

**Agenda Item 07**

Report to: (Board/Sub-Committee): CCG Partnership Board

Date of Meeting: 12th July 2018

Subject: Commissioning & Contracting Report

Presented by: Helen Kenyon – Deputy Chief Executive

**STATUS OF THE REPORT *(auto check relevant box****)*

For Information

For Discussion

For Approval / Ratification

Report Exempt from Public Disclosure  No  Yes

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| **PURPOSE OF REPORT:** | To keep the board up to date on key pieces of work undertaken by the CCG in relation to commissioning and contracting activities, including procurement and sanctions. |
| **Recommendations:** | The Board is asked to note the information shared in the report |
| **Sub Committee Process and Assurance:** | Procurement & Contract decisions are overseen by the Care Contracting Committee which has the delegated authority to act. |
| ***Implications:*** |  |
| **Risk Assurance Framework Implications:** | Procurements and contract decisions are overseen by the Care Contracting Committee, it will assess and manage the risks associated with the correct contracting methodology and the actions taken in managing the CCG’s contracts to ensure providers meet their obligations. |
| **Legal Implications:** | The risk of undertaking a procurement incorrectly or of sanctions taken on a contracts is of a legal challenge to the process by the provider or other external interested party. CCC needs to ensure any and all risks associated with the contracts are assessed and understood. |
| **Equality Impact Assessment implications:** | An Equality Impact Analysis/Assessment is not required for this report  An Equality Impact Analysis/Assessment has been completed and approved by the EIA  Panel. As a result of performing the analysis/assessment there are no actions arising  from the analysis/assessment  An Equality Impact Analysis/Assessment has been completed and there are actions arising  from the analysis/assessment and these are included in section \_\_\_\_ of the enclosed report |
| **Finance Implications:** | Financial pressures could arise through having to agree a contract envelope that is higher than the funding available, giving rise to the need to produce further savings plan for implementation. The CCC will consider the impact as part of its contract and procurement process evaluation. |
| **Quality Implications:** | Each contract considered will factor in the quality risks – these have all been communicated to the Quality Leads to ensure captured as part of the monitoring process |
| **Procurement Decisions/Implications *(Care Contracting Committee):*** | Any decisions to go out for procurement or award contracts will be discussed at the CCC, this report will communicate the decision and the basis for that decision to the Partnership Board. |
| **Engagement Implications:** | There are no engagement implications to this report |
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| **Conflicts of Interest** | *Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available?*  Yes  No |
| **Links to CCG’s Strategic Objectives** | Sustainable services  Empowering people  Supporting communities  Delivering a fit for purpose organisation |
| **NHS Constitution:** | <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>  Ensuring services commissioned for the public are fit for purpose, quality and cost effective. |
| **Appendices / attachments** | None |

**Contract Report to July 2018**

1. **Contract Procurements***:*

NHS 111

The Procurement for this service went live Friday 27th April. The process agreed by the CCG’s was competitive dialogue. The bidders who get through the initial assessments will be reduced to a small number who will be asked about how the service will be delivered and the process of dialogue will go on into September. The final bidder selection will be by the end of the September with Award early October.

The go live date is 1st April 2019.

The current arrangements for commissioning the NHS 111 contract is through a lead commissioning arrangement - NHS Greater Huddersfield CCG is the lead commissioner for NHS 111 on behalf of the CCGs across Yorkshire and Humber.

The arrangements for commissioning urgent and emergency care across the three STP/sICS footprints are not uniform. There are a mixture of individual CCG decision making and STP committees with delegated authority. There is a suggestion that it could be better coordinated by CCGs moving to a single model of delegated authority for decision making resting with a STP/sICS joint commissioning committees (JCCs). **However,** it must be remembered that for NEL & NL CCG we do not operate our 999 Service through Yorkshire Ambulance as the rest of the STP, but we have our arrangements via Hardwicke CCG for EMAS, so we may always have to have a different arrangement on these matters.

Work will be undertaken in each STP/sICS to review the current governance arrangements and to enable this in consultation with relevant organisations. The STP has agreed to work on joint IUEC strategies and reflect on these as we go forward, sharing our learning, ambitions and developments.

The Board is asked to note this and that Helen Kenyon is the ICS chair on the UECN.

1. **Contracts**

EMAS

As per the last report to the Board East Midland Ambulance Service had not yet agreed its contract. The issue was around the funding required to meet the Ambulance Response Performance Target and the money to achieve it. CCG’s agreed in the end to invest £9.4m but absolutely tied to improving performance to deliver the national response times by April 2019. If EMAS do not meet the trajectory of improvement then they would not access the funding. Total Contract for NEL CCG is £5.6m.

1. **Residential and Home Care Update**

* Garden House

Last time we highlighted the issues at Garden House and following substantial amount of work with the provider and CQC it was decided that the CCG would remove its contract from the home. All CCG funded individual were assessed and supported to move to new homes.

* Kensington, Immingham  
  There are 9 areas of complaints and while some are unfounded there are areas that The Kensington need to learn from and look at the systems to reduce the likelihood of repeat. The 2 main areas are monitoring food and fluid intake for all with clear records and to review and implement an appropriate activities programme for individuals. This will be monitored and reviewed by Contract Team.
* Ravendale

A routine contract monitoring visit undertaken on the 20th June 2018 identified significant concerns around the environmental standards of the home. Infection Control and Tissue Viability Nurses were contacted to undertake a review. MIFs virtual decision to suspend placements. Focus profiled residents on the 28th June (4 NEL Placements)

Domiciliary Care

Pilot.

Continuing to work with NELC and FutureGov who are interested in the way we are working and have spent time with the CCG to look at what we are doing and how they may be able to support it.

Mid way through a 12 week piece of work to look at the longer term future of Dom Care in NEL.

The pilot already running in Cleethorpes is seen as the way forward with plans being developed to roll out when appropriate.

A letter was sent to Pilot Area service users on the 3rd July 2018 informing them that from the 16th July the teams would be in place fully meaning set times and duration of calls would not be required.

**Eddie McCabe**

**July 2018**