

MINUTES

Integrated Commissioning Executive

18th 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 Commissioning
Jeanette Hucey (JH) – Director of Transformation
Mike Jones (MJ) – Strategic Resources Accountant
Ade Olarinde (AO) - Chief Finance Officer
Christopher Smith (CS) – Programme Manager Health and Social Care Transformation
Ceri Armstrong (CA) – Strategy Officer

Apologies
Sean Clark (SC) – Head of Corporate Finance
Ian Wake (IW) – Director of Public Health
Catherine Wilson (CW) – Strategic Lead for Commissioning and Procurement
Allison Hall (AH) – Commissioning Officer

Item No.	Subject	Action Owner and Deadlines
1	<p>Introduction</p> <p>A special meeting of the Integrated Commissioning Group took place on the 18th March to review progress made with the 2016-17 Better Care Fund Plan, and to identify actions and decisions required – particularly in relation to the Fund itself.</p>	
2.	<p>Better Care Fund 2016/17</p> <p>End of Life – MT suggested that the End of Life funding line be removed from the 2016/17 Fund as the service would be part of the St. Luke’s contract and would also be across the Essex Success Regime (ESR) footprint. The funding related to services for the last two weeks’ of life.</p> <p>Contract amounts – AO stated that the NELFT contract amounts were likely to change as contract negotiations had not been completed. Contracts were currently being re-based so they reflected Thurrock activity.</p>	

	<p>Admission Avoidance – MT recommended that the funding line be removed as the service was being decommissioned to be replaced by a clinical triage service that was to be delivered by NELFT. £125,910 had been identified as a QIPP saving.</p> <p>Risk Stratification – It was suggested that the integrated data set project would replace the current Care Track allocation (£50k). The funding line would move to the Early Intervention and Prevention Scheme (Scheme 1) and would also include £25k of Public Health money already secured for the project. The total amount for the project was £125k – including £50k from the LA and £50k from the CCG.</p> <p>Additional investment - it was agreed that the £722k of additional funding (amount originally put aside for 3.5% reduction in unplanned admissions) would be used to support projects proposed by MT and CW.</p> <p>It was agreed that investment for care home support would be provide as a one year pilot via the Payment for Performance pot (15/16 fund).</p> <p>There was also a possible investment in intermediate care – but there was discussion about where savings released from the intermediate care restructure would go – e.g. QIPP or via the BCF. There would need to be further conversations held via the ICE to confirm arrangements.</p> <p>Voluntary Sector Grants – it was agreed that voluntary sector grants would be added to the BCF – but for over 65s. AO required confirmation of the cost from the Council.</p> <p>Care Act – it was agreed that the Care Act scheme was no longer required and that what the Care Act scheme supported should be placed against the most relevant scheme.</p>	
3.	Clinical Negligence Cover	
	<p>Clinical Negligence – AO thought that the CCG paid as little as £8k per annum for clinical negligence cover. Andy Owen (Council’s Risk and Insurance Manager) was taking this up with the NHSLA on the Council’s behalf, as the Council had been quoted over £30k for 2016-17. AO would confirm the actual amount that the CCG pay.</p>	
4.	Any Other Business	
	There was none.	