

**CARE CONTRACTING COMMITTEE MEETING
 NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP
 HELD ON WEDNESDAY 20TH AUGUST 2019
 AT 11AM
 IN COMMITTEE ROOM 4, 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
 Christine Jackson, Head of Case Management Performance & Finance, focus
 Councillor Margaret Cracknell, Portfolio Holder for Health, Wellbeing and Adult Social Care (In attendance only)
 Caroline Reed, PA to Executive Office (Notes)

APOLOGIES: Jan Haxby, Director of Quality and Nursing

IN ATTENDANCE: Bruce Bradshaw, Strategic Lead for MCA, Older People & CHC
 Nicola Stark, CSSU Advanced Practitioner, NELC

| Item | ACTION |
|--|---------------|
| <p>1. Apologies Apologies were noted as above.</p> | |
| <p>2. Declarations of Interest There were no declarations of interest identified.</p> | |
| FOR DECISION | |
| <p>3. Care At Home A report was circulated for consideration. B Bradshaw provided a summary:</p> <ul style="list-style-type: none"> • The specification has been revised following feedback received at the last CCC meeting and will be supported by an LGA Service Development Improvement Plan (SDIP). • The specification details three geographical zones which offers providers the potential to deliver between 3,200 and 4000 hours per week. The procurement is a single stage procurement seeking 3 providers, one for each geographical zone. The specification moves to an outcomes based system from the present time and task method. • The report details a proposed timescale for procurement with a view to the new service commencing in July 2020. The procurement questionnaires have not been developed at this stage. • Meetings are taking place to address the residual risks and issues relating to invoicing/payment and there has been some progress in this area. The Committee was asked to consider whether the procurement should go ahead despite the lack of a resolution in this area. | |

The Committee provided the following feedback:

- What is the timeframe for resolution of the invoicing/controc issues? B Compton confirmed that clarity has been received regarding what Controc can do and what the CCG/focus will require it to do, but that discussions are ongoing regarding some of the residual risks, eg, the variance between what is being commissioned and paid versus what is being delivered. Further clarification is required regarding what data will be accessible and what data will need to be accessed. It was agreed that the Committee would need further information on this.
- What happens if there is an impasse between providers and commissioner regarding the invoicing issues? B Bradshaw confirmed that the intention will be made clear that it will be a commissioner requirement for providers to work with commissioners in order to meet required outcomes, eg, invoicing etc. It was agreed that clarity needs to be provided regarding contract compliance, eg, what sanctions will be utilised for a lack of compliance (breaches, penalties etc).
- Does the procurement need to be delayed until a resolution can be reached regarding Controc? It was agreed that it would be preferable if the invoicing/charging issues were resolved but that additional questions could be added to the questionnaire to help to mitigate against any future risks. The Committee agreed that the risk of continuing with the current model outweighed the risk of moving to the new model.
- Concerns were raised regarding the big shift in the way that Providers will need to work within the new model. It was agreed that there needs to be clear signalling of intent at the start of the procurement process in order to attract the right providers. B Brown confirmed that providers can be asked to provide examples of previous collaborative working with commissioners and to detail how they will assist in developing the new way of working. It was noted that the vision will link to the model and needs to be clear without being overly prescriptive.
- The recommissioning of care at home is planned to be commissioned within the 19/20 budget value for the first year due to significant budget pressures within the health and care system; could this deter potential bidders? It was agreed that clarification will be required in the procurement documentation regarding intentions for this year and every year in relation to annual uplifts and what they will be linked to, eg, RPI, national minimum wage etc. This will provide increased certainty around finances. The Committee agreed that the reference to the living wage be removed and replaced by the national minimum wage.
- The Committee discussed the variance between what is being paid and what is being delivered and the mitigations required to minimise the level of financial exposure to the CCG. It was noted that overpayment occurs with the current system and that the variance should not be too great unless an individual becomes very ill. It was proposed that thresholds be agreed, eg, if an outcome is consistently being met on fewer hours, this would initiate a formal review of the individual's care package. Support will flex around individuals' needs to allow good days and bad days and should balance out across a month; therefore a flat payment will be required (the Committee used a gas bill analogy) with a unit cost that underpins it. Clarity around this will need to be provided for providers.

- The Committee proposed that the contract will be based on the number of anticipated annual hours, with providers being paid on a 1/12 basis. A quarterly reconciliation will take place and a tolerance of plus or minus 10% agreed. If a provider has delivered under the tolerance, the money will be clawed back and a care plan review triggered. A detailed annual reconciliation would also take place. It was agreed that this will take some of the risk out of the system and allow better flexibility for providers. Further discussion is required regarding CCF's capacity to carry out the quarterly reconciliation. It was agreed that it would be helpful to include a financial scenario within the specification.
- Clarity is required regarding which bits of information should be in the specification and which in the procurement documentation. B Brown confirmed that the next step will be to develop the procurement questionnaire and documentation.
- Further work is required regarding fairer charging and self-funders. An engagement exercise will be required.
- Providers will be required to ensure that they record accurate information onto the system, in order to provide assurance around time spent versus money paid out.
- The Committee discussed the use of technology to improve delivery of services and feedback, eg, user friendly feedback screens, technology to notify individuals of a change of carer or a carer's location via digital tracking, eBooks with sensors to create alerts, eg, in the event of a fall etc. B Brown and N Stark confirmed that a meeting is taking place with providers on 23rd August to discuss technology. It was agreed that the commissioners will need assurance that it will have the right to audit information, eg, in relation to digital tracking.
- The Committee agreed that Care at Home should be renamed "Support at Home". Feedback from providers and service users regarding this change is positive.
- The Committee supported the 3 geographical zones, but noted that one provider may have to establish two teams in the zone that covers Immingham and West Grimsby.
- Clarification was sought regarding the consequences of providers not meeting targets, eg, "New or restarted packages following hospital discharge, within a maximum of 24 hours from notification". E McCabe confirmed that a contract performance notice could be served with an improvement trajectory. If the provider doesn't make the required improvements, they would be in breach of contract and could have their contract terminated. It was agreed that closer integrated working should be encouraged in order to resolve any issues regarding delays relating to discharge etc.
- The Committee noted the concerns regarding the lack of clarity in some areas within the specification but agreed to progress with the procurement, subject to:
 - some revisions in the specification,
 - the development of clear questions in the procurement questionnaire and
 - clarification around payment in the procurement documentation.

ITEM 2

These will safeguard the commissioner and individuals. It was noted that the procurement might not commence on the proposed date of 2nd September.

12:15pm M Webb left the meeting.

- The Committee asked to receive assurance updates during the procurement process.

Date and Time of Next Meeting:

Wednesday 11th September, 9-11am, Banqueting Room, Grimsby Town Hall, Grimsby