

**North East Lincolnshire CCG**

Attachment 10

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| **Report to:** | NEL CCG Partnership Board |
| **Presented by:** | Helen Kenyon |
| **Date of Meeting:** | 10th September |
| **Subject:** | Commissioning and Contract Report |
| **Status:** | OPEN  CLOSED |
| **Agenda Section:** | STRATEGY  COMMISSIONING OPERATIONAL ISSUES |

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| **OBJECT 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 | |

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| **STRATEGY** |  |
| CCG is a commissioning organisation and as such the Board need to kept abreast of the specific items being taken forward to deliver the overall strategy | |

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| **IMPLICATIONS** |  |
| That the partnership Board is aware of the key actions being undertaken in relation to commissioning and contracting in the CCG. | |

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| **RECOMMENDATIONS (R) AND ACTIONS (A) FOR AGREEMENT** | | |
|  | To note the information about the issues raised in the report | **Agreed?** |
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|  |  | **Yes/No** | **Comments** |
| --- | --- | --- | --- |
|  | Does the document take account of and meet the requirements of the following: |  |  |
| i) | Mental Capacity Act | N |  |
| ii) | CCG Equality Impact Assessment | N |  |
| iii) | Human Rights Act 1998 | N |  |
| iv) | Health and Safety at Work Act 1974 | N |  |
| v) | Freedom of Information Act 2000 / Data Protection Act 1998 | N |  |
| 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) | Y |  |

**Commissioning and Contract Report to June 2015**

**Procurement Update**:

Independent Advocacy Service

The CCG has completed an open procurement process for the re-provision of the Independent Advocacy service. 2 bids were received as part of this process and following assessment the contract has been awarded to Cloverleaf Advocacy, one of the existing independent advocacy providers.

Community representatives were involved in the process and determined the subject of the presentation and were instrumental to the decision making process.

Supported Living

Supported living is a concept that was developed as an alternative to institutional care for people with disabilities. The main principles of supported living are that people with disabilities own or rent their home and have control over the support they get, who they live with (if anyone) and how they live their lives. Supported living assumes that all people with disabilities, regardless of the level or type of disability, are able to make choices about how to live their lives even if the person does not make choices in conventional ways.

Supported Living in NEL is currently delivered by 9 separate providers.  Many of the providers are on different hourly rates and working to different quality standards and service delivery outcomes.

CCC has agreed that a re-commissioning process be undertaken to move all services to a standard outcome based service specification, with a standard hourly rate paid for the service. This will be completed by the end of the financial year

**Contracts:**

Care Home Quality Framework Outcomes

The Quality Framework (QF) was first implemented in 2013-14 when an initial benchmarking exercise took place to understand the current level of quality within the market. Going forward, the QF is being used as a driver for continuous improvement in the sector and to understand any gaps or priority areas in the current service provision

The second year’s assessment of car homes against the Care Homes Quality Framework (QF) Outcomes has been completed.

The QF assesses individual homes against the following 14 standards:

**Standard 1** Being informed and involved

**Standard 2** Promoting Dignity in Care

**Standard 3** Maintaining a safe care environment

**Standard 4** The service is person-centred

**Standard 5** The home encourages people to be engaged in meaningful activity

**Standard 6** Maintaining good nutrition/hydration and dining experience

**Standard 7** Proactive steps are taken to reduce ill health

**Standard 8** Effective infection control standards

**Standard 9** Safe handling of medication

**Standard 10** The home enables people to control their care as they reach the end of their life

**Standard 11** Good and appropriate environment

**Standard 12** People are cared for by a competent workforce

**Standard 13** The home values feedback and uses information to improve the service

**Standard 14** The home has an effective quality assurance system

The Homes have been evaluated through the annual announced visit where evidence and observations are undertaken.

It has been noted in this years assessment that 3 of the homes where there was a significant change (deterioriation) in the previous years outcome rating have had a change in ownership / manager. It has therefore been noted that going forward where there is a change of manger/owner additional support will be offered to aid understanding of the scheme.

Last year none of the 7 nursing homes in the area achieved above bronze standard. This year 3 of the homes have achieved a silver rating, and one has deregistered as a nursing home and is now providing only residential care.

Farringford Home Care Agency

Farringford Home Care Agency had contacted Single Point of Access (SPA) on 29 May advising that they were unable to cover a large number of their calls that weekend due to staff shortages. SPA staff were successfully able to cover the hours without any serious incident.

Farringford were unsuccessful in the recent domicillary care tender and will only retain ‘Lead Provider’ status until their contract expires in November 2015.

The CCG is closely monitoring the situation& has plans in place to ensure that individuals continue to receive the care that they need during this contract transition period.

Yorkshire & Humber Commissioning Support (YHCS)

YHCS learnt in early 2015 that they had been unsuccessful in their bid to gain a place on the national lead provider framework and will therefore cease to exist as a stand-alone organisation after March 2016. The CCG currently buys £1.6m worth of services from YHCS, including GP IT, HR, business intelligence, communications and engagement.

The CCG has reviewed all the services it currently buys from YHCS to assess whether to bring the services in-house (Do), to Share the services with other CCGs (staff would be employed by one CCG and shared with another), or to continue to Buy them in either via the Lead Provider framework or the wider market following a procurement.

As part of this process the CCG submitted business cases to either take back in house or share with other CCGs, most notably North Lincolnshire CCG the following services:

* Provider management
* Communications and engagement
* Programme Management Office (PMO) – transformation support
* Quality, Risk management and serious incident management
* Freedom of Information (FOI) team

Approval for all of the business cases has now been received and a phased approach to the transfer of services will now commence.

For those services being procured by the Lead provider network the following timeline is being followed:

* Bidder submission date 21st September
* Evaluation commencement date 28th September
* Evaluation completed 19th October
* Bidders informed 26th October
* Contract award 6th November

This will mean that contract mobilisation will commence in December with the new service provider commencing delivery in March 2016.

A more detailed update report will be presented at the Care Contracting Committee later this month.

**Commissioning update**

Strategic Commissioning Intentions

The CCG is currently developing a set of high level commissioning intentions, to help shape and inform the strategic direction of services within North East Lincolnshire, as well as the proposals that are developed as part of the Healthy Lives Healthy Futures work.

The Strategic commissioning intentions will be developed in line with the existing vision for North East Lincolnshire – ‘To deliver to the people of North East Lincolnshire the best possible independent healthy living through joined up solutions’ – and will build upon the work already started as part of the Commissioner Requested Services, as presented previously to the Partnership Board.

The strategic commissioning intentions are statements regarding what services the CCG wishes to commission for the local population, and are not provider focused.  In support of the development of this work the CCG’s team have undertaken a review of the following:

* Current performance against NHS Outcomes Framework and other indicators
* Review of qualitative information gathered through the Customer Service team
* Current performance and information regarding quality measures
* Best practice guidance and relevant standards for service delivery, e.g. Royal College guidelines regarding minimum patient volumes in order to maintain competency
* National imperatives, e.g. 7 day working

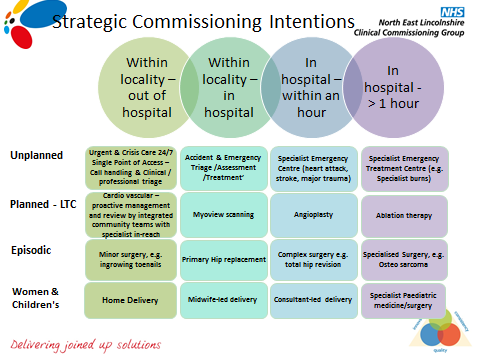
Once the strategic commissioning intentions have been developed, we will be better able to understand any impact on the locations within which services are delivered and whether it expects those services to be delivered:

* in an out of hospital setting, whether that be in an individual’s own home, a GP practice or another community setting
* from our local hospital building,
* from a location accessible within an hour
* from a location which will take more than an hour to get to (as is already the case for some services)

Service leads have been pulling together the information on current standards performance and national imperatives to support the next stage of development by the clinical leads at a single item time out on the 5th September.

The output from this session will then be shared and further developed with our clinical members, community members, and the local community prior to final agreement. This work will inform the 2016/17 planning process and as such it will need to be signed off by Council of Members prior to Christmas.

Illustration of the format of the output from this process:



Services detailed are for illustration only