

**Agenda Item: 08**

**Report to:** Governing Body  
**Date of meeting:** 11/03/2021  
**Date paper distributed:** **08/03/2021**  
**Subject:** Annual Care Contracting Committee Self-Assessment  
**Presented by:** Chief Operating Officer- drafted by Eddie McCabe  
**Previously distributed to:** Care Contracting Committee 10th Feb 2021

<b>STATUS OF THE REPORT (auto check relevant box)</b>	
<b>Decision required</b>	<input type="checkbox"/>
<b>For Discussion to give Assurance</b>	<input checked="" type="checkbox"/> (Only if requested by Committee member prior to meeting)
<b>For Information</b>	<input checked="" type="checkbox"/>
<b>Report Exempt from Public Disclosure</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes

<b>PURPOSE OF REPORT:</b>	Each committee of the Governing Body is required to provide an effectiveness report to the Governing Body on an annual basis (preferably at the end of the financial year). The attached report relates to the activities of the committee for the past 12 months to January 21.  The Assurance Committee Effectiveness Checklist has been used additionally to assess the effectiveness of the committee.
<b>Recommendations:</b>	Members are asked: - <ul style="list-style-type: none"> <li>To review the Care Contracting Committee Annual Report submitted to the CCG Governing Body</li> <li>Note this paper includes the Self-assessment Checklist as an appendix 1</li> </ul>
<b>Clinical Engagement</b>	N/A
<b>Patient/Public Engagement</b>	N/A
<b>Committee Process and Assurance:</b>	N/A

<b>Link to CCG's Priorities</b>	<ul style="list-style-type: none"> <li>Sustainable services <input checked="" type="checkbox"/></li> <li>Empowering people <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>Supporting communities <input type="checkbox"/></li> <li>Fit for purpose organisation <input checked="" type="checkbox"/></li> </ul>
<b>Are there any specific and/or overt risks relating to one or more of the following areas?</b>	<ul style="list-style-type: none"> <li>Legal <input type="checkbox"/></li> <li>Finance <input checked="" type="checkbox"/></li> <li>Quality <input checked="" type="checkbox"/></li> <li>Equality analysis (and Due Regard Duty) <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>Data protection <input checked="" type="checkbox"/></li> <li>Performance <input checked="" type="checkbox"/></li> <li>Other <input type="checkbox"/></li> </ul>

## **Provide a summary of the identified risk**

I confirm I have reviewed and considered the implications of this report against the matters identified above. There are no identified risks.

Note: Self Assessment checklist as appendix 1

## **Executive Summary**

The draft report demonstrates a positive picture of the work of the committee year to date and a result of COVID 19 it identifies the changes in the committee reporting arrangements and how we do/are doing things differently,

### **Annual Care Contracting Committee Self-Assessment**

#### **Period of review Jan 2020 to Jan 2021**

#### **An Outline of the role of the committee and its governance**

The Care Contracting Committee (CCC) is a Committee of the Clinical Commissioning Group Governing Body that has been delegated the responsibility for and overseeing all procurement processes ensuring that they are enacting decisions taken by the Council of Members and that the CCG is compliant with external regulations and requirements including relevant procurement law.

The CCC will oversee all the CCGs contracts except for those which relate solely to General Practice, for example, Primary Medical Contracts and General Medical Contracts. These will be managed by the CCG's Primary Care co-commissioning committee (PCCC). The exception being GP Out of Hours contract due to conflict of interest considerations.

The CCC is a permanent Committee of the CCG Governing Body. The roles and responsibilities described in the terms of reference have been delegated to the CCC by the Governing Body.

The CCC reports to the CCG Governing Body. The recommendations of the Committee and the minutes are reported to the CCG Governing Body.

#### **Review of the Year with key themes and decisions**

The year started off much as normal in January 2020, with a focus at this time of the year on the agreement of the major NHS Standard contracts, the negotiation and the agreement of finances and activity. A key focus for the main NLAG contract was addressing key CQC issues of the waiting list backlog, the improvement in elective throughput and reviews of Outpatient follow ups and improvement in patient flows.

Additionally, we had key procurements in year to set out and consider.

Support at Home

Patient Transport Services

Rethink

Advocacy

Telecare Monitoring

GP Out of Hours

AQP Contracts for NOUS and Pain management

Alongside a number of contract extension to consider under the schedule 2 of the NHS established contracts.

All these plans ended abruptly in Mid-February as COVID 19 began to hit and all the focus and advice from NHSE was to stop such contracting processes, secure activity and sustainability of the providers locally and give maximum effort to the pandemic.

The advice which was coming out was shared with the CCC and its implications. We moved to Virtual meetings until such time as it was agreed that meetings were suspended and moved to Chairs actions if needed. No meetings were held between April and June. The Risk Committee had oversight if there was any need for urgent action.

### **Major Policy Updates influencing contracts for the year and the CCC Activity**

26<sup>th</sup> March 2020 Revised arrangements for NHS contracting and payment during the COVID-19 pandemic set out the processes for NHS Body Contracts and the Independent sector.

The National Contract for 20-21 was suspended initially till July, then October and subsequently has not been in place all year. Payments to NHS Trusts and Foundation Trusts were made direct by NHSE with funding withdrawn from CCG's and with Trusts funded on a cost basis. This again has continued for the whole of 20-21 with no new CCG contracts in place, 19-20 contracts were extant.

For the Independent Sector there were two changes,

Several IS providers were awarded National Contracts, suspending any local arrangements, so that they were commissioned initially to provide excess beds if needed, and subsequently they were designated after August 20, as supporting the phase 3 recovery plan for elective work. This national contract was due to end in December of 2020 but has been extended as part of trying to preserve elective activity as the country went into lockdown 2 & 3.

St Hugh's and Spire were our 2 local contractors on those arrangements.

Other IS providers – if providing services which could not be stopped like Cancer we supported as advised with a Minimum Income guarantee (MIG), for us this covered Virgin care which moved to Tele dermatology and Virtual consultations in the main which worked well but still maintained a cancer 2 week service for urgent cases. Activity did drop, as referrals fell and with social distancing throughput reduced but service was maintained, and we agreed a MIG across the year as activity levels increased but gave certainty of cancer service delivery.

Other IS contracts were reviewed and given the ability to have virtual sessions for patients where appropriate to minimise footfall. The CCC agreed to fund Non face to face as face to face Out patient appointments in order to maintain a level of income for providers as one of the concerns was maintaining services and having providers still around at the end of this pandemic.

Where non PBR contracts, Blocks, the recommendation was that we agreed contracts with those providers not covered by the above arrangements, so the CCG agreed contracts with Navigo, Care Plus Group and St Andrews.

For Transport, EMAS came under the control of the national teams and EMAS was given control of all our local Patient transport Contracts to ensure efficient discharge (TASL & Amvale). So, the CCG had no oversight of these contracts until the autumn when the delegation ended. Funding for EMAS is still on the basis of Trusts national funding at this time.

The above paragraphs set out what was significant work for many in the CCG, and papers were prepared for the CCC in the impact of these changes and what it meant for the oversight of contracts and still attaining assurance about quality safety and patient care.

## **Other Contractual Issue in Year**

This section highlights key pieces of work considered by the CCC, full details of which are available in the monthly action notes shared with the governing body. This section hopefully illustrates the areas and scope of work considered by CCC and the Assurance it gains from reports, discussion and the considered decisions or further work required.

## **Support at Home**

This programme was a fundamental review of domiciliary care and a significant amount of work in the previous year building on the neighbourhood pilots and new ways of delivery which had been procured.

In January 2020, the procurement team presented to the CCC the process that had been undertaken, the evaluation process and the shortlisting process to evidence to the CCC that the agreed process had been followed, that it was a legal process and the CCG was entering the standstill process as required under the Procurement rules. This process was approved and led to the awards being made to three of the neighbourhood partners. As the awards were made, COVID hit and so it was agreed at a subsequent CCC meeting that an extension to the current contracts of three months was made and mobilisation delayed till June 2020 as providers were already busy managing the discharge activity and staff shortage as well as the CCG contract staff managing issue of PPE, Infection control as well as data gathering on bed capacity etc. This service is now established as per the procurement.

## **PTS Contract**

The TASL contract expires in Autumn of 2021, so early on in the year the service manager set out the ambition for the service and the changes we wanted to see. The request from the CCC was to ensure a level of working within the Union to help set out a community transport plan. Discussion were had throughout the year but external to the CCG a number of factors were potentially effecting the future direction of a specialist PTS service.

National Direction on the future of PTS was initially due out in Spring of 2020, this was delayed and delayed and has still not been shared. Some clear intentions will have been learned from COVID and how PTS worked under the direction of the Blue Light service and how streamlining of providers led to efficiencies. The PTS service eligibility needed to be reevaluated as more journeys needed specialist vehicles with Oxygen, or bariatric support. Alongside this is the HASR review which while not finalised, will impact on service journeys as services are spread between the local hospitals to maintain staffing and safety.

It was agreed by the CCC that given the level of uncertainty and the impact of the pandemic on the availability of having clinical staff to evaluate bids while rolling out vaccine, an extension discussion would be entered into with TASL to let us see what the service specification will be in the future, the national direction about contracting and any potential impact on HASR. This is still working with the Union on how we can work between health and Council to promote better transport links but noting that PTS is moving to a more specialised service model.

## **AQP Contracts**

Another national direction which was unforeseen by CCG's in September 2020, was a national Framework contract for IS providers. The national procurement of Any Qualified provider Contracts (AQP) was to be the model against which CCG's would draw down contracts in the future, post November 2020. This meant that CCG's or Trusts without having to run

procurements again can award contracts to any framework provider who wishes to operate in the area, if deemed that the CCG needs the Service against its other commitments.

This process meant the CCG did not have to complete its own AQP process for NOUS and Pain management, whose contracts end March 2021. The CCG is in negotiations with new entrants and with establish providers to ensure we have service delivery after April 21, with new framework contracts. This process was shared and agreed by CCC to award contract for our AQP.

### **Social Prescribing and Thrive**

The CCC in January 2020, was made aware by the service manager that the arrangement we have with Bridges Ventures and the Big Lottery Fund for Thrive Social Prescribing was coming to a key decision point about committing to the contract for another 5 years. Due to a slow start the evidence of delivery was starting to build but needed more time. It was agreed that the CCG would seek an additional break clause to allow review without commitment, this was agreed by the Big Lottery. Additionally, the development of PCN Social Prescribers gave an opportunity to build on the work already in place and the CCG got agreement to an extension of the conditions which would be part of the scheme which would be of benefit to the GP Practices in utilising the service. The staff under PCN have been appointed and have managed to still deliver a non-face to face service during COVID. At the end of summer it had been hoped that social gatherings in Centre 4 would be able to take place, but as we know this changed as we went into the autumn Covid increase. The contract is discussed each month and feedback to CCC.

### **GP Out of Hours**

The ambition before the COVID was a discussion with PCN's about the future direction of GP Out of Hours whose contract was due to expire in March 2020. This was not possible and so the contract was extended as others were to cover the period of the pandemic.

In the autumn discussion were held with PCN's about their ambitions, but given the position of COVID, entering winter, the lack of development time for PCN's due to COVID it was felt that to work any fundamental review for PCN's would take time and a lot of work as we would require a whole system doing the same thing and could not have a different response across the CCG. Also relevant to this was the expected future of Extended hours and how this would be played in in the future. This would not be defined until Spring of 2021, therefore as it could have a huge impact on the direction of travel and the scope of GP OOH it was factored into a discussion and decision about the contact. Due to the above issues CCC agreed we would not enter a procurement at this time and would extend the current CCL contract until 31<sup>st</sup> March 2022.

### **NLAG Ophthalmology backlog Out patient Follow ups**

The CCG has been feeding back to CCC on this matter for a number of years, with Director of Nursing & Quality linking in to the CQC who despite COVID were requiring seeing an improvement in ophthalmology back log. NLAG had been expected to procure its own service but did not complete this work, so the CCC approved that with NEL CCG taking a lead we organised a bidder day to meet with NLAG and set up an arrangement to clear some of the backlog. It was agreed that the two main CCG's would use slippage from COVID to fund the backlog plan, of 3000 patients with 6000 appointments. 70% of this activity would be NL CCG, as in NEL CCG we have Newmedica which treated a significant proportion of patients leaving capacity with NLAG to address NEL patients referred to them. This programme started in July 2020 with feedback to CCC and Deputy CEO and CCC Chair actively monitoring progress with the NLAG COO. As its stand patient unwillingness to transfer from SGH NLAG is holding back numbers with an expected 2,000 patients being transferred by the end of March. Work is continuing about progress into next year when funding is more clear, and a COM's message to NL patients is being developed to try and address concerns.

### **Future of Contracting**

At the end of December alongside the discussion about the development of the ICS, a key indicator of the future of contracting and commissioning was announced. And while no further work has been undertaken it does have a fundamental impact on how healthcare systems work focussing on collaboration and partnership and not procurement and competition.

The intended aim is to remove the NHS from Competition and market authority regulation and remove the NHS from the Public Contract Regulation 2015. Whether that is in part or whole, is not determined. What impact this has is unclear but it does mean close discussion with the local Authority about how we work together as LA's will not be exempt from CMA or PCR. This has a long way to go and will be potentially challenged, so we will need to keep this in mind about future procurement plans with a review and impact assessment when guidance or consultation is released.

## Conclusion

Covid 19 has impacted on the day to day work of CCC as changes have come about. But it has been clear that at all times CCC has been made aware of the changes, why things have changed, risks and expectation of the impact of changes both external regulation and internal consideration. These issues have been robustly debated and challenged and where not satisfied have asked for further information or re assessment.

Changes highlighted around CCG's and national direction will mean that the CCG procurement policy and strategy will need to be reviewed but not until we have a clear direction of travel. They have been updated for audit comments and accepted in December 2020 by the CCC for the rules as we have standing at this time.

Eddie McCabe

Assistant Director of Contracts & Performance

February 2021

## APPENDIX 1

### Care Contracting Committee Self-Assessment Template

#### Composition, Establishment and Duties

	Yes	No	Comments	Action
Does the Committee have written terms of reference that adequately define the Committee's role?	Yes		Terms of reference are set and revised and updated each year	None
Have terms of reference been ratified by the Governing Body?			The Terms of reference will be ratified at the March 2021 Governing Body meeting.	

	Yes	No	Comments	Action
Has the Committee been provided with effective: membership, authority and resources to perform its role effectively?	Yes		The voting members and quoracy have been set and officers and others invited as standing members to advise and support the executive	None
Does the Committee report to the Governing Body in accordance with its ToR?	Yes		Notes of the CCC form part of the contract & Performance report setting out any procurements and contractual issues as they have arisen in the quarter	None
Is the Governing Body assuring that Committee Members have sufficient knowledge to identify key risk areas and challenge line management?	Yes		Reports and officers attendance to explain the requirement is routine and required when submitting a paper for consideration for action or decision	
Does the Committee receive timely and appropriate feedback from its Sub-Committees/groups?	Yes		Any requested reports or information is provided at a monthly meeting and can be from a range of groups and meetings which impact on the Contractual arrangements of the CCG. These are monitored and reviewed as necessary	None
Does the Committee receive the appropriate level of input from its Executive Members?	Yes		All Voting members actively question and read provided material	None

	Yes	No	Comments	Action
Does the Committee prepare an Annual Report on its work for the Governing Body?	Yes		This is the first year this will be done as an agreed paper	ETM Action to draft annual review of what has gone on in the year and the assurance it can give to the Governing body
Has the committee been quorate for each meeting this year?		No	The November meeting was not quorate	

### Administrative Arrangements

	Yes	No	Comments	Action
Are agendas and reports circulated in good time for Committee Members to give them due consideration?	Yes		All papers circulated with one weeks notice	
Are the minutes and actions circulated in good time for Committee Members to give them due consideration?	Yes		All papers delivered with notice – any late papers need to be agreed with the chair and may be deferred for the next meeting if of a complex or more considered nature	
Does the Committee effectively monitor, or ensure monitoring of, agreed actions, e.g. by use of an Action Log?	Yes		Review each month of action log and the responses required followed up.	
Are members, particularly those new to the Committee, provided with training?	Yes		No formal training, but all papers clearly explain the context situation and requirements. Actively questions are encouraged, and risk and issues set out in the papers. Any formal requirements such as tenders are explained	



	Yes	No	Comments	Action
			each time and where the legal or statutory requirements sit.	
Has the Committee met the appropriate number of times this year?		No	There were 3 cancelled meetings at the height of the COVID response, no urgent business was lost. The Risk Committee had oversight and any issues were able to be escalated to this group at any time.	
Have all Committee Members attended meetings on a regular basis; is the level of attendance satisfactory and in line with the ToR's?			Quorum was met at all but one meeting.  Attendance satisfactory in line with TOR allowing business to be conducted	

#### Governance, Scrutiny and Assurance

	Yes	No	Comments	Action
Can the Committee demonstrate that it has provided the Governing Body with assurance in respect of the Statutory Duties as per the ToRs?	Yes		Agenda items clearly set, action notes kept and matters arising and action plans addressed. Risk issues and statutory duties of awarding contracts and or revisions to guidance are clearly set out and advice given and discussed.	
Has the Committee sufficient time to give appropriate consideration and scrutiny to its business and agenda?	Yes		Meeting is busy but time is given to those which require decision with papers for information shared and questions taken if required.	

	Yes	No	Comments	Action
Does the Committee receive sufficient Reports to enable it to fulfil the ToRs?	Yes		A very active list of standard monthly quarterly reports with other papers responding to urgent issues arising or as part of evaluation of the current situation i.e COVID	
Are arrangements in place to call ad hoc meetings when necessary?	Yes		By Virtual or in normal times a face to face extraordinary meeting should it be required	
Are arrangements in place to notify Committee members of urgent matters?	Yes		By Virtual request to consider items and vote, with outcomes noted in formal minutes of the next meeting	
Has the Committee reviewed its performance in the year for consistency with its: <ul style="list-style-type: none"> <li>• Terms of reference?</li> <li>• Work plan for the year?</li> </ul>	Yes		TOR reviewed each year and the work plan for the year sets out contracts ending and requiring procurement, extension or revision depending on the issued guidance from NHSE	