

**North East Lincolnshire CCG**

Attachment 11

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| **Report to:** | NEL CCG Partnership Board |
| **Presented by:** | Helen Kenyon |
| **Date of Meeting:** | 10th March 2016 |
| **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 March 2016**

1. **Procurement Updates**

Patient Transport Services: (PTS)

NEL & NL CCG and went out for procurement for PTS in November 2015, led by the YHCS procurement team. A number of bids were received and the evaluation of the bids has taken place.

Both CCG’s will be getting recommendations as to the award to the preferred bidder after references have been secured. The preferred bidder will be announced at the end of March, with a go live date of 1st October 2016.

GP Out of Hours

The GP Urgent care contract incorporating GP Out of Hours and GP A&E front Ending went out for open procurement in November 2015. The process was paused at the end of January as since commencing the procurement, the national agenda around new models of care has promoted plans to be developed earlier than the CCG had expected in its earlier assumptions. This has lead the CCG to review this procurement in the light of these changes. The decision about the next steps regarding the current procurement will be made in due course.

The CCG had anticipated such changes in its intention to award only a two year contract to 2018, but these new developments have meant a need to pause and review intentions.

Non Obstetric Ultrasound (NOUS) & Pain Any Qualified Provider ( AQP) refresh

AQP was a national programme which required PCTs to open a set of services to the wider market in order to increase patient choice.

The contracts which commenced in April 2013 now need to be revalidated and opened for new entrants. The CCG therefore invited current and prospective entrants to submit bids to operate under a framework agreement.

The CCG has had a good response to the procurements and is assessing whether bidders are suitable to be added to our framework. The contracts do not guarantee funding or activity as it is only paid by invoice for activity undertaken. Any bidders added to the framework have until 30th September to mobilise otherwise the offer of a contract lapses.

1. **Contracts Awards**

Voluntary and Community Sector (VCS)

After the end of the competitive procurement process Northbank Forum have been appointed as the preferred bidder. The process has now gone through the standstill period and the CCG and local authority will be starting work with the new provider to have things established from the 1st April 2016.

Yorkshire & Humber CS (YHCS)

Lot 1 was the GP and Corporate IT & HR. The contract has been awarded to EMBED and the CCG has now signed its contract and staff from the previous Y&H CS will be transferred to the new provider.

Lot 2a and 2b for Medicine management and Individual Funding requests was awarded to North East Commissioning Support and the contract has been signed. Staff transferred on the 1st March to the new provider.

The CCG will manage its relationship with these providers as part of the routine contract management process, in collaboration with other CCG’s

1. **2016/17 Contract Negotiations**

The CCG has commenced negotiating its contracts for 2016/2017.

The CCG is working with NL CCG and providers locally under Healthy Lives Healthy Futures (HLHF) to undertake joint modelling and to plan activity and services for the forthcoming years. The timetable for completion is consistent with last year, expecting all NHS Contracts to be signed by 31st March 2016. This year the financial pressures in the system have increased which will make it more difficult to reach agreed positions within the timescale required. The Memorandum of Understanding put in place last year between the two CCGs, Navigo, Care Plus and Northern Lincolnshire & Goole NHS Foundation Trust (NLG) is ensuring that everyone is working together to address the issues collaboratively.

The CCGs and NLG are currently working through a specific issue that has recently arisen in relation to the projected activity & cost required to deliver against the 18 week target and constitutional standard.

As part of the development of the CQUIN requirements for the coming year a discussion with the clinical leads has taken place which suggested that a collective CQUIN re dementia be developed for inclusion in the local provider contracts.

Wider contracts with Hull & East Yorkshire Hospitals and other smaller NHS Contracts will be negotiated via the lead and associate commissioner arrangements that have been put in place.

The East Midlands Ambulance Contract which the CCG is an associate to with 23 other CCG’s, has had significant issues in year in relation to performance and financial standing. The CCG’s are actively involved in the contract negotiations with the lead CCG (Hardwicke CCG) to try and resolve a number of issues. As such progress is currently delayed but all parties are still intending to deliver a contract by the 31st March 2016.

1. **Collaborative Commissioning**

In December 2015 the 8 CCGs that make up the North Yorkshire and Humber Collaborative Commissioners (NY&HCC) (North East Lincs; North Lincs; East Riding; Hull; Vale of York; Scarborough& Rydale; Harrogate & Rural; and Hambleton Richmond & Whitby) held a development session to determine whether it would be advantageous to build stronger working arrangements between them to support the delivery of the emerging national requirements.

The purpose of the session was therefore agreed to:

* test why stronger collaborative working may be required
* test the commitment to developing stronger collaborative arrangements
* identify what might be in scope and what is not
* begin to develop a new collaborative framework within which the constituent CCGs can work – to include:
	+ Governance – how to make decisions together?
	+ What is needed to make it a success – collective capacity?
	+ How to do business together – principles, behaviours etc

From the session it was established that:

* There was scope and appetite for working more efficiently together
* Formalising collaboration would be appropriate for some things, but not all
* It is important to have clarity about what is included and what is not
* The CCG construct for collaboration would be different depending on the issue, and that
* Any Collaboration would need appropriate resourcing

It was acknowledged that for much of the collaborative agenda, patient flows would dictate the CCG construct for formal collaborative working. It was therefore agreed that for acute services; Harrogate and Rural CCG and Hambleton, Richmond and Whitby CCGs, collaborative working would be more appropriate with CCGs in West Yorkshire and Teeside respectively.

It was also acknowledged that there needed to be strong collaboration with local authorities to drive forward integration more broadly.

Through the discussion the following were identified as areas where commissioning collectively (at scale) through more formal arrangements would be beneficial:

* Major Trauma
* Emergency and Urgent Care
* Cancer
* Specialised services pathways
* Stroke
* Vascular
* Critical Care
* Complex mental health

In addition it was felt that working together to manage the Specialised services commissioning transition to CCGs would be beneficial, and that we should be doing more re shared learning and good practice, and developing commissioning skills and expertise e.g. patient and public involvement.

In order to take this forward it was felt that the establishment of a joint committee would be the most appropriate vehicle for delivering more formal collaboration across the CCGs.

Work has started re the governance arrangements that would need to be in place to establish a joint committee and this work will then be presented to each CCG for consideration and approval.

The work undertaken above has helped with the establishment of the Sustainability Transformation Plan (STP) footprint which has been established to cover the footprint of the 6 CCGs (i.e. excluding Harrogate & rural & Hambleton, Richmond and Whitby) & the providers and local authorities within it. The STP footprint has been named Vale, Coast and Humber.

This is the same footprint as the Urgent and Emergency Care Network that has been established to drive forward the transformation of services in accordance with the recommendations and requirements of the national review of urgent and emergency care. The work of the Urgent and Emergency care Network will feed into the STP.

At the February meeting of the NY&HCC there was a discussion about whether there was any interest in undertaking a collaborative wide procurement for Dermatology and Ophthalmology services. It was agreed that further work would be undertaken to review the requirements of each commissioner to identify whether the services models required were sufficiently similar to benefit from such an approach, and a working group has been established to progress this.