

**North East Lincolnshire CCG**

Attachment 14

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| **Report to:** | NEL CCG Partnership Board |
| **Presented by:****Prepared by:** | Helen Kenyon, Deputy Chief ExecutiveEddie McCabe, Assistant Director |
| **Date of Meeting:** | 11th September 2014 |
| **Subject:** | Commissioning and Contract Report |
| **Status:** | [x]  OPEN [ ]  CLOSED |
| **Agenda Section:** | [ ]  STRATEGY [x]  COMMISSIONING [x] OPERATIONAL ISSUES |

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| **OBJECT OF REPORT** |  |
| To update the Board on key commissioning and contracting activities being undertaken by the CCG.**NLaG Contract**The Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) contract value has been agreed with the CCG. The value is £92.7m and includes £3.1m of non- recurrent sustainability support to the trust. The contract is being developed jointly with other associates commissioners by the CSU and will be signed once prepared by the CSU.**Community low level Muscular Skeletal Service**The Muscular Skeletal service is currently provided by NLaG as part of the block element of the contract and two other small providers in the area. Following discussion at the CCGs Council of Members (COM) and the Care Contracting committee (CCC) it has been determined that the low level element of the service should be delivered under a framework agreement, which will improve the choice available to service users whilst ensuring that the CCG is commissioning a consistent service from all providers at a standard price. The CCGs contracting team has therefore commenced a procurement exercise through which qualified providers will be invited to express interest in establishing a service locally but without any guarantee of a minimum level of activity. The Framework sets out the pricing and service specification against which providers will be approved. The Procurement exercise was launched on 1st September and will be open for providers to submit their bids until mid-October. Following that the bids will undergo an evaluation and approval process, with the successful bidders being asked to establish their service from 1st April 2015.**Contract variation to the Community Nursing Service**In response to concerns from practices around the delivery of Community Nursing locally the CCG has been working with the two providers and a group of GP’s nominated from the Council of Members to revise the service specification to ensure that it reflects the current and future needs of General practice and the service users. The revised specification has been agreed at COM and the additional investment required to deliver the amended service has been agreed by the CCC. The revised specification and funding was agreed with the providers in July 2014 who are now in the process of recruiting the additional staff required to deliver the revised specification, with the expectation that all staff will be in place and therefore the revised specification will be fully operational by April 2015. **Care Home Quality Scheme**The Quality Framework for care homes was finalised and had been well received by families, carers and the homes. Two homes failing the bronze standard have been given notice to improve and the contracts team are working with them to improve their provision within an agreed timescale.**Glaucoma Service**The development of a primary care glaucoma service is underway using community optometrists. The intention is that this service will allow patients choice of provision and reduce the number of referrals into secondary care and reduce the pressures on the service. The CCG is working with secondary care clinicians and the local eye network to develop the training and protocols to establish the service. The CCC supported the development of this service.**Farringford Care Home**The CCG was notified by the owner of the Farringford Care Home in August that they were going into liquidation and needed the CCG to move its clients from the home. The CCG met with the owner and liquidator to negotiate an extension to the timescale notified for this to be carried out within but definite dates were given which were immovable. The date by which all individuals will need to be relocated is 19th September. There are 14 residents, 9 standard 1 nursing and 4 self-funders resident at the home. With the help of the staff from CPG, Navigo, Focus and the CCG, the residents have all been rapidly assessed and alternative provision found. The families of all of the residents have been kept informed and the moves will be completed by the 19th September. |

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| **STRATEGY** |  |
| As part of the CCGs strategic plan and the Adult Social Care Strategy there is a drive to improve the quality, choice, and accessibility of services to individuals. The activities undertaken within the commissioning and contracting functions of the CCG is the ensure delivery of these key drivers.  |

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| **IMPLICATIONS** |  |
| If the Partnership Board is not sufficiently sighted on the work being undertaken by the commissioning and contracting teams within the CCG there is the potential for members to provide inaccurate information to providers and the public, which could in turn damage the CCGs reputation.  |

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| **RECOMMENDATIONS (R) AND ACTIONS (A) FOR AGREEMENT**  |
|  | The Board are asked to note the actions being undertaken by the commissioning and contracting team contained within this report. | **Agreed?** |
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|  |  | **Yes/No** | **Comments** |
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|  | Does the document take account of and meet the requirements of the following: |  |  |
| i) | Mental Capacity Act | NA |  |
| ii) | CCG Equality Impact Assessment | NA |  |
| iii) | Human Rights Act 1998 | NA |  |
| iv) | Health and Safety at Work Act 1974 | NA |  |
| v) | Freedom of Information Act 2000 / Data Protection Act 1998 | NA |  |
| iv) | Does the report have regard of the principles and values of the NHS Constitution?[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\_113613](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113613) | NA |  |