NHS
North East Lincolnshire
Clinical Commissioning Group

NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP
CARE CONTRACTING COMMITTEE
ACTION NOTES OF THE MEETING HELD ON 12/01/2022 AT 9AM

MEMBERS PRESENT:
Helen Kenyon, Chief Operating Officer (Chair)
Mark Webb, Lay Member (Governing Body)
Anne Hames, Community Lead
Laura Whitton, Chief Finance Officer
Christine Jackson, Head of Case Management Performance & Finance, focus
Bev Compton, Director of Adult Services
Dr Jeeten Raghwani, GP Rep

ATTENDEES PRESENT:
Eddie McCabe, Assistant Director Contracting and Performance
Councillor Margaret Cracknell, Portfolio Holder for Health, Wellbeing and Adult Social Care
Brett Brown, Contract Manager
Caroline Reed, PA to Executive Office/ Note taker
Ryan Jewitt, Head of Nursing (Item 6.1)
James Ledger, Locality Pharmacist, NECS (Item 7.2)

APOLOGIES
Dr Ekta Elston, Medical Director
Jan Haxby, Director of Quality and Nursing

1 APOLOGIES RECEIVED
Apologies were received as noted above.

2 DECLARATIONS OF INTEREST
There were no declarations of interest made from Committee members. 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 8th December were agreed as an accurate record.

The Committee agreed that no redactions were required prior to formal publication.

4 ACTION TRACKER
The action tracker was reviewed.

Item 4. Matters Arising. Micro-commissioning Policy "Eth and Prag" Update (October meeting)
E Overton has attended a PCN Clinical Directors meeting to raise awareness of the policy.
It was noted that this may not yet have been fed back to general practice.

C Jackson shared the policy with Lyn Romeo, Chief Social Worker for Adults, who provided very positive feedback. The policy has now been shared across the country.
The Committee acknowledged the critical nature of the policy and the importance of regular awareness raising. It was agreed that it was gratifying to receive the national recognition and thanks were extended to those involved in developing the policy.

Item 6.1. H2 Planning. Concerns regarding a lack of assurance that NLaG are making the best use of St Hugh's and its capacity. Assurance to be sought via a number of different routes, eg, Humber Oversight Management (HOMB) group, Acute collaborative meetings, conversations with Shaun Stacey, Ashley Brown etc. This action is outstanding due to the cancellation of meetings due to emergency planning.

L Whitton to check with M Rabbetts regarding the Hull waiting list figures and feed back.
Action: L Whitton to circulate this information after the meeting.

It was noted that NHSE has taken control of a number of independent sector providers' activity in Q4 to create surge capacity; however, St Hugh's Hospital is not part of the national agreement.

5 Items approved virtually since the previous meeting

Primary Care Rebate Policy – this was formally approved by the Committee.

6. ITEMS FOR ASSURANCE

6.1 Community Services Update

R Jewitt provided a verbal update (a report is in draft format and will be circulated after the meeting).

- The Committee requested a scoping exercise to better understand the current nursing structure and functions in NEL community and General Practice.
- The scoping exercise was extended to include:
    - How nursing providers align to PCNs.
    - What specialist services are available and how they map against national recommendations.
    - Clarity of whether there is equality across the board, whether access is fair and appropriate for all of the services and the local population and whether there are any gaps.
- Conversations have taken place with key individuals from providers to establish what they are delivering etc. The CCG will continue to work closely with providers.
- The national focus does not provide one clear model of how community services should fully integrate or make best use of its resources, however, a range of documents and resources (NHS people plan, NHS long term plan and the Kings Fund) have been considered to propose a number of recommended system changes.
- It is proposed that the report findings and recommendations be shared with and driven forward by the ICP.

The Committee provided the following feedback:

- A national review of community services is taking place following the agreement a few years ago to put in substantial additional funds. This will be useful for benchmarking and to understand what will be required going forward. An initial data collection was carried out last Autumn. This work, together with the draft report on Community Nursing services, will need to be shared with the ICP. It will be useful in terms of forward planning and targeting any investments.

- Has this piece of work identified gaps that will require investment or is it more about using the existing resource in a more efficient and effective way? It was confirmed that gaps have been identified (either policy or resource) and it has also flagged that there is a potential to change/redesign some of the services/reuse some of the resources. It was agreed that this piece of work should be fed into the ICP as soon as possible as it will be critical to inform planning.
- Is there an intention to engage with service users to establish how they view the nursing services? It was noted that this hasn't been done but would be considered as part of the ongoing work agreed that this can be considered.
- Proposal to look at working with ASC to avoid duplication/service overlap and to encourage streamlining of services. Some LAs are considering whether some of the tasks undertaken by District nurses could be deployed by an ASC workforce. This would also help to support the rapid alignment of multi-disciplinary teams (MDTs) at place and in the PCNs.
- This piece of work fits into key priority areas already identified for this year, ie, supporting the development of PCNs, the development of MDTs and improvement in neighbourhoods.
- Clarification was sought regarding the timeframe for this. R Jewitt confirmed that the report would be shared with the Committee by the end of this week. It will then need to be shared with individual providers prior to submission to the ICP (who will drive and manage this going forward).

The Committee noted the update.

7. Items for discussion/decision

7.1 Annual Review of Sub Group ToR – MIFS

The MIFS Terms of Reference were circulated for approval. Only minor changes have been made since the last review.

The Committee agreed to ratify the Terms of Reference.

7.2 Nationally Procured of Direct Acting Oral Anticoagulants (DOAC) Rebate

A report was circulated for consideration. James Ledger provided a summary:

- NHSE/I undertook a national procurement exercise for DOAC medications in 2021. The manufacturers of 3 of the 4 DOACs has offered these medications at a reduced price to CCGs by means of a national rebate.
- CCGs are being offered the opportunity to sign up to the new rebate. NEL would need to terminate its current rebate agreement for edoxaban (Lixiana).
- The rebate would exceed any savings received through the current scheme. The estimated annual savings would be £121k which is additional to current savings from rebates. It would also provide additional investment from two of the manufacturers in the Detect, Protect and Perfect initiatives designed to identify undiagnosed patients with atrial fibrillation (AF) and treat and monitor them earlier in order to achieve better outcomes.
- As of 10th January there has been a national recommendation from NHSE for all areas to promote one of the DOACs (edoxaban) for patients with AF. This should mean that the Trust will be promoting this DOAC due to the price rebate.

The Committee provided the following feedback:

- Is there assurance that the Trust will now start to prescribe the same DOAC due to the price rebate, ie, has it been taken through the Humber wide prescribing Committee? It was

confirmed that this has been picked up locally with NLaG cardiologists and it is also on the agenda for the Primary Secondary care interface meeting in February.
Action: L Whitton/E McCabe to ensure that this is picked up in the discussions with the Trust as part of financial planning. The CCG is expecting the Trust to prescribe edoxaban in order to contribute towards the reduction in their deficit.

- Some GPs tend to opt for those DOACs which are easier to prescribe, and those that they are more familiar with. There were incentives in the past for reducing antibiotics prescribing; is there any scope for doing something similar for DOACs, eg, have targets for the prescribing of edoxaban as opposed to others? It was confirmed that this was on the incentive scheme two years ago, but the indicator was removed due to Covid-19. Practices still received the funding and a lot of practices have worked on this. The company would be supportive of a pharmacist going to practices to review those patients who could be switched. It was noted that it is quite difficult to switch a patient from DOAC to another, but it would be easier to prescribe the most cost effective DOAC for new patients.
- Is there a reversal agent for edoxaban? J Ledger advised that he was not aware of a reversal agent on the market.
- Under the ICB arrangement, there is an expectation to have common policies; therefore, if NLaG is being asked to prescribe edoxaban, the same ask should be made of Hull.
  Action: E McCabe to raise this in relevant meetings.
- Clarity was sought regarding the contracting arrangements. It was confirmed that it would be a national procurement framework between NHSE and the CCG with the saving going back to NHSE.
- Is there an exit timeframe for the existing agreements in place? It was confirmed that this has been waived. Notice will need to be given to the existing providers by email before 31st January. The new scheme will be backdated to 1st January 2022.

The Committee agreed to accept the national framework agreements.

7.3 Novation of the Contracts to the ICS and Council as part of the Legislative Changes from CCGs to the ICS

E McCabe and B Brown provided a verbal update:

- Clarification has been received that contracts will not be novated; there will be a mass legal transfer. An amendment will not be required for each individual contract. Further details will follow.
- All health and social care contracts continue to be mapped and shared with the HCV transitional group. The next steps will be to establish where they will sit and what the plans are going forward.
- Providers will receive a notification letter explaining the new arrangements.

The Committee provided the following feedback:

- There were a series of letters developed at the time of the Health and Social Care Act transfer for all suppliers providing instructions and information around who they would be working for and how they would continue to invoice etc.
- Further conversations are required regarding ASC contracts, specifically the focus contract in the context of the new Section 75. Consideration needs to be given to whether there is still an advantage doing things via an NHS route versus a LA route.
  Action: B Compton to pick this up with Rob Walsh.

The Committee noted the update.

7.4 Contract Implications from the Council Budget Setting Process

B Compton provided a verbal update:

- The formal Cabinet meeting in February will set out the LA budget. The ask for ASC includes: national living wage uplift, new National Insurance contributions and a contribution towards wage sustainability. Not all of this has been supported and there is a degree of risk in the ASC budget (approximately £0.5m).
- Concerns remain regarding the duty to sustain the market, eg, by providing the necessary uplifts, versus the requirement not to overspend. Conversations have taken place with NELC finance colleagues; B Compton is authorised to negotiate on behalf of the Council.
- There may be some adjustment in the final settlement due to the impact of the significant rise in inflation since the start of the budget process.
- Confirmation is required regarding the continuation of some of the Covid-19 related funding.
- The ASC budget is currently in an underspend position but may end up in an overspend position. Work is ongoing to try to mitigate some of the pressures in the system.
- The White Paper and national guidance are pushing LAs to undertake a cost of care exercise (undertaken in NEL for residential care in 2019 and due for refresh in 2023). This represents an additional unknown value to the budget; however, there will be some funding available in relation to this (approximately £0.5m). A market sustainability plan will be required to access the funding.

The Committee provided the following feedback:

- The discharge funding in relation to Covid-19 will be stopping. A joined up piece of work is required to understand, as part of the planning from a health perspective, what needs to continue and how any cost implications are being built into planning.
- A briefing to be provided for the next meeting outlining all of the additional funding received as part of the Covid-19 response (to better understand the potential shortfall for organisations when funding ceases).
- Concerns regarding the potential precariousness of the ASC market and the risks attached plus the pressures due to the impact on health. The situation is likely to worsen and there is no clarity around the approach to contracting/ budgeting. B Compton acknowledged the concerns and confirmed that a chronic shortage of staff has resulted in an inability to service the demand for care packages. Agency workers have been filling the gap to a degree, however, there is no clarity around when the workforce will be fully back on stream. Positive conversations have taken place with the ICP leadership group and the HCV as a system around the need to prevent the failure of any part of the system. Significant investment has been attracted from HCV to look at wage elevation. Additional investment or a change in model would be needed in the longer term, eg, some LAs have service teams who are paid significantly more than NEL rates. A different conversation will be needed going forward around how to sustain the sector in its entirety.
- Discussions took place at the end of 2021 regarding the broader system (NHS) supporting ASC through paying the living wage uplift in advance of it being required. What is the current position locally? It was confirmed that two lots of workforce recruitment and retention money have been received but that the complexity of the grant requirements (provider reporting, legal agreements etc) has made it very difficult to administer. Providers have been notified and there is collaboration with the market to try to agree how best to use the funding that is available to them. L Whitton offered additional resource from within the CCG Finance team to try to support this and facilitate moving it forward.
- Is there anything currently in planning that is specifying specific savings within any of the contracts? It was confirmed that further discussion is required regarding this.

- Discussions took place a number of years ago regarding a potential change to the invoicing/payment process. Feedback from domiciliary care providers indicates that the neighbourhood zones model has helped in resourcing and capacity; however, issues remain due to still being tied to the invoicing process (invoicing per call per day for every individual). This is causing pressure in the system. It was proposed that the electricity type payment system discussed at previous meetings be revisited, ie, a decision is made on the annual cost of care for an individual; the provider is then given funding for a fixed period of time, eg, 6 months or a year to service the client. Individuals would be charged on their needs being met rather than services.
  Action: B Compton to raise this with the finance team at focus and to feed back at a future meeting.
- A summary to be provided for the March meeting detailing all ASC funding, investment and the schemes this is being used for.

The Committee noted the update.

7.5 Planning Guidance (Contracting Element)

A report was circulated. E McCabe and L Whitton provided a summary:

- The planning guidance issued in December 2021 refers to "A return to signed contracts and local ownership for payment flows under simplified rules". There remains a lack of clarity about the content and governance of contracts.
- An NHS contract will be issued; however, there is uncertainty around what the contract will look like in a non-tariff, non PBR world within the new arrangements of the ICB and ICP. The biggest contract for NEL is the NLaG contract.
- Contract variations were done during 2021 for non-NHS bodies, ie, Navigo, CPG, New Medica etc.
- Clarity is needed around whether the same arrangements with Associates will remain.
- A list of contract variations is being drawn up to establish what is required for each contract. For the majority it will be a variation for the national terms and establishing if any change for funding is required.
- There has been little guidance on the finance element; however, a session with NHSE/I on 13th January should provide further details. There are added complexities with regard to the delay of the ICB. The transition for the CCG needs to be as simple and smooth as possible moving from Covid-19 arrangements to business as usual.
- It is likely that there will be a move towards an aligned incentive type of contract for NLaG etc with more fixed funding for the emergency care element. Consideration will need to be given to how to manage this against the pressures in the system which links to the work of the ICP and out of hospital whole pathway alongside the more variable elements linked to the planned care side. Alignment will be required due to the CCG still existing in Q1 and the ICB emerging in Q2.
- Clarify is required around the future governance arrangements for contracts, eg, who will have oversight and how will providers be held to account.
  Action: a discussion to take place at the Joint Committee and ICP to establish how the system is going to be managed at place.

The Committee provided the following feedback:

- A move to single contracts would be a good start point as the CCG already has these in place as a Lead or Associate. The complexity will be how to pay for Covid-19 linked activity which is taking up a lot of capacity within the hospital setting. It may be that this is a transitional light year with providers managing within the total resource envelope based on 2019/20 rather than

20/21. It would be a pseudo block but starting to look at those activity numbers to see how to manage within the envelope.

- HSJ has reported that one side of NHSE/I wants to try and use an elective payment mechanism to improve the elective activity. This could potentially put financial risks into the system as a level of funding may be held back. It was noted that incentives were used for 20/21 and it is likely that there will be something similar due to the scale of the waiting list backlog.
- Is there a timeframe when contracts need to be signed? It was noted that there is currently a consultation process underway. The contract is due to be issued at the end of February and it is it anticipated that contracts will need to be signed by the end of March.
- It was agreed that a briefing to articulate the CCG's approach in terms of contracts will be shared with the Committee and then with the Joint Committee.

The Committee noted the update.

7.6 Humber wide Commissioning Policies and Evidence Based Interventions (EBI) Wave 2 Update

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

- The CCG has been engaged with other Humber CCGs since 2019 to agree a set of common Commissioning Policies to allow providers and Trusts to have and apply a consistent approach to the availability of treatments. CCC has previously approved the policies.
- EBI Wave 1 was 17 policies; the CCGs already had these covered by local policies. Wave 2 was a significant increase on the commissioning policies. As they form part of the standard NHS Contract terms, the Committee were asked to approve that they will form part of the approved Humber Commissioning policies document.
- The development of the ICB to have a single approach for commissioning policies has led to a small group of CCG colleagues being tasked with ensuring alignment prior to the establishment of the ICB. This involves agreeing the historic Humber policies into North Yorkshire who were not an original signatory and ensuring that all established CCGs approve changes prior to the forming of the ICB as part of transition.
- One area in Wave 2 was challenged by local Ultrasound providers (Ultrasound guided injections in the shoulder were not routinely to be commissioned and a new pathway was suggested). The CCG sought confirmation from the local Acute Trust's Orthopaedic Teams; who agreed that a new pathway should be developed in line with EBI Policy and worked with CCGs on the North Bank and within the Trust to develop a new pathway in alignment with the EBI Wave 2 policy.

The Committee provided the following feedback:

- Further clarification was sought regarding the challenge made in relation to ultrasound guided injections in the shoulder. It was noted that the outcomes to the patient are very similar with or without ultrasound and that there is no additional benefit to the patient to have the ultrasound. If a consultant agreed that an ultrasound is the best course of action, it could be done; however, it will not be routinely commissioned by GP referral.

10:55am B Compton left the meeting.

The Committee agreed to approve the recommendations:

- **Approve the incorporation of the EBI Wave 2 Interventions Guidance into the Humber Wide Commissioning Policies.**

- **Approve that the CCG works with NLAG and other CCG's to adopt an agreed pathway for management of Shoulder pain.**

7.7 Items for Escalation from/to: Governing Body/ Risk Committee/ Quality Governance Committee

The following were identified as requiring escalation:

- National recognition received for the "Eth and Prag" Policy.
- Approach to funding Social care.

8. ITEMS FOR INFORMATION
(including Minutes from relevant sub committees)

8.1 Residential and Home Care Update

It was noted that a high number of homes are currently closed to admissions due to Covid-19. Work is underway to reopen them for admissions once it is safe to do so in order to help with the overall flow in the system.

8.2 Extra Care Housing Update

The Committee noted the reports received for information.

9. ANY OTHER BUSINESS

There were no items of any other business.

Date and time of next meeting: Wednesday 9th February, 9-11am