

Governing Body meeting (held in public)

DATE: 26 May 2016

Title	Integrated Commissioning Board	
This paper is for Information		
Recommended action for the Governing Body	That the Governing Body: Note the executive summary of the Integrated Commissioning Board held on 3 May 2016.	
Potential areas for Conflicts of interest	None.	
Executive summary	The Integrated Commissioning Board provides the governance for the Section 75 agreement between Bexley CCG and London Borough of Bexley. The attached is a summary of the discussions at the meeting in November.	
How does this paper support the CCGs objectives?	Patients:	Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders.
	People:	Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London.
	Pounds:	Delivering on all of our statutory duties and become an effective, efficient and economical organisation.
	Process:	Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience.
What are the Organisational implications	Key risks	None.
	Equality	None.
	Financial	None.
	Data	None.
	Legal issues	None.

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	NHS constitution	None.
Engagement	Not applicable.	
Audit trail	Not applicable.	
Comms plan	Not applicable.	
Author: Alison Rogers Assistant Director of Integrated Commissioning	Clinical lead: Dr Nikita Kanani NHS Bexley CCG Chair	Executive sponsor: Sarah Valentine Director of Commissioning
Date	18 May 2016	

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DATE: 26 May 2016

Integrated Commissioning Board (ICB) Meeting – Executive Summary

The Integrated Commissioning Board met on 3 May 2016. Present: Tom Brown (Chair), Alison Rogers, Julie Witherall, Nikki Kanani, Sue Robinson, Wesley Guy, Jacqueline Skinner, Gordon Pownall, Terry Bamford, Saejal Wadsworth (Minutes) . Apologies: Sarah Valentine, Mariette Mason, Sue Todd Dunning, Nada Lemic. In attendance: Steven Burgess

At the meeting the ICB:

1. Reviewed the final Integrated Commissioning Board quarterly report for 2015/16, including the Better Care Fund update. It was noted that the Q4 non-elective admissions data was not yet available, but it was reiterated that the BCF includes data which does not align to that on which acute contracts are based. This leads to on-going complications with the BCF return, which has been highlighted to NHSE. The report also included updates on the national BCF metrics and on all the contracts included in the Section 75 Agreement.
2. Discussed the Better Care Fund Plan for 2016/17. The original plan had been submitted to NHSE on 21 March 2016, and amendments had been made as a result of the assurance process. The revised plan was due for submission on the day of the ICB meeting. It was noted that there had been an £86K increase in the amount transferred from BCCG to LBB under the Better Care Fund and that further discussion was required as to how this would be targeted. The 2016/17 Plan also included an action plan for reducing Delayed Transfers of Care. The plan is to reduce by 7% from 15/16 forecast outturn which equates to a target reduction of 479 days, split between Oxleas (53%), QEH (19%), DVH (18%) and PRUH (6%). A significant proportion of DToCs appear to be from non-acute settings (mental health and intermediate care). A dashboard had been prepared to facilitate monitoring by the ICB on a provider by provider basis
3. Noted the current procurements in progress within integrated commissioning. The Physical Disability and Sensory service was at the tender evaluation stage, IAPT/IMHA/Care Act Advocacy at the PQQ stage and a number of LBB children and young people services were due to be tendered in May 2016. The LBB domestic violence procurement was delayed until October 2016 to allow time to improve the commissioning pathway. It was noted that any discussion about the Prevention & Early Intervention grant for DV needed to involve the CCG as well as LBB. LBB residential and nursing home procurement was completed and reablement and domiciliary care had been re-let with additional capacity being attracted.

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4. Heard updates from commissioners in the Integrated Commissioning Unit on service area priorities including tertiary audiology, CAMHS Transformation, Education Health & Care Plan processes, learning disability and mental health rehabilitation issues.
5. The next formal meeting of the ICB will be on 6 September 2016

