ITEM 2

North East Lincolnshire
Clinical Commissioning Group

CARE CONTRACTING COMMITTEE MEETING
NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP
HELD ON WEDNESDAY 11TH SEPTEMBER 2019
AT 9AM
IN THE BREMERHAVEN ROOM, GRIMSBY TOWN HALL, GRIMSBY

PRESENT: Helen Kenyon, Chief Operating Officer (Chair)
Jan Haxby, Director of Quality and Nursing
Laura Whitton, Chief Finance Officer
Dr Ekta Elston, Medical Director
Bev Compton, Director of Adult Services
Eddie McCabe, Assistant Director of Contracting & Performance
Brett Brown, Contract Manager
Caroline Reed, PA to Executive Office (Notes)

APOLOGIES: Mark Webb, CCG Chair
Christine Jackson, Head of Case Management Performance & Finance, focus
Councillor Margaret Cracknell, Portfolio Holder for Health, Wellbeing and Adult Social Care (In attendance only)

Item **ACTION**

1. Apologies
Apologies were noted as above.

2. Declarations of Interest
Dr Elston declared an interest in her role as a GP in relation to Items 6 and 7.

3. Notes of Previous Meeting

3.1 10.07.2019
The notes of the meeting were agreed as an accurate record.

3.2 20.08.2019
The notes of the meeting were agreed as an accurate record.

4. Matters Arising from Previous Notes - 10.07.2019
The Committee discussed the outstanding actions:

Item 5 – Care at Home - Clarification was sought regarding the financial envelope and what is being built in regarding inflationary uplift year on year. B Compton advised that it will be similar to the cost of care exercise. R Brunton to be asked to work up some projections based on the living wage. It was requested that clarity needs to be provided on whether the calculations are based on the living wage or the nationally mandated minimum wage.
It was confirmed that this is captured in the Cost of Care report and will be linked into overall financial planning going forward. The procurement process is anticipated to commence during w/c 16th September with interviews to take place in January.

The Committee requested a report for the next meeting detailing planning assumptions and commissioning intentions for ASC to include inflationary uplifts. **Forward plan**

The Committee noted the update.

FOR DECISION

5. Cost of Care Update

An update report was circulated for consideration. B Compton provided a summary:

- A review of the collated data took place at the 6th August Cost of care standing committee in order to try to arrive at a fee level. Providers were pushing for a flat fee. Due to a high degree of variability within the data sets it was proposed that a method be applied which attempted to "flatten" the effect of outlying variables. Two options were considered and it was agreed to adjust the average by applying a tolerance (the upper and lower 10% and 15% of values from the average). When the 10% tolerance was applied the result was almost the same as the simple average and therefore the recommendation was that the 15% tolerance should be applied with an indicative 9% profit element included. The Providers were pushing for a higher profit element; however this was not affordable. The result was a fee rate of £491.75 per placement per week.
- It is proposed that the new rate should only be applied to those homes assessed as contractually compliant and meeting the required standard. This is broadly accepted by the provider community. Homes not meeting the standard will be asked to demonstrate how they will achieve and sustain compliance and subject to a satisfactory assessment of compliance for a minimum of 6 months will be moved to the new rate. It is proposed that a quality working group be established to manage the process and target efforts to improve the quality within homes not meeting the standard. This work needs to be done in conjunction with the support to care homes work (PCNs, district nursing etc).The CCG will look to de-commission those homes that continue to fail to meet the standards.
- The base residential fee level (essentially accommodation and food) should inform the establishment of new fee rates for nursing care, funded nursing care and bespoke packages. CHC funded care can be aligned to the same fee structure, as opposed to being a "CHC" rate.
- Some providers have requested that the new rate be backdated to April 2019. It is estimated that approximately a third of providers would qualify.

The Committee provided the following feedback:

- Discussion around the rationale for the 10% and 15% tolerances. B Compton confirmed that this was one of the proposed methodologies agreed as part of the cost of care discussions. It was agreed as an appropriate methodology due to the lack of robust data available. It averages the top and bottom percentage and depends where the outline variable is.
- The 15% tolerance equates to a cost pressure of £400k; what is the potential impact of CHC? B Compton agreed to bring those figures back to the Committee.

- The Committee discussed the request to backdate the fee rate to April 2019 and agreed that it should not be backdated due to the fact that a fee uplift was applied for 2019/20 and due to the potential implication for service users.
- What is the impact for self-funders if the new rate is applied? B Compton confirmed that the message will emphasise that the fair cost of care for everyone is £491; this will give transparency to the public.
- What happens if quality deteriorates and providers no longer meet the required standards? It was agreed that contract compliance processes will need to be followed.
- It was agreed that further discussions are required regarding the process for moving homes from the current rate and quality scheme to the new rate, how to calculate fee rates for nursing, funded nursing care and bespoke packages of care. The aim will be to start paying Providers from the next payment period (14th October – 10th November with payment made post November 10th).

The Committee agreed to:

- **Apply the new rate only to homes who meet the required standard. Homes who do not meet the standard will remain on the previous rate until they meet the required compliance or exit the market.**
- **Reject the request to back date the new rate to April 2019.**
- **Approve the establishment of a quality working group.**

6. Rebates

A report was circulated for consideration.

The Committee agreed to accept and endorse the primary care rebate schemes for the following:

1. **Clenil**
2. **Airflusal**

It was agreed that future reports be sent to L Whitton for approval. If they are above a certain value, L Whitton will request that they are submitted to CCC for approval. L Whitton to confirm to CCC the value above which CCC would need to approve in accordance with SFIs/SOs. **L Whitton**

7. Alliance Update

A report was circulated for consideration. E McCabe provided an update:

- Primary Care Networks (PCNs) have advised that they do not want to form part of the Alliance at the current time. This would undermine the Alliance's ability to deliver the objectives where PCNs are key partners for delivery or change. The withdrawal of PCNs from the Alliance means that the CCG is unable to work with "one body" within "one system"; the original aim was for the Alliance to deliver a place system.
- Recent legal advice has been received relating to contracts querying the need "to add into the Services Contract an obligation that an organisation will enter into and comply with the alliance agreement".
- The changes to the current arrangements will include the removal of Service Transformation Funding decisions as PCNs are not part of the

agreement and would therefore be excluded from discussion or funding when they are a key part of system transformation. The CCG will need to determine where funding should be focussed.

- There is concern that providers have not demonstrated an ability/willingness to be accountable for system delivery and understanding the requirements within the place based services. There are also concerns regarding the relationships between the partners.

The Committee provided the following feedback:

- The Alliance has not delivered against any of the agreed timelines relating to service implementation and delivery, despite the CCG working with them and extending deadlines. The Committee agreed that confidence has been lost in the Alliance's ability to deliver the requirements.
- Concerns that there was not significant trust in place amongst the partners. All partners were not able to understand that they had a significant part to play in Integrated Urgent Care (IUC).
- The Alliance were successful in developing a framework and governance arrangements etc. These could be used going forward.
- The primary focus of the Alliance agreement was the IUC agenda. It was agreed that a decision was required on the way forward for the IUC agenda and specifically the establishment of the Urgent Treatment Centre (UTC), which has been delayed. The Committee discussed this at length. Options included: reviewing the specification and splitting out the various elements, looking at a lead provider arrangement, undergoing a procurement exercise inviting external providers to bid, undergoing a pseudo type procurement approach applying the same degree of rigour and controls as a formal procurement and if there is no progress, go out to formal procurement and working with current providers. It was noted that there is a lead provider arrangement in NL (NLaG is the lead provider, working with Safe Care (GP federation)).
- Due to the time critical element, the back story regarding the lack of progress to date and fact that the CCG stipulated that it wanted the UTC to be co-located with A&E on the DPOW site, plus the reduced risk of procurement challenge from an NHS to NHS arrangement, the Committee agreed to support the option for NLaG to become the lead provider for the UTC and to be responsible for delivery to the required timescale.
- Strategic development intentions should be written into the service specification to emphasise the need for ongoing change, eg, the impending change around community urgent response. The lead provider would have the option to sub contract parties. The funding envelope has already been identified for the Alliance element of the UTC. The lead provider will be asked to identify where efficiencies can be made as benefits in the system will be anticipated over time.
- Community urgent care element - primary care is interested in delivering this. It was noted that a mini procurement could be an option with providers asked to provide a collective approach advising how they would make it work. The outcomes would need to be very clear in

the specification. If providers did not meet the outcomes, a procurement exercise would be undertaken.

- The decision not to progress the Alliance impacts on the partner contracts – the Committee discussed the contracts at length and decided the following:
  - Navigo – a 3 year contract period was agreed. This links to The Mental Health Five year forward view and NHS Mental Health Implementation Plan 2019/20 – 2023/24.
  - Care Plus Group – an impact on the service is anticipated from PCNs. The CCG and PCNs will need to work closely to ensure contracts and services address the alignment issue. CPG is key in the delivery of the Community Urgent Care Specification. Further discussions and a review of the contract is required. It was agreed to roll forward the contract for one year.
  - Core Care Links (CCL) – GPOOH. It was noted that the GP in A&E pilot had not been successful in recent times due to the inability to secure a consistent and established 12 hour presence at DPoW and therefore would need to be ceased as that would now sit within the UTC. In relation to the GPOOH element this would also significantly impact on the Community Urgent care response and Extended Access, therefore it was agreed to roll forward the GPOOHs contract for one year.
- It was noted that contracts will be renegotiated in January and will not simply roll forward status quo.
- Concerns were raised regarding a potential lack of engagement between CPG and PCNs. E McCabe confirmed that if CPG did not want to work with PCNs, the CCG would look at serving 12 months' notice.
- A challenge could be received regarding the contracts; however the CCG is confident that the positon is appropriate and justifiable and that there is a detailed audit trail.

The Committee agreed:

- **To not progress the Alliance as the delivery vehicle for Integrated Urgent Care.**
- **To Contract with NLG as the lead provider for delivery of the UTC element of the Integrated Urgent Care Specification due to the time critical nature of this element.**
- **To extend the contracts as outlined above, with CPG and CCL being extended for a year, & Navigo extended in line with the five year forward view for Mental Health**

8. Strategic Plan and Operational Plan 2020/21

A report was circulated for information.

9. 26 Week Update

A report was circulated for consideration. E McCabe provided an update:

- Pressures in the system have resulted in a national increase in the number of people waiting for treatment between 18 and 52 weeks. To tackle long waiters, a new national maximum wait of 26 weeks has been agreed.

- From April 2020 all CCGs will have to offer any patient waiting 26 weeks or over the choice of an alternative provider. This will create a significant challenge in the system. CCGs are required to complete and return a template to demonstrate that patient choice is being offered and detailing plans of how patients who are at risk of waiting over 26 weeks will be offered choice of alternative provider.
- Over the past few years the CCGs have created additional capacity for some specialties via a range of independent sector providers, eg, St Hugh's hospital, NewMedica and Virgin. This has improved patient choice and enabled patients to be treated within relatively short waiting times by those providers, but this has led to a lack of consistency of waiting time, with some people being seen and treated within a short timescale and others who were either referred previously to NLG, or have co-morbidities that mean that they need to be treated within the acute setting with all of its back up waiting much longer.

The Committee provided the following feedback:

- Proposal to identify those patients waiting over 26 weeks (approximately 1000) and prioritise getting them seen rather than slipping waiting times. Does this mean working with NLCCG? Or asking NLaG to identify alternative provision? Further discussion is required.
- Importance of looking at the waiters on a specialities basis due to the increased clinical risk in some areas.
- Is it acceptable that some people are waiting shorter periods than others? This is probably a decision for CoM.
- What is the solution to reducing waiting times to 26 weeks? It was agreed that further discussion is required.

10:59am – J Haxby left the meeting.

- It was agreed that a decision/discussion on this needs to be deferred to the next meeting. **Forward plan**

H Kenyon requested that report authors ensure that:

- Reports clearly state whether they are for discussion or decision.
- Reports are submitted to the appropriate Committee, ie, confirm whether the decision is appropriate for CCC, DAC, CoM etc. **ALL**

10. TASL

10.1 CQC Feedback

A report was circulated for information. J Haxby advised that there are no significant concerns for NEL.

10.2 TASL and General Transport Update

This item was deferred to the October meeting. **Forward plan**

11. Items for Escalation from/to:

- **DAC** – no items for escalation.

- **Clinical Governance Committee** – TASL, Bradley Woodlands CQC inspection, GP inspection (for escalation to PCCC)

FOR INFORMATION

12. Contracting and Procurement Update
Circulated for information.

13. Quarterly Low Value Procurement Update
Circulated for information.

14. Residential and Home Care Update

14.1
- **MIFS Update – Grimsby Grange & Manor**

Circulated for information.

15. Items for Virtual Decision/Chair's Action

- **Contract Award – Primary Care and CCG HSCN Network – circulated for information only**
- **Transferring service commissioned at federation level to Primary Care Networks - circulated for information only**

16. Primary Care Commissioning Committee Meeting Minutes – 28/5/2019
Circulated for information.

17. AOB
Extension of Amvale – a virtual report will be circulated.
MIFS – termination of contract – a virtual report will be circulated.

Date and Time of Next Meeting:
Wednesday October, 9-11am, Crosland Suite, Grimsby Town Hall, Grimsby