

**North East Lincolnshire CCG**

Attachment 12

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| **Report to:** | NEL CCG Partnership Board |
| **Presented by:** | Helen Kenyon |
| **Date of Meeting:** | 14th May 2015 |
| **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** |
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|  | 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 May 2015**

1.**Co Commissioning**

The CCG submitted its intentions around co-commissioning by the deadline of the end of January 2015; this included the intended ToR and constitutional changes to reflect the new Committee being established and the Conflicts of Interest policy to ensure that it reflected national guidance.

Following the submissions, further guidance was issued from the centre around conflicts of interest, membership and voting; eg, the Chair or vice-Chair must not be a clinician and there must not be a clinical majority membership. The CCG has put things in place in order to meet the requirements. NHSE will have the casting vote on areas where they are accountable, eg, core contracts, QoF. Contracts held by NHSE will be managed by the joint Committee going forward rather than the CCC.

2. **Advocacy Tender**

NELCCG currently satisfies its obligations to provide Advocacy through 3 contracts with 2 providers. There are 3 types of Advocacy: Independent Mental Health Act Advocates (IMHA), Independent Mental Capacity Advocates (IMCA), Independent Advocacy (Generic or Care Act Advocacy). The implementation of the Care Act 2014 changes the focus of the entitlement for Advocacy which will increase the number of people eligible.

The proposal is to restructure the Advocacy provision to include IMHA, IMCA, and Generic Advocacy (including Care Act Advocacy) under one contract. This enables the development of the ‘Advocacy Hour’ currency that can be used across each type of advocacy, enabling a more flexible mechanism for managing future advocacy requirements. It will also allow for staff to be trained across all 3 areas.

Funding will be through pooling the current budgets associated with IMHA, IMCA and Generic Advocacy with additional funding through Care Act Implementation to ensure the contract is able to meet predicted and future demand. This will be met through a tender process. Both current providers have been served notice on their contracts.

3. **Domicillary care,** **Residential care and Quality Scheme**

Domicillary Care procurement has been completed. Three providers have been identified and service users, carers and providers have been made aware of the successful bidders. Most service users will see no change to their provider or carer but where this will have to take place the CCG is now working on a transition programme to ensure where service users are having to transfer provider this process is managed to cause the least disruption to them.

Aberglyn care home (for service users with Learning Disabilities) – following notification from the owner that he aims to close the service, the Failing homes policy has been initiated. CCG and focus staff are working with the owner in order to identify alternative accommodation for the 6 funded residents and to ensure that a smooth and safe transition takes place. The process is being monitored via the Market Intelligence and Failing Services (MIFS) group.

The Quality Framework (QF) was first implemented in 2013-14. Providers were informed of their award levels in June 2014 and these were advertised in the local press and on the Services4Me website. Providers will receive three QF visits annually and will move away from a traditional “one-off inspection” type approach. The 2014-15 assessment process is nearing completion and the data has informed an understanding of the QF’s influence on placements from the CCG, CHC, Out of Area and the Self-funding market.

Headlines are:

• Significant increase in CCG and self-funded placements in Gold and Silver homes resulting in a significant rise in overall occupancy in these homes;

• Decrease in CCG funded placements in Bronze homes;

• No significant change in CCG funded placements for Basic and No Award homes

• Significantly less than average overall occupancy levels in No Award homes.

• Gold homes could be dominated by self-funders; need to consider the possible implications on CCG funded placements.

4. **Contracts**

NLaG - A contract model and financial value has been agreed; however discussions around risk sharing are on-going (trying to manage the risks across Commissioners and Providers). Consequently a contract is not yet signed. A draft Memorandum of Understanding (MoU) went to the Partnership Board for approval in principle. Issue is how the Trust demonstrates to Monitor support from commissioners

HEY (Hull) hospitals trusts – agreed a contract value and contract signed by lead commissioner and provider

East Midland Ambulance Trust has a signed contract, significant increase on previous year from increased see and convey activity. This is being addressed with the provider to understand the increase.

Care Plus Group – agreed a financial value, with discussions around risk sharing across the commissioner and providers on-going as part of a wider discussion about support to providers in NE Lincolnshire. The contract variation to put 15-16 NHS changes into their contract has yet to be agreed.

Navigo – did have an agreed a financial value , however an additional pressure arising from an increase in the need to make specialist placements out of area have re-opened discussions, these are taking place with the commissioner and the providers (NLG, Navigo, & Care Plus Group) as to how that risk can be managed this year and on a continuing basis. The contract variation to put 15-16 NHS changes into their contract has yet to be agreed.

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5. **The MSK Provider Framework**

Procurement has been completed and was launched as planned on 1st April 2015, with 8 Providers securing a place on the Framework.

6. **Assisted living Centre**

The new Assisted living centre (ALC) has opened to patients and community members on the Diana, Princess of Wales Hospital, Grimsby. Its opening times are Monday to Friday, from 10am to 6pm (with last entry at 5.30pm), and on Saturday 10am to 4pm (last entry 3.30pm).

The centre will provide advice and information for anyone who requires aids for daily living (Equipment & Wheelchairs) and support at home to be able to maintain their independence.

People will be able to get advice on a range of aids for daily living available to help them at home including wheelchairs, hoists, walking frames and even home adaptations, including stair lifts.

The centre is also the new home for the existing community equipment store, where many of these items are loaned out from. It has a demonstration area featuring a kitchen, bedroom, bathroom and lounge, where people can see how equipment works that could help them at home. There are also clinic rooms, a wheelchair services workshop and a podiatry lab on-site as well.

Where Aids to support daily living have been prescribed by authorised professionals, the service aims to stock, supply, deliver, install, repair, collect, decontaminate and recycle/ dispose of items no longer needed.

The official opening ceremony for the centre will take place on the afternoon of the 18th June with a drop in session has been arranged 2:00pm-5:00pm for all other professionals and members of the public to have a look around the new service.

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| Eddie McCabeMay 2015 |