

MINUTES

Integrated Commissioning Executive

25th August 2016, 0900 - 1100

Attendees
Roger Harris (RH) – Corporate Director of Adults, Housing and Health, Thurrock Council (Joint Chair)
Mandy Ansell (MA) – Acting Interim Accountable Officer, NHS Thurrock CCG (Joint Chair*)
Ade Olarinde (AO) – Chief Finance Officer, NHS Thurrock CCG
Mike Jones (MJ) – Strategic Resources Accountant, Thurrock Council
Mark Tebbs (MT) – Director of Commissioning, NHS Thurrock CCG
Christopher Smith (CS) – Programme Manager Health and Social Care Transformation, Thurrock Council
Ceri Armstrong (CA) – Directorate Strategy Officer, Thurrock Council
Allison Hall (AH) – Commissioning Officer, Thurrock Council
Iqbal Vaza (IV) – Strategic Lead for Performance, Quality and Information
Ian Wake (IW) – Director of Public Health, Thurrock Council
Les Billingham (LB) – Head of Adult Social Care and Community Development, Thurrock Council

Apologies
Sean Clark (SC) – Director of Finance and IT, Thurrock Council
Catherine Wilson (CW) – Strategic Lead for Commissioning and Procurement, Thurrock Council

Item No.	Subject	Action Owner and Deadlines
1.	<p>Notes of the last meeting 29th July 2016</p> <p>The notes of the 29th July were agreed.</p> <p>Matters arising</p> <p>CS confirmed that the Section 75 agreement has been finalised and was to go to Cabinet for agreement in September. The CCG would continue to pay NHS provider invoices until the end of September.</p> <p>AO stated that he was going to clarify how the 2015-16 payment-for-performance monies had been allocated to remove any ambiguity.</p> <p>MA that an ICE action log accompany meeting minutes.</p>	<p>AO to clarify how P4P monies have been allocated.</p> <p>CA to provide action log</p>
2.	Terms of Reference	

	<p>CA clarified that the Terms of Reference had been updated to incorporate the expanded role of the ICE as agreed at the July meeting. This included the ICE acting as the programme board for Thurrock Council's Living Well in Thurrock programme, and ensuring that Thurrock CCG's For Thurrock in Thurrock transformation programme had reporting lines in to the ICE.</p> <p>Membership of the ICE had been expanded to include the Head of Adult Social Care and Community Services who had a key role in driving forward all three elements of the Living Well in Thurrock programme.</p> <p>RH noted that the Director of Public Health was not included in the ToR. CA confirmed that this was an oversight and that the ToR would be updated accordingly.</p> <p>The Group agreed the ToR (and subsequently agreed that the ToR would be appended to the ICE minutes at the September Health and Wellbeing Board).</p>	<p>CA to amend ToR to include Director of PH</p>
<p>3.</p>	<p>Better Care Fund</p> <p>Progress Reports – Scheme 1 (Prevention and Early Intervention)</p> <p>CA provided an overview of scheme 1 which contained progress reports provided by initiative/project owners.</p> <p>IW commented on the falls service and stated that a falls risk register was required to prevent falls as well as ensure that falls were dealt with once they had occurred.</p> <p>Whilst work had not greatly progressed on this due to capacity constraints, IW said that two additional members of staff were due to start in the CCG's primary care team and the work would be taken forward from there.</p> <p>The Group commented that the initiative linked well with the Well Homes approach.</p> <p>MT added that the falls service was part of the broader intermediate care review and that the aim of this was to ensure that silos were reduced.</p> <p>MT commented on the Voluntary Grants work stream and said that capacity restrictions had meant that work had not progressed. The idea was to join up the offer across the CCG and Council for grants related to older people.</p> <p>IW said that he was speaking to Kristina Jackson concerning the pooling of funding for voluntary sector grants and the need to align with Health and Wellbeing Strategy outcomes.</p> <p>RH clarified that the first task was to bring together grants for older people.</p> <p>Finance Report</p>	

<p>MJ agreed to circulate a finance report after the meeting. He confirmed that whilst the pooled fund was yet to be established (subsequent to agreement by Cabinet), the expenditure for Council services was in line with the Plan.</p> <p>AO said that it was important to have the finance report available for each meeting and it was agreed that MJ and AO would meet in advance of the ICE and then report any issues to the ICE by exception.</p> <p>ICE members commented on the payment-for-performance monies from 2015-16.</p> <p>IW said that he was concerned that the £100k allocated for the hypertension project would not be sufficient. Emma Sanford was currently remodelling resource requirements.</p> <p>RH wanted clarification about the Enhanced Care Home pilot and where this was being funded from.</p> <p>CA stated that the pilot was being funded directly from the BCF but would clarify after the meeting.</p> <p>RH asked for a proposal to be brought to the next ICE meeting.</p> <p>AO said that £101k remained uncommitted from the payment for performance monies but that an update would be brought to the next ICE meeting.</p> <p>Performance Report</p> <p>IV made the group aware that there were some issues regarding the population data used by NHS England and that the figures were different to those used by Adult Social Care. This was because the population figures contained within the BCF template came from the ONS subnational population projections whereas the Adult Social Care returns used ONS mid-year estimates. The issue had been flagged to the BCF team, but it did mean that the performance data differed slightly.</p> <p>5.2 – long-term support needs of older people met by admission to residential and nursing care homes per 100,000: this indicator was currently not meeting target, but last year’s trajectory had been similar and the end of year target was still achieved. LB said the only way of knowing more accurately whether the end of year target was likely was to know how the target had been achieved last year. IV agreed to do further analysis of last year’s performance relating to this indicator.</p> <p>5.3 – Proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation: there were some issues with how this indicator was reported on as currently all people leaving hospital were provided with a reablement service yet not all</p>	<p>MJ and AO to arrange to meet prior to each ICE and to identify issues by exception</p> <p>IW to clarify funding once remodelling complete</p> <p>CW to provide Enhance Care Home pilot project brief to next ICE</p> <p>AO to bring finance report on P4P monies to the next meeting</p>
---	---

	<p>of those had reablement potential.</p> <p>5.4 – Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+): there had been an increased number of dtoc. There was some concern about how meaningful the indicator was – e.g. IW suggested that it would be more meaningful to know the proportion of DTOC that related to those aged 75 year and over. IV was asked to clarify the definition between ‘acute’ DTOC and ‘non acute’ DTOC.</p> <p>MA commented that the System Resilience Group were focusing on DTOC levels but that Thurrock was doing well compared to other areas despite an increase. Further work would be carried out to analyse the DTOC increase.</p> <p>5.1 – Total non-elective admissions in to hospital (general and acute), all age: AO stated that performance to date was a 2% increase on last year. AO was going to do some further analysis on admissions for the 65 years and above age group.</p> <p>5.5 – Number of A&E attendances for people aged 65+: levels were slightly higher than last year.</p> <p>5.6 - % of Adult Social Care service users who are satisfied with their services and support – IV reported that this was likely to hit the target and as it was from a survey, then there would be no change for the rest of the year.</p> <p>Revised Planning Template AO reported that he had submitted the revised BCF planning template and that the only change related to the patient survey.</p> <p>Annual Governance Statement CA reported that it was a requirement of the section 75 agreement to produce an Annual Governance Statement. An AGS for 2015-16 had been developed for agreement.</p> <p>The ICE agreed the AGS and it was also agreed that the AGS would be appended to the ICE minutes for the next Health and Wellbeing Board.</p>	<p>IV/MT/IW to review and analyse DTOC figures for the next ICE</p>
<p>4.</p>	<p>For Thurrock in Thurrock – progress report</p> <p>MA made ICE members aware that the Mid and South Essex Sustainability and Transformation Plan (STP) had been assessed and a letter had been received.</p> <p>MA stated that Thurrock CCG was the lead for the frailty work stream.</p> <p>MT confirmed that further work regarding the possible development of an Accountable Care Organisation (ACO) in Thurrock was taking place and that a follow-up to the Executive to Executive meeting held a few months ago would be taking place in September. This needed to be</p>	

	<p>consistent with Essex Success Regime plans and related provider arrangements.</p> <p>CS stated that the Council would need to seek legal advice concerning any change of provider arrangements facing NHS service lines currently contained within the BCF.</p> <p>IW raised concerns about a potential conflict between block contracts and that ability to encourage increased performance relating to keeping people healthy.</p> <p>MT clarified that the ACO was likely to include functions relating to Mental Health and Community Health, and not Acute or Primary Care.</p> <p>The second engagement phased for FTIT had just commenced with the focus being the intermediate care review. Only 5 people remained in Mayfield.</p>	
5.	Integrated Data Set	
	<p>MT said that a paper on the Integrated Data Set (IDS) had been taken to the CCG Board this week. There had been a mixed reaction and further work was being done through the Clinical Engagement Group to enhance understanding of what the IDS would achieve.</p> <p>A second workshop was taking place with data providers and procurement documents were being finalised for a provider of the IDS.</p> <p>ICE agreed that the Procurement Process would start immediately after the second workshop being held with NHS providers on the 2nd September – subject to RH signing off the final service specification.</p> <p>As the procurement process was being carried out by the Council, RH required sign-off and needed to see all papers prior to the procurement process commencing.</p>	MT/IW to provide RH with papers for sign-off
6.	Living Well in Thurrock	
	<p>CA provided ICE members with a progress update on the Council's Living Well in Thurrock programme.</p> <p>There was discussion about the merits of formally joining up with the CCG's For Thurrock in Thurrock transformation programme and this was agreed.</p> <p>It was important to identify interdependencies between the two programmes and opportunities for join-up.</p>	
7.	Any Other Business	
	<p>AO stated that the deadline for negotiating NHS contracts was 23rd December.</p> <p>RH made the Executive aware that the Council had developed a number of Corporate Delivery Boards to oversee the identification and delivery of required savings. The Council needed to deliver an approximate 10% saving</p>	

	<p>against the current budget. RH commented that the Living Well in Thurrock Programme was the Adult Social Care response to the service reviews required as part of the Corporate Service Review Board.</p> <p>It was agreed that early thoughts requiring how savings might be delivered would be discussed at the ICE.</p>	
--	---	--