North East Lincolnshire
Clinical Commissioning Group

CARE CONTRACTING COMMITTEE MEETING
NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP
HELD ON WEDNESDAY 12TH JUNE 2019
AT 9AM
IN THE LOUNGE BAR, GRIMSBY TOWN HALL, GRIMSBY

PRESENT:
Helen Kenyon, Chief Operating Officer (Chair)
Mark Webb, CCG Chair
Laura Whitton, Chief Finance Officer
Bev Compton, Director of Adult Services
Eddie McCabe, Assistant Director of Contracting & Performance
Brett Brown, Contract Manager
Councillor Margaret Cracknell, Portfolio Holder for Health, Wellbeing and Adult Social Care (In attendance only)
Caroline Reed, PA to Executive Office (Notes)

APOLOGIES:
Dr Wilson, GP Representative
Christine Jackson, Head of Case Management Performance & Finance, focus
Jan Haxby, Director of Quality and Nursing
Anne Hames, CCG Community Forum Representative

IN ATTENDANCE:
Julie Wilson, Assistant Director Programme Delivery & Primary Care
Leigh Holton, Service Lead – Disability and Mental Health Families, Mental Health & Disabilities Team (Item 5)
Bruce Bradshaw, Strategic Lead for MCA, Older People & CHC (Items 7,8)

Item **ACTION**

1. Apologies
Apologies were noted as above.
Cllr Cracknell was welcomed to the meeting as the new Portfolio Holder for Health, Wellbeing and Adult Social Care.

2. Declarations of Interest
There were no declarations of interest identified.

3. Notes of Previous Meeting – 08.05.2019
The notes of the previous meeting were agreed as an accurate record.

Item 6 – GP Procurement - the Committee approved the redaction of the highlighted sections prior to publication in the public domain due to commercial sensitivity. H Kenyon confirmed that in the case of an FOI request, the redaction would need to be reviewed as the information might not be sensitive once the contract has been awarded.

9:07am – L Whitton joined the meeting.

4. Matters Arising from Previous Notes – 08.05.2019
The Committee discussed the outstanding actions:

Item 8 - Extra Care Housing Update – L Whitton to seek legal advice to establish whether a formal agreement can be entered into with Morgan Ashley and whether any risks have been appropriately addressed.
B Compton confirmed that the legal team have been contacted and a response awaited. A contract lawyer is looking at this issue.

Item 10 - Contracts Update - L Whitton to share the presentation that was given to NHSI to provide assurance to the committee re the funding and processes in place to manage the system. NLaG to be asked to share a copy of their CIP.
L Whitton to share the documents after the meeting. L Whitton confirmed that the savings plans of all 3 organisations have been shared and worked through in order to fully understand the assumptions and expectations of other organisations and some of the inter dependencies. **L Whitton**

FOR DECISION

5. Navigo Complex Care Unit Update

A report was circulated for consideration. L Holton provided a summary:

- At the April meeting, the Committee requested some additional information and assurances around the complex care unit, eg, what would be contained within the basic level of care and what might qualify as a further enhancement with an additional charge?
- Providers developed the unit, without the involvement of commissioners, in order to address some of the issues caused by a lack of a local service, eg, bed blocking, people on the acute unit due to the inability to move patients to other units in Hull or Scunthorpe.
- The 10 bed unit (to be renamed the Janine Smith suite) will be physically attached to the acute unit (Konar Suite at DPoW).
- 8 potential NEL residents have been identified for the unit (4 returning from out of area placements (Windermere) and 4 people in the Konar Suite).
- Indicative costs demonstrate that the same levels of care can be achieved in the new unit and that savings could be made. 1:1 care will also be required; as is currently the case at Windermere.

The Committee provided the following feedback:

- Assurance has been provided that there is a need for this unit for the local population and that the unit meets this need and at a lower cost.
- There are currently 2-3 people per year who would be eligible for the unit; this trend is anticipated to increase. Further work is required to start to develop other options for the developing trend.
- What modelling work is being done to understand demand, trends and requirements over the next 5-10 years? Does it link into the wider STP mental health work? L Holton confirmed that dementia is a priority across the STP and he is a member of the STP dementia work stream. Work is underway to tie all of the different workstreams together. A report will be submitted to the Committee in 6 months' time to provide some assurance around the work underway and the 5 year plan. **Forward plan**

The Committee agreed to support the commissioning of the beds.

6. Ophthalmology Update

A report was circulated for consideration. E McCabe provided a summary:

- In April 2019 the Committee approved the proposal to procure Community Ophthalmology services jointly with NLCCG. NLCCG subsequently raised concerns regarding the potential impact of a number of providers coming into the environment, the impact on the sustainability of the NLaG service and the work underway to support this and a potential challenge from NHSE/ NHSI regarding how the CCGs are working to support the sustainability of NLaG. They took the decision not to go through the Any Qualified Provider (AQP) route and to continue to work with NLaG.
- As part of the Humber Acute Services Review (HSAR), the regulators and system are looking at the sustainability of services such as ophthalmology across the Humber patch over the next 2-3 years. They are challenging CCGs to support the sustainability of NHS Trusts.
- NewMedica were commissioned in January 2017 as in interim solution to provide additional capacity as the Trust service was unable to safely manage the demand both for new and follow up appointments. This contract is due to expire in July 2019. Feedback on the NewMedica service is positive and they are currently the provider of choice.
- NELCCG is proposing to extend the current contract with NewMedica for up to 3 years to include the requirement for WET AMD as this is an area of significant clinical harm in the interim period. A significant volume of current activity goes to NewMedica due to NLaG's current issues of capacity. NewMedica do not have an activity based contract; therefore as NLaG performance improves and capacity increases, patient choice would move to the district general hospital (DGN). The extension of the contract would provide NLaG with some time to work through the required changes to their service.
- The other options available to NELCCG are:

  1/ to let the NewMedica contract lapse and continue to work on a non-contract activity basis. The CCG would prefer to have a contract with NewMedica and continue with the good relationships that are developing between NewMedica and NLaG.

  2/ to go out alone for an AQP procurement. There are barriers to entry as providers would need investment and equipment etc. There are also concerns that treatment may not be carried out locally if an out of area provider won the contract.

The Committee provided the following feedback:

- What is the risk of challenge from other providers if the NewMedica contract is extended? B Brown confirmed that extending the contract would not preclude other providers from coming into the area to provide a non-contractual service. The rationale for the extension predominantly links to patient safety; therefore there is confidence that the CCG would be justified in taking this route. E McCabe confirmed that other providers were given the opportunity to provide the interim service in 2017 when NewMedica were awarded the contract.
- Concerns that the decision is based on NLaG's survival; yet they have not been able to make the required service improvements over a prolonged period of time. The CCG should be seeking firm assurances

and should request a copy of NLaG's plan which they would then be held accountable to. They should also be given clear deadlines for delivery of change. It was noted that the new Divisional Manager will be submitting a plan to the NLaG board during w/c 17th June. It was proposed that the same level of monitoring applied to care home contracts should be applied to NLaG, i.e, the action plan should be reviewed and the provider held to account against the plan.

- Have NewMedica indicated that they would be happy to continue with the service for an additional 3 years? E McCabe confirmed that this is the case. They are currently the provider of choice and trusted by the population.
- The key issue for the Committee is to ensure that the appropriate level of capacity for the local population is secured in the short term in order to clear the backlog and minimise patient harm. The CCG also needs to consider how to support system transformation and the financial balance of the DGH. There is currently sufficient capacity in the system with the potential amendments to WET AMD. There are concerns that new providers via an AQP procurement could destabilise the market.
- It could take 3-5 years for NLaG to make the necessary system improvements. If they do not progress and meet the requirements of the plan, further conversations will be needed to agree a way forward.
- An update to be brought to the September meeting regarding what NLaG is doing to start to make the system changes. **Forward plan**

The Committee agreed to:

- **Support the proposal to extend the NewMedica contract until July 2022 acknowledging the risks and mitigations.**
- **To request NLaG's improvement plan submitted to the Trust Board.** **E McCabe**

FOR DISCUSSION

7. Assurance regarding Virgin Care Contract

A report was circulated for consideration. E McCabe provided a summary:

- Oversight for the GP led skin cancer service was historically managerial. Following concerns raised regarding the lack of independent clinical oversight, Virgin Care agreed to provide this. Funding was identified for this variation to contract and a specification has been produced and agreed.
- Virgin will provide the CCG with a robust, clinically based audit on a quarterly basis confirming what requirements have or have not been met.
- Training continues for other GPs who have signed up to deliver the skin cancer service.

The Committee agreed to support the proposal and to agree that a contract variation is created to put the specification and cost into the NEL Virgin Dermatology Contract.

8. Residential Home Quality Compliance

B Compton and B Bradshaw provided a verbal update:

- As previously agreed by the Committee, the quality compliance scheme will move away from the Bronze/Silver/Gold standard which gave a transparent view but masked the diversity of the market, with the aim of moving towards a Care Act compliant standard.
- The cost of care discussions with the provider community and work by John Bolton have highlighted the need to pay an appropriate price for a service with the expectation that user needs are met and there is a guarantee around quality.
- Issues facing residential care include: people are increasingly entering residential care much later and with more complex presentations, an inefficient local market, cost of care not currently being met. Contracts issued in January 2019 are more robust than previously, ie, very clear notice of improvement periods, breach periods etc.
- Discussions are ongoing regarding how to manage out poor performing homes (the system can afford to lose places from the market).
- The residential care fee is likely to be differential, ie, a basic fee with the opportunity for some level of enhancement.
- Training remains an issue within residential care. It is proposed to retain some of the quality premium to invest in focused and targeted quality training programmes; this follows on from previous discussions regarding the relationship between the quality of management support and overall quality within homes. Discussions have taken place with Grimsby Institute regarding quality leadership training. Contracts could stipulate that Managers need to be accredited via this training. This would enable the CCG to have more of a strategic steer around some of the emerging trends and quality drivers. Feedback from Providers on the proposal has been positive.
- Detailed analysis is being carried out on the cost of care data (the variation across the cost drivers, eg, housing, staffing etc). The best possible outcome will be to arrive at a negotiated fee level with a methodology sitting behind it. An update on cost of care will be brought to the September or October meeting. **Forward plan**
- A review is underway regarding the intermediate tier pathway. People are coming out of hospital and going into recovery and those placements are turning into long term placements. Some homes that do not currently offer rehab beds may wish to do so. This will be remunerated differently (short term placement with increased outcome focus).

The Committee provided the following feedback:

- Jeanette Logan is working for e-Factor as a business advisor to residential care homes. It was proposed that the CCG should liaise with Jeanette.

The Committee agreed to support the proposal to retain some of the quality premium to support training across all residential care homes.

9. Future for Care at Home

A report was circulated for consideration. B Bradshaw provided a summary:

- In January 2019, the Committee supported the direction of travel for the recommissioning of the Care at Home service, ie, options appraisal, move towards the Pilot, align the service with primary care and other teams and develop a new service specification. The contract with current providers ends in March 2020.
- The CCG has continued to work and engage with providers regarding the tender. Feedback around the pilot is positive, however issues remain regarding invoicing and different IT systems and procedures within the different providers. Options around invoicing have been reviewed and 2 viable options have been identified, both of which would mean retaining the Controc system. Sarah Savage is working with Controc's development team in order to establish which option is preferable.
- The aim was to align the service with the emerging Primary Care Networks (PCNs); further conversations are required as the PCNs have not aligned geographically.
- It is proposed that consideration should be given to the development of a range of commissioning options, including a single provider option. A single provider would present an increased risk in the event of provider failure, however could bring cost benefits and reduce pressure in the system. It could also be simpler for service users, social workers, the SPA and other partners to interact with the service.
- The specification is almost complete.
- The CCG was successful in achieving some pilot money via a social care IT bid (how to use technology and digital integration). Ed Humphreys from the LGA has expressed an interest in the work planned, which may result in some support from the LGA. Discussions are underway regarding whether to explore the options for a larger piece of work regarding digital integration; it was noted that this would have an impact on the timescales for the procurement. A call will be scheduled in the coming weeks to further discuss the possibility of LGA support. The Committee agreed that the CCG should engage with the LGA but that the procurement process should continue.

The Committee provided the following feedback:

- Acknowledgment of the positives of a single provider option (one provider/one IT/invoicing system, improved integration with other teams/services etc); however concerns were raised around creating a monopoly (risk of failure (a number of large national providers have failed in the market), a large provider may not fully engage with the CCG, a longer implementation period due to tupe etc;). It was noted that the successful provider might not be a large, national provider. It was agreed that a single provider would need to confirm how they would build resilience into their models to meet the ebbs and flows in the market, eg, commission from other providers and how they would own the hospital discharge pathway and be able to flex their model accordingly.
- Could the CCG work with current providers to resolve some of the issues, ie, could the CCG specify that one IT system is required? B Brown advised that the current providers are ready to change and emphasised the positive relationships with the current providers. There are concerns that these positive relationships may be lost with a single

provider. It was noted that there are other single providers providing services in the local area.

- Proposal that within the paper to come to the next meeting there needs to be a focus on the CCG's requirements for the service, particularly in year 1, rather than the number of providers who could deliver the service. If one provider were successful, there would still need to be choice in the market. This could involve the CCG contracting with other providers on an ad-hoc basis. It was proposed that the contract includes the requirement for choice if a relationship breaks down between the service user and provider.

The Committee agreed that it was not able to make a decision at this stage and requested an update at the July meeting to include: final specification, information demonstrating linkages made to PCNs and other teams, contract requirements regarding hospital elements, eg, discharge etc, a more robust options appraisal detailing the relative benefits and risks of each of the models and a recommendation. **Forward plan**

10. Update on the NLaG Cost Improvement Plan

L Whitton provided a verbal update:

- A meeting took place on 11th June with NHSE and NHSI to work through the finance and savings. Progress was made at the meeting, although there is still work to do.
- The presentation from the meeting and the detailed plans for the hospital and both CCGs will be circulated after the meeting. **L Whitton**

An update will be provided at the July meeting regarding how the cost improvement plan links to contracting arrangements. **Forward plan**

11. Alliance Update (Primary care)

A report was circulated for consideration. J Wilson provided an update:

- Work has been progressing to ensure that the detailed service specifications, schedules etc would be ready for each party to take through their formal governance arrangements for sign off. The aim was to have sign off by 30th June 2019 with the formal Agreement coming into effect from 1st July 2019.
- The introduction of PCNs created uncertainty amongst the GP practices regarding the impact of signing up to the Alliance, however confirmation has been received that Freshney Pelham and Meridian Health Group are intending to sign up to the Alliance. A representative from the Panacea group (split into 3 PCNs) has indicated that the group would like to have discussions and get a better understanding of the implications of joining the Alliance. As the meeting with Panacea is not scheduled until 26th June, it is proposed to postpone the sign up to the formal Alliance Agreement to 31st August 2019 as it would be beneficial to have the whole of general practice included in the Alliance.
- If the PCNs do not sign up the Alliance, an assessment will be required with the other Alliance providers, to identify the extent to which the remaining partners can achieve delivery of the specifications without formal primary care involvement. A potential solution would be to remove the primary care elements from the scope of the Alliance

and place responsibility for delivering those elements with the PCNs, accepting the potential issues that could occur, eg, risk and reward scheme.

The Committee provided the following feedback:

- Request for a formal statement of intent from the Panacea group by 15th July. This was agreed. It was noted that the sign off could be sooner depending on the decision by Panacea.

The Committee agreed:

- **To approve the delay to the sign up to the formal Alliance Agreement to 31st August 2019**
- **That discussions with other Alliance providers will be required if all practices do not sign up to the Alliance.**

10:57am – B Compton left the meeting

12. Contracts Update

E McCabe provided a verbal update:

- CPG – contract due to be signed by the end of this week.
- EMAS – the financial value is slightly less than estimated (£6.3m). The trajectories for ambulance response targets for Lincolnshire have not yet been agreed. If EMAS fails to meet the standards agreed, it will be the responsibility of the regulator to agree the sanctions. The CCG would only see a monetary benefit if EMAS do not recruit the necessary staff/ purchase the required equipment that was linked to the money put in by CCG for ambulance response. This would be refunded on a non-recurrent basis.

FOR INFORMATION

13. Residential and Home Care Update

A report was circulated for information. B Brown highlighted the following:

- Cambridge Park care home is closing. Work is underway to move current residents (all residents are moving into other Orchard Care homes). This will free up 60 beds in occupancy.
- Carisbrooke have confirmed that they are no longer closing. They are closing other parts of their business. They have produced a 5 year long term plan.

14. Humber JCC Annual Report

A report was circulated for information.

15. Items for Escalation from/to:

- **DAC**
- **Clinical Governance Committee**

It was agreed that a discussion is required regarding the link that needs to be formed between CCC and DAC regarding the NLaG position. **H Kenyon L Whitton**

16. Items for Virtual Decision/Chair's Action

- **TASL – approved**

E McCabe confirmed that a meeting is scheduled with NELC on 14th June to scope out all transport issues and to identify a plan of action.
The Committee requested that priority be given to the current transport issues as these need to be addressed as a matter of urgency.

17. Any Other Business

There were no items raised.

Date and Time of Next Meeting:
Wednesday 10th July, 9-11am, Bremerhaven Room, Grimsby Town Hall