

MINUTES

Integrated Commissioning Executive

23rd May 2016, 9-10.30am

Attendees
Roger Harris (RH) – Corporate Director of Adults, Housing and Health, Thurrock Council (Joint Chair)
Mark Tebbs (MT) – Director of Commissioning, NHS Thurrock CCG
Catherine Wilson (CW) – Strategic Lead for Commissioning and Procurement, Thurrock Council
Christopher Smith (CS) – Programme Manager Health and Social Care Transformation, Thurrock Council
Mandy Ansell (MA) – Acting Interim Accountable Officer, NHS Thurrock CCG (Joint Chair*)
Ceri Armstrong (CA) – Directorate Strategy Officer, Thurrock Council
Allison Hall (AH) – Commissioning Officer, Thurrock Council
Kay Goodacre (KG) – Finance Manager

Apologies
Sean Clark (SC) – Director of Finance and IT, Thurrock Council
Mike Jones (MJ) – Strategic Resources Accountant, Thurrock Council
Ade Olarinde (AO) - Chief Finance Officer, NHS Thurrock CCG
Ian Wake (IW) – Director of Public Health, Thurrock Council

Item No.	Subject	Action Owner and Deadlines
1.	Notes (April)	
	<p>MA asked if the meeting venue could be changed to CCG Offices.</p> <p>MA stated that the CCG was now in the ‘danger zone’ regarding finances and that this due to the new BTUH block contract. The final contract value was higher than CCG had wanted which resulted in a £800k cost pressure for 2016-17. If activity levels fell below plan savings could be made, but there was a difficulty in getting reliable activity figures for BTUH.</p> <p>There was an additional £500k pressure from Southend Hospital, and as a result, the CCG may need to have deficit plan - which would also mean monthly reporting to NHS England.</p> <p>MA stated that there was currently no news regarding the</p>	LS to action

	<p>rebasement of SEPT contract, and no further update on joint CCG committee (Committee in Common).</p> <p>RH stated that the Council's budget was very nearly in balance. Children's services still an issues with a £5.5m overspend in 15/16. A new Children's Director was starting in two weeks' time (Rory Patterson).</p> <p>The budget would be going to July Cabinet for final approval, and the new administration would be announced on the 25th May following Council.</p>	
2.	BCF Assurance Feedback	
	<p>CA stated that we might need to carry out some additional work regarding the points raised in the draft assurance feedback.</p> <p>A risk assessment process had been an additional 'ask' and it was unsure what its impact would be on Thurrock's BCF plan grading.</p> <p>A final score was unlikely to be known until the end of June, if not early July.</p>	
3.	Section 75	
	It was agreed that we should start updating the Section 75 Agreement for 2016-17 in preparation for sign off.	CS to action.
4.	Essex Success Regime	
	<p>There was some discussion about why Pain Services and Dermatology have been picked as a service in focus as it was unlikely to make difference in terms of savings. The Council had concerns about the 'Committee in Common'- which would oversee the BTUH block contract.</p> <p>MA stated that the CCG would have to push on with the service restriction policy so that there was parity across Essex – e.g. with IVF and sterilisation. MA also reinforced the need to carry on with the development and implementation of the local strategy: 'For Thurrock, In Thurrock'</p>	
5.	Multi Community Provider Arrangements	
	<p>MT stated that different options would be the focus of the workshop on 31st May. The majority of the available options would require a federation approach.</p> <p>RH was concerned about how MCP plans would fit with the BCF etc., and RH agreed to raise at the 31st May workshop.</p> <p>Governance arrangements would also need to be discussed.</p>	
6.	Intermediate Care Review	
	<p>Monies had now been confirmed with NELFT (Tania)</p> <p>There were likely to be concerns raised from BTUH regarding reduced capacity.</p>	

	<p>Plans were being developed in to a business case which would be shared in advance of the 31st May workshop.</p> <p>MT further updated the Group that Mountnessing Court would close for Thurrock patients as part of the plans. There had been significant under-occupancy for some time.</p> <p>AFC patients would now go to Mayfield Ward would would enable AFC to close.</p> <p>Discussions would take place concerning how Thurrock Hospital should be used.</p>	
7.	Single Point of Access	
	<p>CS stated that one meeting had taken place with all providers and that the aim was to have the SPA in place by October.</p> <p>RH stated that the scope needed to be clear.</p> <p>MT asked if anyone from the CCG had been invited to sit on the Group (e.g. MT/JH/IL).</p>	<p>CS</p> <p>CS to invite MT/JH/IL to sit on SPA Group</p>
8.	BCF Scorecard	
	Indicators and targets contained within the BCF for 2016-17 were reviewed.	
9.	AOB	
	None.	