

NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP CARE CONTRACTING COMMITTEE

ACTION NOTES OF THE MEETING HELD ON 11/11/2020 AT 9am

MEMBERS PRESENT:

Laura Whitton, Chief Finance Officer (Chair)
Anne Hames, Community Forum Representative
Mark Webb, CCG Chair
Dr Jeeten Raghwani, GP Rep

ATTENDEES PRESENT:

Councillor Margaret Cracknell, Portfolio Holder for Health, Wellbeing and Adult Social Care
Brett Brown, Contract Manager
Caroline Reed, PA to Executive Office/ Note taker

APOLOGIES:

Helen Kenyon, Chief Operating Officer
Dr Ekta Elston, Medical Director
Christine Jackson, Head of Case Management Performance & Finance, focus
Jan Haxby, Director of Quality and Nursing
Bev Compton, Director of Adult Services

1 APOLOGIES RECEIVED

Apologies were received as noted above.

2 DECLARATIONS OF INTEREST

There were no declarations of interest recorded. It was noted that on-going declarations of interest stood for every Care Contracting Committee meeting and were publicised on the CCG's website.

3 APPROVAL OF PREVIOUS MINUTES

The minutes of the meeting held on 14th October 2020 were agreed as an accurate record.

4 ACTION TRACKER

The action tracker was reviewed.

Item 4 – Matters Arising - Rethink Crisis House, Lincsline and Mental Health SPA

L Holton fed back that he had been unable to progress this. An update to be brought back to the November meeting.

There was no update available.

Action: L Whitton to pick this up with L Holton and B Compton as a matter of urgency as the existing contract will expire in March 2021

Item 4 – Matters Arising - Terms of Reference

The updated ToR will be circulated to the November meeting.

This was deferred to the December meeting. H Kenyon is reviewing the ToR to reflect any additional responsibilities following the disbanding of the Delivery Assurance Committee.

Action: C Reed to add to forward plan.

Item 6 - Telecare

N McVeigh to work with B Compton to and council colleagues to establish if Covid funding could be made available for Carelink for the work undertaken around shielding. NM is working with BC to explore the possibilities.

The Committee asked for a timeframe for this work and a date for this to be fed back to the Committee.

Action: C Reed to request an update from N McVeigh and B Compton.

5 MIFS Terms of Reference

The updated ToR for MIFS were circulated for consideration. Changes were made to the review period (3 years) and the formatting. There was no change to the content.

It was noted that the meeting was not quorate. The three members in attendance approved the ToR.

Action: C Reed to seek virtual approval from the other Committee members.

Post meeting note: the ToR were approved by a majority of Committee members

6 Rethink Crisis House, Lincslin and Mental Health SPA

This item was discussed under Matters Arising.

7 Commissioning Intentions

A report was circulated for consideration. J Wilson was unable to attend to provide an update; therefore, the report was taken as read.

The Committee provided the following feedback:

- The priorities have been seen in a number of formats and meetings and will be discussed at other meetings, eg, Community forum in December; therefore the Committee was happy to note the paper and agree that this be added to a future agenda (when there are fewer pressures in the system) to discuss how the CCG is going to align its contracts with the priorities that are stated.

Action: C Reed to add this to the forward plan.

9:12 – Dr Raghwani joined the meeting.

- The report highlights inequality as a priority. The Humber Advisory board is looking at health inequalities across the region as one of its key aims. There is a lot of disparity regarding the meaning of inequality and it would be helpful to make the connection between the regional advisory board and the lead for inequalities in NEL.

Action: L Whitton to confirm the NEL inequalities lead to M Webb

Post meeting note: the inequalities lead for NEL was confirmed as Lisa Hilder.

The Committee noted the report.

8 Waiting list position

J Wilson was unable to attend the meeting to provide the verbal update.

Action: L Whitton to circulate the latest position to the Committee.

It was noted that some of the plans put in place to address the waiting list issue may not happen due to the other pressures in the system; however it was noted that the aim is to continue with planned work as far as possible.

St Hugh's remains on NHS retention until December; after which the aim is to move to a provider framework. A lot of work has been undertaken between Nlag and St Hugh's; in particular relating to moving people waiting at Nlag to be treated at St Hugh's. H Kenyon is doing some focused work to try and improve the pace of this work to ensure that capacity is being used to its maximum. One of the limiting factors is that a high number of St Hugh's staff are Nlag staff and, if there are pressures at Nlag, staff could get pulled back from St Hugh's. Some work is being done to establish whether St Hugh's could access staff from elsewhere.

9 Brexit – any emerging implications

There was nothing to bring to the Committee's attention.

10 PTS Update

A report was circulated for consideration. E McCabe was unable to attend to provide an update; therefore, the paper was taken as read.

It was noted that the wider transport discussion will be taken back to the Leadership Team in a few weeks' time.

The Committee fed back that this does require ongoing discussion as there should be a more efficient way of looking at transport in general.

The Committee noted the report.

Post meeting note: the following question was raised after the meeting:

- *Has there been any thoughts on engagement with the wider community in relation to the procurement? It may or may not be useful to have community involvement in the actual procurement process.*

Action: E McCabe to provide a response

11 Residential Care Homes assurance process 2020

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

- The fair cost of care exercise was carried out in October 2019. Residential care homes were asked to demonstrate the standards in the former Quality Framework. These were then included in the contract.
- An assurance process was undertaken initially to identify which homes would and would not receive the fee uplift. This was based on whether homes were rated Good by CQC, whether there were any concerns, when homes were last rated in the Quality Framework.
- 16 homes did not meet the standards. The self-assessment process was developed (all standards from the contract were pulled into a short document). Assessments previously relied heavily on feedback from contracts officer visits; however, the responsibility for seeking assurance that the appropriate standards are being met now sits with the care homes. Responses received from the homes were mixed; with the main issue being the quality of paperwork rather than homes not being able to demonstrate that they were delivering the

appropriate level of service. Considerable work was undertaken with the homes in order to attain the required information.

- 13 homes provided the information. Additional intelligence gathering was also undertaken via MIFS, the portal and soft intelligence from monitoring visits. The 13 homes demonstrated the standards and could move straight onto the new rate for the fair cost of care.
- 3 homes did not provide sufficient information; however, two of them had met the standards by April/May. The third home did not provide full assurance through the self-assessment process but had a CQC inspection during this process (February 2020) which was rated as Good; therefore, a decision was made to allow the uplift but to continue with the self-assessment process.
- The contract was issued in January 2020 and was varied in the last few weeks to include the self-assessment process for all care homes. The CCG will be working with all homes between now and April to support them to submit their self-assessment. Submission will be a yearly routine requirement between January and April.

The Committee provided the following feedback:

- Has there been feedback from the homes about the process? B Brown confirmed that questions were raised initially around the need for the self-assessment when contracts officers were collecting evidence from visits. The 16 homes who undertook the self-assessment are now aware that this is a rolling document that requires continuous review and development rather than an exercise to undertake on an annual basis. A number of care home managers have fed back that the process assists them in doing their job.
- It was proposed that care homes be encouraged to view the self-assessment process as a tool for their ongoing development and improvement.

The Committee noted the report.

12 Items for Escalation from/to:

- Clinical Governance Committee – there were no items for escalation.
- Governing Body – there were no items for escalation.

13 Items for Virtual Decision/Chair's Action

There have been no virtual decisions/chair's action since the last meeting.

14 Any Other Business

There were no items of any other business.

15 ITEMS FOR INFORMATION

15.1 Residential and Home Care Update

A report was circulated for information. B Brown provided a further update:

- There are currently 127 residents in care homes who have tested positive for Covid 19, compared with 61 the previous week. Incident Management team meetings are taking place with public health, PHE and NELC twice per week. There is relative assurance that homes are taking appropriate action and have appropriate measures in place.
- 5 homes have significant outbreaks. Contact is being made 2-3 times daily from infection control, public health etc. Work is ongoing to establish how the outbreaks occurred in each home and to identify any lessons learnt.
- Care homes are doing an admirable job in pressured circumstances; however, they are struggling due to capacity (staff have tested positive or are self-isolating due to track and

trace). Some staff are working double shifts or living on site. Discussions are underway to look at putting in wrap around support and more support from PCNs and Navigo (staff MH support).

The Committee provided the following feedback:

- PCN support does not necessarily mean primary care, it is a multi-disciplinary team approach.
- Concerns regarding care home visits. Feedback was received regarding a care home resident who tested positive for Covid 19 on the day of their death after testing negative the previous week. The individual's family had been visiting. It was proposed that processes be stepped up to minimise the infection control risk. B Brown advised that local guidance for care homes is that residents can receive visitors under exceptional circumstances, eg, end of life, but that care homes were developing their own processes and measures depending on the layout of the home, the residents etc. Most care homes have limited all visits.

Action: Dr Raghvani to provide details of this specific case to B Brown.

- Concerns regarding sustainability. It is important to prepare for continued restrictions and increased rates of infections and to ensure that the appropriate support is in place. B Brown noted that the numbers in the larger care homes should drop in the coming weeks due to whole home testing being carried out.
- Concerns were raised regarding a degree of complacency in the local area. It was agreed that the public should continue to be made aware of their personal responsibilities.
- Most work places have good measures in place; however, concerns were raised that people are car sharing with colleagues to go to work safe places. Concerns were also raised regarding people not changing their social habits.

The Committee noted the update.

- Quarterly Report – Risk and Quality
- Quarterly Report – MIFS
- Quarterly Report - Low Value Procurement Update

The reports were noted.

Date and Time of Next Meeting:

Wednesday 9th December 9-11am, MS Teams