NHS
North East Lincolnshire
Clinical Commissioning Group

NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP
CARE CONTRACTING COMMITTEE

ACTION NOTES OF THE MEETING HELD ON 09/12/2020 AT 9am

MEMBERS PRESENT:
Helen Kenyon, Chief Operating Officer (Chair)
Christine Jackson, Head of Case Management Performance & Finance, focus
Jan Haxby, Director of Quality and Nursing
Bev Compton, Director of Adult Services
Laura Whitton, Chief Finance Officer
Anne Hames, Community Forum Representative
Mark Webb, CCG Chair

ATTENDEES PRESENT:
Councillor Margaret Cracknell, Portfolio Holder for Health, Wellbeing and Adult Social Care
Eddie McCabe, Assistant Director Contracting and Performance
Brett Brown, Contract Manager
Caroline Reed, PA to Executive Office/ Note taker
Amy Clarke, Senior Contract Officer / Supported Living Project Manager– Item 6

APOLOGIES:
Dr Jeeten Raghwani, GP Rep
Dr Ekta Elston, Medical Director

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 11th November 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 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.
A meeting has taken place. The report to be circulated after the meeting for virtual approval.

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

and BC have worked on this. An approach has been found and monies will be provided in the coming week or two.

Action: An update to be provided for the January meeting.

Item 6 - MIFS Terms of Reference - The ToR were recirculated and ratified by a majority of members after the meeting.

Item 8 - Waiting List Position - L Whitton to circulate the latest position to the Committee.

Action: L Whitton to circulate the latest position from the Transformation Board to the Committee after the meeting

5 Annual Review - Risk & Quality Panel Terms of Reference

The updated ToR for the Risk and Quality Panel were circulated for consideration. C Jackson provided a summary:

- The ToR were considered by the Committee in November 2019. Requests to amend some of the wording were made. The ToR were updated at a monitoring meeting but were not finalised due to the Covid 19 pandemic.
- A further review has taken place. A sentence regarding the pandemic has been added.

The Committee provided the following feedback:

- There is no community representation on the membership of the panel. It was confirmed that the panel has never had any community representation.
- Concerns were raised previously regarding the title/aims not reflecting the role/remit of the panel, ie, the approval of individual packages of care. It was fed back that the amended ToR were now much clearer around the role/responsibility of the panel. It was proposed that the title of the group be amended to Funding for individual packages panel or Individual funding packages panel.

Action: C Jackson to raise the change of title at the monitoring meeting and feed back at the next meeting.

- Request to amend the "Aim" section "efficiency of commissioned services within North East Lincolnshire" to "efficiency of individual packages of care commissioned within NEL" or similar wording to provide clarity that this relates to individuals.
- Query regarding the sections: "Provide formal approval of all resource requests for Personal Health Budgets outside budget authorisation limits for CHC anything above £1400" and "Provide formal approval of all resource requests over £214 or above the individual's personal budget". Should there be a timescale? It was agreed this should be explicit, ie, per week.
- Reference to decisions being made in excess of delegated authority. How often does this happen? Is the level correct? Are decisions being made on delegated limits that are inappropriate? C Jackson clarified that this is predominantly fast track cases.

Action: C Jackson to look at delegated authority and feed back to a future meeting.

Action: C Jackson to amend the ToR to include the agreed changes.

The Committee agreed to approve the ToR subject to the requested amendments and additional information.

6 Supported Living (SL) Plus

A report was circulated for consideration. A Clarke provided a summary:

- The CCG has been looking at higher value placements. A Clarke has been looking at some of the SL contracts, eg, reducing the number of voids, making the spaces more flexible and trying to get better value for money.
- A significant amount of the budget across the CCG, adult social care and health is spent on a small number of people utilising SL. It is a fixed and rigid model; therefore, consideration has been given to identify a new model. Work has been undertaken to look at different service offers, in particular trying to bring people back into area; these individuals are out of area due to a lack of suitable local service provision. The aim is to develop a more flexible market of support in the borough and to provide more options to individuals in addition to SL or residential care.
- A gap analysis has been undertaken to understand the people who are out of area or coming through children's services. There is no current provision locally to meet good outcomes for these individuals. A lot of them are stagnated in their outcomes; there is no real vision to move them on to more independent living and to increase their skills.
- Examples of savings for the scheme are included in the report. These are based on five individuals; however, there are others who will be incorporated into this scheme.
- The CCG is working with NELC children's services and the aim is work in partnership to streamline some provision for the 16 plus cohort. A huge gap was identified for the 16-18 age bracket. The new model will aim to increase joint working and bridge the gap.
- The Committee was asked to support Option 2. "Develop a 'supported living plus' model using a specialist provider – attracting a higher hourly rate but able to deliver more bespoke care and support to individuals reducing the risk of increase of packages, keeping incidents low and ensuring placements are successful long term. This option would require a higher hourly rate." A procurement exercise will be required in the new year to source a provider. The provider would need to be the driving force behind the development of the model, the accommodation and shaping the support with partners (IST, focus, children's services, adults' services).

The Committee provided the following feedback:

- Who is engaging with the individuals or their families? A Clarke is working with an advanced practitioner, Claire Wright, who has spoken to individuals within SL. The general feedback is that people want to return to the local area. Further work is required to engage with the cohort of children and their parents; however, in general people do not want to go out of area.
- It is proposed to bring back those people who are out of area as the first cohort. Will there be others who will have to go out of area whilst new accommodation is being built? It was confirmed that Phase 1 comprises those people who are already out of area and the cohort identified as coming through from children's services. Phase 2 has been identified as a very high needs and complex cohort. The model will need to be tested first in order to identify lessons learnt prior to moving to Phase 2.
- This is an area of real specialism. Concerns that a specialist provider will create reliance on a third party without having a clear idea of developing in-area capacity and capability. A Clarke fed back that there will be clear eligibility criteria for SL plus, ie, those eligible for the higher tier service. The ambition would be to start to develop a more specialist skill set amongst the local workers. Progression into Tier 2 services should help to upskill workers and give the opportunity to progress their careers. There is also some funding and educational support from Transforming Care Partnership (TCP); the intention is to utilise this specifically to support SL plus but then to roll out to the SL providers on the framework to increase skill levels.
- Work has also been undertaken with children's services around transitions or preparation for adulthood in order to try to prevent people from unnecessarily going out of area. focus staff have been working in the adolescent age group much earlier than previously.

- Positive feedback was received for the improved closer working between children's and adults' services. Earlier decision making should help to reduce the number of accommodation and financial issues.
- What are the timescales for the consultancy work, building preparation, procurement etc. A Clarke fed back that confirmation is awaited regarding the "One Public Estate" funding. If awarded, it would help to develop the consultation, the business case and other elements around the site. The aim is to get a building operational by July 2022. The procurement would take place in January/February 2021 with the provider leading the map process in spring/summer 2021.
- A similar exercise was carried out a number years ago to bring children back to the area. Some were returned to the area, but others remained out of area. One individual had spent most of their life out of area and was identified as complex with a 3 or 4:1 carer ratio. The individual was moved to their family home and with support was able to live almost a normal life. This identified that a change of mindset was required for this individual who had lived their life in the wrong settings and seemed to have been "written off". It was proposed that the SL plus work should form part of a wider children and adults LD strategy. A Clarke clarified that the new model would be a medium-term placement to enable individuals to move on to less restrictive support. The LD pathway strategy group and the 16 plus complex SL task and finish group are looking at mapping the LD pathway from children's to adults' services with a view to providing a holistic pathway for the LD cohort. It was agreed that it might be helpful to look into the work done previously in this area.
- If this is LD rather than young people with challenging behaviours at a specific point in their lives, it is important to ensure that strong links are made into the Transforming care programme and into the IST team within CPG. It was confirmed that IST are very involved and sit on the task groups. Map meetings will be set up, driven by IST, to identify the support needs for these individuals.
- Has there been any market testing on whether providers will submit tenders on the values provided within the report? It was confirmed that some preliminary benchmarking work has been done. C Wright is researching hourly rates in other areas for similar sorts of developments. The £19/20 mark has been deemed appropriate; however, further work is required.
- It is important to look at seamless provision, ie, if a parent is unable to support a child as they get older, will there be provision for their future? It was confirmed that this is part of the pathway. As part of overarching LD strategy, clarity needs to be provided to show the onward journey for the individuals and that this support is trying to get individuals to transition to more normal living with some support and to create an independent approach rather than create dependency.
- A balanced approach will be required to ensure that individuals understand that the accommodation will not be their permanent home but receive assurance that they will not be moved on without notice/discussion. Conversations are ongoing regarding tenancy agreements. It was agreed that Navigo should be able to assist with tenancy issues.
- Concerns regarding the ability to attract the right specialist provider in NEL as this has not been achieved previously.
- A Clarke was thanked for the work she has done.

The Committee agreed to support the direction of travel. The procurement process will be submitted to a future meeting for approval.

7 Procurement Policy and the Procurement Strategy

The procurement policy and strategy were previously circulated to the Committee for virtual ratification. There has been one amendment made to the documents since they were initially circulated. It was proposed that the annual assurance report should go to the Governing Body rather than the IG & Audit Committee and this section has been amended to reflect that. An annual statement will be submitted to the Governing Body from CCC to provide assurance that procurement is being carried out in a correct and proper manner.

Action: L Whitton to share the standardised annual assurance report from IG and Audit with E McCabe.

Action: E McCabe and C Reed to establish the appropriate timing for the assurance report for this Committee and the Governing Body.

The Committee approved the Procurement Policy and Procurement Strategy

8 Patient Transport Procurement Update

A report was circulated for consideration. E McCabe provided a summary:

- Work was underway on the procurement plan for the specialist transport provision; however, the following have impacted on this:
  1. National Changes to the fundamentals of how we will procure as a CCG and as a health system in the very near future.
  2. CCG capacity in the period under consideration to access commitment from clinical support to judge evaluations with Covid vaccine priority and service support.
  3. Development of the specification in light of the national changes expected but delayed.
- The proposal is to pause the procurement process and extend the TASL contract for one year to 30th September 2022. Conversations would be required regarding changes to the contract, eg, increase same day provision and reduce planned provision. There are currently no CQC issues or complaints/noise in the system relating to TASL in terms of quality, responsiveness etc.
- The service spec has been revised. This will the basis of the conversation with TASL, eg, putting the coordinator role in etc.

The Committee provided the following feedback:

- The Leadership team have discussed the wider community transport agenda. They are keen to ensure that the CCG and NELC are looking collectively at the broader transport offer, eg, access to GP surgeries. Further work will be undertaken and a discussion will take place at the March Leadership team meeting.
- Will the CCG explore the option of a 1-year contract if the extension is not agreed? It was confirmed that this would be the case, commencing at the end of the current contract. The service would be amended from day one of the new contract. If TASL requested additional money, the CCG would have to consider placing with an alternative provider (mini competition, as was undertaken in NL). It was noted that there would be a potential risk of challenge to the latter option.
- Concerns regarding waiting for legislation to proceed with procurement.
- Concerns that work is going to stop as a result of the vaccine. If this is going to be the case, workarounds will be needed. E McCabe confirmed that the vaccine has contributed to the issue but is not the sole factor for proposing to pause procurement. The CCG does not want to enter into a poor procurement.
- Nervousness regarding the absence of national guidance and not knowing what the spec looks like. Concerns that the procurement could fail without knowledge of the spec.

- Are we expecting anything significantly different as part of national changes? E McCabe clarified that the current message is for Trusts to not have a multitude of providers. NLaG used to have 3 providers; larger Trusts have a large number. Commissioners will be asked to work together to ensure minimal journey interfaces. Other changes will relate to standards, KPIs etc.
- It would make sense to try and look at the majority of where our flows are and to ensure that there is a single provider. This would provide time to enable NEL to move forward to a more regional procurement. It was noted that ER, Hull and NL do not have any plans to move to a regional procurement at this stage. There is a one-year notice on the TASL contract if anything changes.
- There were previous concerns regarding TASL's stability with other CCGs pulling out of contracts; is this an ongoing issue? It was confirmed that this is no longer the case with other CCGs, including Leicestershire, extending their TASL contracts following improvements in the service.
- Does the TASL contract include transport to IS providers? E McCabe confirmed that this will continue to be in the contract.

E McCabe, S Hudson, J Cunningham to commence conversations with TASL around the service and required improvements. The aim is to bring the 3 lots into 1.

The Committee agreed to approve the extension of the contract with TASL for one year to 30th September 2022.

9 National IS Procurement and Potential Impact on Contracts

A report was circulated for consideration. E McCabe provided a summary:

- The IS framework came out on 20th November and listed all companies who have now been approved, including St Hugh's, New Medica etc. A contract with St Hugh's needed to be put in place from either the Trust or the CCG in order to ensure that there was no gap in provision. Following pressure from hospitals regarding change over Christmas and issues relating to Covid-19, the national contract has now been extended until 31st March 2021.
- The funding of IS providers will continue as currently at block value; however, CCG contracts can run alongside this. Further details will follow around this.
- In the period up to March 2021, as much activity as possible will be secured in the independent sector in order to reduce Nlag's backlog.
- From April the acute framework might commission from the IS framework rather than the CCGs.

The Committee provided the following feedback:

- Clarity sought around the March 2021 deadline. H Kenyon clarified that this is a separate deadline to the March 2022 deadline relating to statutory bodies. A national procurement has been undertaken to try to significantly increase the NHS' ability to access IS capacity to try and help reduce the NHS backlog. The backlog has increased due to the stoppage of activity during the first wave of Covid-19 and the increased amount of time needed between operations. The national contract will run until March 2021.
- The CCG is working through what is and is not covered by the national contract and what, if anything, is needed as a separate contract with St Hugh's to enable them to deliver the full range of services needed for the local population. The CCG is ensuring that it is not restricting its ability to make full use of St Hugh's at a local level. The national work at an ICS is complicating this.

- There are ongoing discussions proposing that Trusts commission the IS providers and transfer the longest waiters to them so that there is equity of provision. The issue is that a lot of IS providers are indicating that they need to have a combination of activity in order to be able to make money. The funding stream would potentially be through the Trust post April.
- Important considerations for the Committee include: are we putting in place the right activity to ensure that our population is able to access timely care? Where we know that we have now generated a backlog, are we doing things to ensure that the backlog is being addressed in a timely manner? What do we need to be doing as a CCG? Part of the answer is that the national team are doing some of the work on this for CCGs.
- Request for a report at a future point to provide a clearer articulation of what actually is happening to make sure that there is confidence that the backlog is being tackled and ensuring that people are getting timely access to services, including cancer. E McCabe had anticipated an activity plan from Nlag around their 40-week waiters. This was not received.
- J Haxby raised the issue relating to a significant number of people on a cancer pathway breaching 104 days at the Transformation Board on 10th December. Shaun Stacey fed back that this was a clinical issue with clinicians not necessarily following best practice guidance, ie, not referring back. This could be a positive as some breaches may not be cancer breaches and the numbers could be lower than they appear. J Haxby proposed to address this through the Humber wide clinical leadership group to ensure that best practice is being followed. A paper will be submitted to the meeting.

It was agreed that the Committee would receive regular updates.

The Committee noted the update.

10 Any contract extensions / procurements required following on from the contracts register review

The Rethink Mental Health Crisis provision report will be circulated for virtual decision after the meeting.

10:40 - B Compton left the meeting.

11 Brexit and IC National Discussions and Changes to Competition

There has been no update around changes to competition. The Committee will be kept informed of any changes as they are announced.
Assurance around local provider preparedness in relation to Brexit will be discussed at the Governing Body meeting.

12 Items for Escalation from/to:

Clinical Governance Committee

The Committee is monitoring the long waiter breaches and the efficiency/ effectiveness of the pathway. The Safety sub group has oversight of the breaches and the learning from the breaches within the Trust.
It was reported that there were 700 52-week waiters at the Trust across a number of specialities, including general surgery. The expectation is that the focus of the NLaG plan will be on moving the 40+ and 52 week waits across to St Hugh's. Assurances have been received that NLaG is addressing the long waiters within the recommended guidance and clinically prioritising patients. There is also a workstream at ICS level looking at this issue.

Governing Body
The following were identified as requiring escalation to the Governing Body:

- 52 week wait position.
- Fragility and uncertainty of the procurement and contracting environment and the inherent risks for providers.

It was emphasised that the CCG will need to do those things that are essential in this intervening period, ie, if a provider were failing and procurement deemed necessary, a procurement process would be instigated. It was noted that the CCG default position continues to be procurement.

13 Items for Virtual Decision/Chair's Action

- MIFS Policy – approved

14 Any Other Business
There were no items of any other business.

15 ITEMS FOR INFORMATION

- Residential and Home Care Update
- PCCC minutes – August 2020
- CGC minutes – October 2020

The reports were noted.

Date and Time of Next Meeting:
Wednesday 13th January, 9-11am, MS Teams