Mike Jones (MJ) – Strategic Resources Accountant
Joanne Freeman (JF) - Management Accountant Social Care & Commissioning
Ade Olarinde (AO) - Chief Finance Officer
Emma Sanford (ES) – Public Health
Christopher Smith (CS) – Programme Manager Health and Social Care Transformation

Apologies
Sean Clark (SC) – Head of Corporate Finance
Ian Wake (IW) – Director of Public Health
Ceri Armstrong (CA) – Directorate Strategy Officer
Allison Hall (AH) – Commissioning Officer

Item No.	Subject	Action Owner and Deadlines
1.	<p>Minutes of previous meetings (6th January 2016 and 18 March) and Matters Arising</p> <p>The minutes of the 6th January meeting were agreed.</p> <p>The minutes of the meeting on 18 March will be circulated.</p> <p>There were no matters arising not on the agenda.</p>	CA
2.	<p>Use of the Payment for Performance monies for 2015/16</p> <p>MJ raised the need to agree the process that will be implemented to enable access to the Payment for Performance Fund based on the reduction that was achieved in Non-elective admissions.</p> <p>AO explained that in relation to the Payment for Performance element in the Thurrock Plan, commitments can only be made against the scheme when there is evidence that performance has been achieved. In fact, at the outturn a payment for performance saving of £660,000</p>	

	<p>was achieved. This will now be released into the Pooled Fund and can be committed in line with the terms of the Section 75 Agreement. MJ and AO will meet to agree the accounting treatment in accordance with the Section 75 Agreement.</p> <p>RH suggested that in line with the S75 agreement, the £660,000 could be used to fund (non-recurrent) jointly agreed initiatives over and above the commitments in the 2016/17 BCF Plan. It was agreed that these would be described in the narrative plan because they will support the integration of health and care services, and the reduction of non elective admissions but they will not form part of the BCF financial plan for the year. AO said he would like to give particular consideration to the drafting for these elements of the plan so that it was clear that they did not form part of the financial plan.</p> <p>ES presented a Falls Prevention Proposal. This would complement the NELFT falls service which dealt with patients/service users who had had a fall, by targeting those at risk of a fall. The proposal included sharing geriatrician and pharmacist services with other local services. MA said the proposal filled a gap in services and suggested investing in a 12 month pilot. MT advised holding an evaluation at 9 months to allow time for the initiative to have an impact and also time for a decision to be made on continuation of funding.</p> <p>RH said the scheme would take 3 months to mobilise and so the cost in 2016/17 would be 9/ 12th of the £150k cost. The proposal would therefore require a commitment in 2017/18 as well. It was agreed the payment for performance monies relating to 15/16 will be ring-fenced and drawn down as required – subject to mutual agreement by the Council and CCG through the Integrated Commissioning Executive to fund non-recurrent schemes.</p> <p>The proposal was agreed in principle subject to any further comments from those attending (by email), and also discussions with the provider.</p> <p>ES also presented an Avoiding Stroke Admissions Proposal. The aim was to detect hypertension through health checks. The estimated cost was £36k per annum. It was agreed this proposal needed to go through the QIPP process to ensure there was not an overlap with existing health check initiatives.</p> <p>Subject to the scheme being seen to fit with the current QIPP initiatives it was agreed in principle.</p> <p>CS noted the interest expressed in the Herts complex care premium which could complement the BCF initiatives to reduce admissions from Care Homes by recognising advanced training for care home staff for a range of</p>	<p>MJ/AO</p> <p>CA/CS/AO</p>
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	<p>conditions. It was agreed a proposal should be worked up and presented to the next ICE meeting. In the meantime it would be appropriate to flag the potential to invest in this type of initiative in the BCF Plan.</p>	<p>CW CS/CA</p>
<p>3.</p>	<p>Better Care Fund 2016/17 – Finalising the schemes and funding for 2016/17</p> <p>The meeting considered the initial feedback from the Sector Led Improvement Programme Manager - East of England Adult Social Care (Natasha Burberry) on the draft BCF Plan submission on 21 March. The following points were agreed:</p> <ul style="list-style-type: none"> •Workforce and capacity requirements – the Plan should be developed to highlight the issues faced in Thurrock, particularly in relation to Care Homes, Home Care, GP and Junior Doctor recruitment and retention. The actions in the Essex wide workforce plan should be outlined. •7 day working – it was agreed more detail was needed on the new arrangements at BTUH. The refresh of the mapping of gaps in the community services for 7 day working and how this feeds into the System Resilience Group Plans should also be outlined. We could expand on the investment in therapies but this will depend on the gap analysis following mapping. It was agreed that where investment decisions have yet to be reached the process for determining the outcome should be outlined. •Data Sharing – in relation to the reference to an IMG Strategy (Information Management and Governance?) it was agreed Jane Marley should be asked precisely what is required. In relation to data sharing it was noted that more ground work on the requirements was needed before a solution could be procured. RH said that Tania Sitch has suggested the existing systems can offer more functionality than is currently being exploited. •Single point of access – it was noted that there are in fact multiple point of access. However, it was agreed that the enhancements to the RRAS to be delivered as part of the BCF Plan for 2016/17 would improve access to services for those in a crisis. A reference to development of a mental health offer would also strengthen the plan. Co-ordinated care planning for older adults/named accountable professional and the MDTs should also be referenced. •Delayed Transfers of Care – an action plan is needed based on NICE guidance. This will be discussed in detail by MT, CW and others at a meeting tomorrow. The aim should be to describe the arrangements in Thurrock but also how these feed into the Essex Success Regime. •Finalise funding for schemes – it was noted that this piece of work was being progressed 	<p>MT</p>

	<ul style="list-style-type: none"> ●Reliability of Metrics – this will also be discussed in detail at the meeting tomorrow <p>RH asked about the sign off process.</p> <ul style="list-style-type: none"> ●Submission (assumed to be around midday) is on Monday 25th of April. ●The Plan will go to the Health and Well-Being Board on 21 April for approval – papers are published on Wednesday 13th. ●MA will get the Chair to sign off the Plan on behalf of the CCG Board, since the Board meeting falls on the 28th April. ●RH and the Chair have delegated authority to sign off the plan for the Council. <p>MT would like to signal to providers the broad intentions of the Plan. It was agreed that the draft for the Health and well-Being Board could be circulated. It was noted that a response from providers was a requirement of the Key Lines of Enquiry in the Plan assurance process. For example, in relation to the section on National Conditions: <i>“C1iii – There is joint agreement across commissioners and providers as to how the BCF will contribute to the longer term strategic plan (HWBS?) C1iv – This includes an assessment of future capacity and workforce requirements across the system C1v – Implications for local providers have been set out clearly for HWBs so that their agreement for the deployment of the Fund includes recognition of the service change consequences”</i></p> <p>RH said it would be helpful to meet to go through the Plan later next week. Mikaela will be asked to arrange</p>	<p>MT</p> <p>CS”</p>
4.	<p>Planning Timetable - ESR; STP; BCF; Operational Plan</p>	
	<p>MA confirmed that the Sustainability and Transformation Plan was to be completed by the end of June. It was noted that this relates to the Essex Success Regime geographical footprint. However, the focus of the ESR is largely on the acute sector and the timeframe is not in alignment with STP planning for community services.</p> <p>The CCG Operational Plan is to be submitted on 11/4/2016.</p> <p>AO said that in view of the issues concerning the alignment of the requirements for the STP and the ESR he expected further guidance would emerge from NHS England. It was also noted that the plans for Integration, Primary Care and Estates are still in development.</p> <p>RH noted that there was no evidence that the ESR planning arrangements were taking account of adult social care or other relevant local authority investment in health and well-being.</p>	

5.	NHS LA Clinical Negligence Cover.	
	<p>CS outlined the legal advice on the clinical negligence issue received by the Council and the current position regarding NHS LA cover including the proposal that the cost of cover should rise from £29k in 2015/16 to £35k in 2016/17. To date no payment has been made although it is understood the cover is in place.</p> <p>AO tabled a letter and schedule from NHSLA and dated 19 December 2014 which showed the CCG were charged a “standard membership fee of £1,000 [...] recognising that whilst you may benefit from cover we do not anticipate significant claims being brought against you.” It was noted that the documents appeared to indicate that all CCGs were charged a nominal membership fee relative to the perceived level of risk.</p> <p>CS will forward the documents to Andy Owen, the Council’s Corporate Risk Officer, suggesting that similar cover for the Council should be at no greater cost either this year (2015/16) or next.</p> <p>It was agreed to ask the BCF Manager what arrangements for this cover were being made by other local authorities.</p>	<p>CS</p> <p>CA</p>
6.	Any Other Business	
	There was none.	