

NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP CARE CONTRACTING COMMITTEE

ACTION NOTES OF THE MEETING HELD ON 13/01/2021 AT 9am

MEMBERS PRESENT:

Helen Kenyon, Chief Operating Officer (Chair)
Christine Jackson, Head of Case Management Performance & Finance, focus
Bev Compton, Director of Adult Services
Laura Whitton, Chief Finance Officer
Anne Hames, Community Lead

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
Emma Overton, Policy and Practice Development Lead, CCG, Sarah Savage, Head of Business Development & Client Finance, Focus, Rachel Brunton, Finance Manager, CCG for Item 6

APOLOGIES:

Dr Jeeten Raghvani, GP Rep
Jan Haxby, Director of Quality and Nursing
Mark Webb, Lay Member (Governing Body)
Dr Ekta Elston, Medical Director
Eddie McCabe, Assistant Director Contracting and Performance

1 APOLOGIES RECEIVED

Apologies were received as noted above.

2 DECLARATIONS OF INTEREST

M Cracknell declared an interest in relation to Item 4 - Matters Arising – Carelink. M Cracknell is a member of the Carelink board.

3 APPROVAL OF PREVIOUS MINUTES

The minutes of the meeting held on 9th December 2020 were agreed as an accurate record.

4 ACTION TRACKER

The action tracker was reviewed. All actions were completed and therefore closed.

4.1 ICAPP Terms of Reference – at the December meeting, the Committee raised concerns regarding the title of the Risk and Quality panel and requested a change to more accurately reflect the group's role and remit. The group proposed the following: Individual Commissioning Approval and Advice Panel (ICAAP). The ToR were also amended to clarify the aim of the group and that prices were weekly following feedback received from the Committee.

The Committee discussed the proposal to delay the name change until 1st April 2021 due to the technical issues linked to SystmOne. It was agreed that the name should change with immediate effect with the acknowledgment that the technical issue will be resolved within the new financial year.

The Committee approved the amended ToR and the change of name.

5 Direct Payments

A report was circulated for consideration. E Overton, S Savage and R Brunton provided a summary:

- 311 adults in NEL are in receipt of direct payments to support them with their social care, mental health, or continuing healthcare (CHC) needs. The contract value is small; however direct payments present a number of challenges to the CCG and focus, eg, they do not always offer an appropriate balance between outcomes and best value for money.
- A task and finish group with representatives from CCG, focus, Navigo and NELC was established to consider how to improve the approach to direct payments. This was largely driven by concerns regarding mismanagement of direct payments, and the difficulties arising from that. A consultation with direct payment recipients, carers, staff, providers and the general public was carried out.
- The recommendations as a result of the consultation are:
 - All direct payments to be paid by direct payment card from 1st April 2021.
 - The CCG to tender for a direct contractual relationship with direct payment support organisations during 2021, with a new contract commencing April 2022.
 - The direct payment policy to be updated to reflect the CCC's decision.
 - The detailed implementation of the above to be delegated to Bev Compton, with support from colleagues at the CCG, focus and Navigo.
 - The report to be published.

The Committee provided the following feedback:

- Concerns regarding a potential adverse reaction from service users as the consultation demonstrated a slight majority of respondents as being against the proposed implementation of direct payment cards. It was noted that there is often a degree of resistance when there is a potential impact on patient choice. Evidence from other areas indicates that the card system was welcomed when sufficient support was provided during the transition period. The Committee agreed that the views of current service users is key, and one proposal was that individuals could be given the option to opt out of the card system. The Committee discussed the advantages of the direct payment card system. Within the current system, the CCF team does not have regular access to information on how the direct payment is being spent, e.g., whether individuals are paying the client contribution, are borrowing from their direct payment account, are getting into debt etc. The card system would provide alerts and enable the CCF team to support individuals, ie, ensure that they are working within the care and support plan, prevent money management issues. This would also protect the public purse. The cards would also assist service users with the long-term transition of the phasing out of cheque books. The CCF team has already identified those individuals who would be more likely to struggle with the transition or who have used their direct payment more creatively than they should have and would require more targeted support. Support will be made available via virtual events and discussions, and to a lesser extent face to face if required. 3rd party providers already providing support to service users would do a lot of the transitional work. Healthwatch and other organisations may be asked to provide support.
- The Committee proposed that recommendation 1 be amended to reflect the direction of travel, ie, all **new** direct payments to be paid by card from 1st April, with existing service users being supported to move onto the new system over time (ideally by 1st April 2022). The CCG/focus

would work through the managed change with current service users and enlist some enthusiasts to pilot the card and help to demystify it for other service users.

- Clarification was sought regarding the request from the preferred provider, Pre-Paid Financial Services (PFS), for an upfront float type payment of £50k. It was confirmed that PFS is on the NEPO framework; and that if the service were to be contracted via the framework, the £50k payment would not apply. The contract value would therefore be below that required for a decision by this Committee. Details of the contract will be shared with the Committee via the quarterly low value procurement report.
- In relation to Direct payment support providers, will any provider who meets the required standard be awarded a contract or will there be a limit on provider numbers? It was confirmed that a decision has not been made at this point. An initial specification is being worked up with providers with a price point attached; however there remains a lot of work to do. One potential option would be to provide a block contract, another would be to anticipate activity levels.
- It was agreed that there is an appropriate rationale for the decision to go out to tender for a direct contractual relationship with direct payment support organisations.
- Clarification was sought for the rationale of the gap between the implementation of the new card system and the tender for the direct contractual arrangement. It was confirmed that there is not sufficient capacity to undertake both exercises simultaneously. The use of cards is likely to significantly alter the relationship with 3rd party providers; the gap will enable 6 months of learning around the impact of the card system on service users and 3rd party providers. It was proposed that a more formal evaluation be carried out to identify what is and is not working with the new system and to identify any improvements. This could be utilised to strengthen the case for the card system and demonstrate to the public that it is the better way forward. It was noted that Healthwatch could be asked to contribute to the formal evaluation.
- Will payments change to weekly with the new system to minimise the risk of large sums building up? It was confirmed that payments will continue to be made 4-weekly in advance to enable planning for respite etc, but that weekly payments could be considered if an individual was identified as having money management difficulties. The new system will enable more opportunities to be more individualised. It will also provide improved safeguards and increased protection for individuals as the system will show who has logged into the account and any action taken.
- The card system could be a precursor for more digitalised developments in other areas going forward.
- Could the cards be utilised to withdraw cash? It was confirmed that the cards will predominantly be used for paying wages and invoices. There would be the capacity to withdraw cash; however, this would be very limited, and direction would be sought from the relevant professionals.

The Committee agreed:

- **The direction of travel is for all direct payments to be paid by direct payment card. All new direct payments will be paid by direct payment card from 1st April 2021.**
- **The CCG to tender for a direct contractual relationship with direct payment support organisations during 2021, with a new contract commencing April 2022.**
- **The direct payment policy to be updated to reflect the CCC's decision.**
- **The detailed implementation of the above to be delegated to Bev Compton, with support from colleagues at the CCG, focus and Navigo.**
- **The report to be published.**

6 Annual Review of Terms of Reference

This item was deferred to the February meeting.

7 Annual Assurance Report to GB on activities

This item was deferred to the February meeting.

8 Operational plan contractual requirements / implications

A report was circulated for consideration. H Kenyon provided a summary:

- Planning guidance for 2021/22 has not yet been shared due to the Covid-19 pandemic; however, the priorities for quarter 4 of 2020/21 and the operational priorities for 2021/22 were issued on 23rd December.
- Q4 priorities were identified as: Responding to Covid-19 demand, pulling out all the stops to implement the Covid-19 vaccination programme, maximising capacity in all settings to treat non-Covid-19 patients, responding to other emergency demand and managing winter pressures and supporting the health and wellbeing of our workforce. The CCG is already undertaking these priorities.
- Key planning for 2021/22 includes: to recover non-Covid services, strengthen delivery of local People Plans, address the inequalities that Covid has exposed, accelerate the planned expansion in mental health services, prioritise investment in primary and community care and build on the development of effective partnership working at place and system level.
- Guidance on finance is anticipated towards the end of February. The clear message is that it will be a total ICS allocation with a CCG baseline allocation. All transformational funding will be at an ICS level and allocated out to the individual system places.
- A stock take exercise is currently underway looking at what progress has been made in addressing the 8 priorities for action identified nationally and to address the inequalities identified as part of the work completed by the Public Health team in the autumn of 2020.
- Commissioners have received a clear message not to progress with detailed contract working at the current time due to insufficient guidance.
- A report providing the indication of the priorities for the CCG and the implications on contracts for the coming year will be submitted to the February meeting.

Action: to be added to the forward plan

The Committee provided the following feedback:

- What are the implications of the developing proposals around the ICP? It was agreed that a briefing would be provided at the February meeting.

Action: to be added to the forward plan

The Committee noted the update.

9 National IS procurement work and any impact on contracts going forward.

A report was circulated for consideration. H Kenyon and L Whitton provided a summary:

- The CCG continues to maximise its use of IS capacity where possible as per the national requirement.
- The national contract for some IS providers, including St Hugh's, was due to expire on 24th December; this has now been extended to 31st March 2021.
- The CCG is working flexibly with St Hugh's to ensure that they are able to do a mix of activity and also support the acute trust with their urgent elective work and with provision of a number of cancer sessions per week. St Hugh's is being utilised as a green site for cancer due to the issues across NLaG and Hull. The appropriate prioritisation of patients is occurring.
- The contract with Newmedica to provide ophthalmology at a local level is being extended. Conversations are underway regarding potential additional support from other IS providers. The CCG will continue to contract with Virgin Care for the skin cancer service.

- The IS framework will also be utilised for new services. This should simplify the procurement process.
- The contracts team will ensure that any existing providers are on the framework and that there is alternative provision prior to a contract lapsing.

The Committee noted the update.

10 Items for Escalation from/to:

- **Governing Body**

There were no items of escalation to or from the Governing Body.

11 Items for Virtual Decision/Chair's Action

- Rethink mental health crisis provision – approved.
It was noted that a couple of people suggested a break clause so this will need to be worked through to understand the implications of that with Eddie / Laura and then proceed to renew the contract.
- Beacon Beds – Older Persons Mental Health step down – Chair's action – approved.
Further conversations are required to establish whether this provision will be required on an ongoing basis and at what volume.

Action: B Brown to liaise with L Holton

12 Any Other Business

Residential Care Home Closure

B Compton notified the Committee of the temporary closure of Church View residential home. The provider, Shire Care, has three homes in the borough and took the decision to close one home in order to have a more efficient and effective operation during the pandemic. There has been a significant reduction in the number of occupied beds in the residential sector as a result of the pandemic. Best interest meetings are underway with residents and their families. There is no presumption that residents will automatically go to another Shire Care home. This is a provider led process with support from the CCG, focus etc.

The CCG is also proactively targeting conversations and support to other homes who appear to be at risk from a financially sustainable perspective due to a drop in occupancy. The aim is to ensure as stable a market as possible. The contracts team have been monitoring the position on a daily basis since March with fortnightly catch-up meetings.

The Committee requested a report to the March meeting on occupancy rates (what is the fragility of the market, is a different approach needed as we move out of the pandemic, what are the potential implications on the local market?)

Action: add to the forward plan

NEL is moving forward with a designated setting, Cambridge park; a specific out of hospital Covid environment where people can be discharged to whilst Covid positive. There will be 12 designated beds and a dedicated staff group to ensure no mixing between people. The provision is via a contract variation and would not require approval from this Committee.

Work on long Covid is being led at a local level by Anne Pridgeon. It was agreed that it would be useful to receive an update on this at this Committee and the Community forum.

Please note: These minutes remain in draft form until the next meeting of the Care Contracting Committee on 10/02/2021

13 ITEMS FOR INFORMATION

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

The reports were noted.

Date and Time of Next Meeting:
Wednesday 10th February 9-11am, MS Teams