NHS
North East Lincolnshire
Clinical Commissioning Group

NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP
CARE CONTRACTING COMMITTEE
ACTION NOTES OF THE MEETING HELD ON 09/02/2022 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
Jan Haxby, Director of Quality and Nursing

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)
Amy Clarke, Care & Independence Programme Manager (Item 7.2)
Tanya Burnay, Commissioning Officer, Care & Independence Team (Item 7.3)
Gaynor Rogers, Commissioning Officer, Service Planning and Redesign (Item 7.4
Michelle Thompson, Assistant Director & Lauren King, Commissioning Lead Families, Mental Health & Disabilities Team (Item 7.5)
Rachel Brunton, Head of Finance, Adult Social Care and planning (Item 7.6)
Julie Wilson, Assistant Director Programme Delivery & Primary Care (Item 7.7)

APOLOGIES
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
The following declarations of interest were made from Committee members.

Item 7.2. Telecare Provision.

- Cllr Cracknell declared an interest in her role as a Care Link Board member. It was agreed that Cllr Cracknell would leave the meeting for the duration of this item.
- A Hames declared an interest in her role as Chair of the Board for Centre4. It was agreed that A Hames would remain in the meeting for this item as there was no vested interest.

Item 7.7 – GP Out of Hours Update. Dr Raghwani declared an interest in his role as GP. It was agreed that Dr Raghwani would remain in the meeting for the discussion.

3 APPROVAL OF PREVIOUS MINUTES
The minutes of the meeting held on 12th January were agreed as an accurate record.

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

It was noted that the Community Services update report was not circulated post meeting. J Haxby confirmed that further work is being undertaken to capture additional information around workforce (WTE and whether that is available out of hours etc) and whether providers have identified any unmet need or gaps in service. The final report will support the work underway around transition and the development of PCNs and will help to assist planning.

9.12am B Compton joined the meeting.

It was agreed that the final report will be shared at the next meeting and a discussion held to identify any actions, eg, amendments to current practices to better meet need or support the transformation around community services.

9.15am M Webb joined the meeting.

The Committee were asked whether any other information would be helpful to be included in the report to assist the planning process. It was confirmed that the key area was workforce (current establishment, any vacancies, what additional workforce would be needed to effectively deliver the service).

It was agreed that the information should only be collected once as providers are potentially being asked to provide information from a number of places. It was agreed that, if provider collaboratives are being asked to provide information around planning; this information needs to be shared with the HCP. This will be picked up at the next HCP leadership group to ensure that the system continues to work in a joined up way

It was agreed that H Kenyon, J Haxby, L Whitton and B Compton will look at the information provided prior to the CCG/CPG half day meeting on 22nd February; any missing information could be requested as part of that meeting. It was noted that Freshney Pelham have also been asked to provide information on their nursing teams.

4 ACTION TRACKER

The action tracker was reviewed.

Item 4. Matters Arising. H2 Planning. Hull waiting list figures were shared with the Committee.

J Haxby fed back that Paula South, Interim COO, ERCCG is chairing a group with HUFT focusing on the findings of the 2021 quality risk profile undertaken in 2021. A request has been made to receive the minutes of the meetings. This will be monitored.

Item 7.5. Planning Guidance (Contracting Element). Clarity is required around the future governance arrangements for contracts, eg, who will have oversight and how will providers be held to account. A discussion to take place at the Joint Committee and ICP to establish how the system is going to be managed at place.
H Kenyon confirmed that this is being picked up as part of the ongoing work to develop the new system. There continues to be a push to hold many of the contracts at place. Some guidance has been issued in relation to contracts; E McCabe is working on this.

5 Items approved virtually since the previous meeting

There have been no items approved virtually since the previous meeting.

6. ITEMS FOR ASSURANCE

6.1 Annual Assurance Report to GB on activities

A report was circulated for consideration. The paper was taken as read and there were no comments/issues raised by the Committee. The report will be submitted to the Governing Body.

7. Items for discussion/decision

7.1 Annual Review of Terms of Reference

The current Terms of Reference were shared. H Kenyon confirmed that there are no proposed changes to the Terms of Reference at the current time and asked whether they remain an accurate reflection of what is required of the Committee.

The Committee agreed that the additional responsibility “Managing the Transition” would be added to the Terms of Reference.

The Committee approved the ToR subject to the agreed amendment.

The agenda was reordered.

7.6 Fee Setting Strategy

A report was circulated for consideration. B Compton and R Brunton provided a summary:

- The Local Authority is mandated under Care Act 2014 statutory guidance to set an appropriate fee level for social care that promotes the efficient and effective operation of a local social care market and offers choice to individuals.
- This year’s budget setting process has been very challenging due to the national living wage increases, the social care National Insurance increase and other inflationary costs. There is also the added concern regarding the potential ongoing implications of Covid-19, eg, no confirmation regarding the continuation of the funding received to support the Covid response, which also supported the hospital discharge process. Providers are still facing significant costs from the Covid response.
- As part of the budget process, residential care, supported living (SL) and care at home providers were asked to update their cost of care figures to reflect inflationary increases; although it was noted that SL and Care at home providers have not been through a comprehensive cost of care exercise. The information received from a wide range of providers suggested that fee levels could need to rise by as much as 9-10%.
- In the budget setting process there was support for the national living wage increase. There was also a request for an inflation rate uplift and a supplementary staff sustainability payment. The increased rate of inflation and additional pressures have resulted in an estimated budget gap of approximately £0.5m.
- The cost of care exercise for the residential care sector undertaken in 2019/20 will provide a basis on which to apply a strategy and methodology in terms of fee setting. There is a requirement to undertake a cost of care exercise for older people residential and support at home services by September 2022. Graphs within the report demonstrate where fees currently sit compared with Y and H region council areas and suggest that NEL will potentially face a significant challenge to reach the fair cost of care going forward.
- Councils are required to submit a market sustainability plan in September 2022 to access further funding as part of the implementation of adult social care reforms. There is a significant

amount of work to do to produce this and to effectively reshape the residential care market in terms of service offer and quality, addressing occupancy rates which are lower in NEL than in other areas. Improvements in the interface between health and social care would be required. ADASS are leading on the cost of care work; they have developed national tools and are providing support to providers and LAs.

The Committee provided the following feedback:

- Clarification was sought that negotiations are likely to result in a minimum of 5.87-6.6% fee uplift. It was confirmed that discussions within the Yorkshire & Humber ADASS meetings during December 2021 urged DASSs to consider a minimum of a 6% fee uplift – inflation has risen significantly since then. It was noted that a 6% fee uplift may not be sufficient to guarantee the effectiveness of businesses or their ability to continue to operate. The minimum 6% uplift would be the annual inflationary uplift; the cost of care exercise would be separate to that.
- Clarity was sought regarding the timetable for this work. It was confirmed that a fair cost of care exercise will need to be conducted and a market sustainability plan in place by September 2022. The result of the exercise is likely to be a higher fee rate. It has been acknowledged that some LAs will not be in a position to move immediately to the new cost of care and there would be some scope for negotiation.
- The support at home fee rate is lower than other areas, possibly due to the model being based on outcomes for people delivered in geographical areas, which helps to improve the efficiency of care delivery. Concerns were raised that the system is not yet fully delivering the agreed model and it is still embedding. It was acknowledged that the flexibility is a positive; however further work is needed around support at home.
- Clarification was sought in relation to the adult social care reform grant of £0.5m. It was confirmed that it is not included in the base budget and has been ringfenced for social care to support the increased fees that may result from the cost of care exercise in 22/23.
- How precarious is the market with the increase in underlying costs? It was noted that some of the additional costs have been able to be met by the Covid-19 funding streams during the pandemic. If the funding were to cease, this would present potential risks and would expose the additional operational costs.
- The base budget figure assumes that all of the iBCF and a proportion of winter pressure monies will be available to ASC services. Further work is required across health and care to ensure that these funds are targeting the appropriate areas, eg, contributing to supporting the discharge process which has worked comparatively well in NEL during the pandemic. Other areas across HCV have experienced significant issues in relation to discharge. There may be an opportunity to look at some joint investment in the domiciliary care first response service as it is a lower cost part of the system and has a positive impact on other parts of the system when it is working well.
- The health and care partnership needs to continue to be used to ensure that efficiencies and flexibilities are maximised in order to ensure that NEL residents are supported in the right way.
- Options for fee uplifts will be considered at the March meeting together with the calculated fee proposals.

The Committee noted the update.

7.2 Telecare Provision

Cllr Cracknell declared an interest in her role as a Care Link Board member. Cllr Cracknell left the meeting for this item.

A Hames declared an interest in her role as Chair of the Board for Centre4. It was agreed that she would remain in the meeting for this item as there was no vested interest.

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

- The delivery of health and social care has changed in recent years due to the Covid-19 pandemic and the digital revolution. The move to digital telecare devices was planned for 2025; however, due to a number of factors including the interoperability of analogue devices with the newly installed national digital landline, the local approach to telecare has had to swiftly move from an analogue to a digital system. This has implications for the existing pricing structure and budget envelope. The digital device is more expensive than an analogue device (£167 +VAT compared to £65 +VAT), resulting in financial pressure for the initial outlay. There will also be an increase in ongoing costs as the SIM card and monthly monitoring attract a monthly cost. The proposal is to use the NELC Disabled Facilities Grant [DFG] underspend to support the purchase of digital devices for existing connections for both the CCG and NELC. This will mean that the CCG will own those devices and there will be an expectation that any new connections will be purchased by Telecare. The CCG owned devices will have ongoing costs of £18 per month; the devices purchased by Telecare will have ongoing costs of £21 per month (additional cost of rental of the device).
- There will be a rolling programme of 30 analogue to digital switchovers for existing CCG clients per month.
- The report provides examples of potential costs over the next few years. The estimated contract values are: £348,057 (2022/23), 415,136 (2023/4) and £483,689 (2024/5). This is based on the full effect of the digital switchover plus a 7.5% increase to allow for any new connections and disconnections in 2024/2025. It was emphasised that costs have been overestimated and it is anticipated that the year on year increase will start to plateau and there may be some savings made going forward.
- In October 2020 the CCC agreed a contract extension until 31st March 2023. It was proposed that the contract be extended until 31st March 2025, owing to a number of factors including the digital switchover, to carry the service into the new ICS system and ensure the tender is fit for purpose.
- The rationale for extending the contract included the following factors:
    - Stability and reliability for NEL residents who rely on the support of this service.
    - Ability to focus on the digitalisation of telecare technology over the next two years.
    - Allows for sufficient time to explore fairer contributions work for telecare and to build into the tender and revised specification.
    - Time to understand the best place for the contract to sit in the future, allowing some of the additional costs to be recuperated through claiming back VAT - this would be a total cost of £12000 based on 2021/2022.
    - Capacity issues in the C&I Team; resource would need to be diverted from key priorities to undertake a re-tendering exercise and the scoping work required.

The Committee provided the following feedback:

- There is always a risk of challenge when opting not to go out to procurement; however, other mitigating factors include: previous market testing indicated that not many Telecare organisations would be able to provide the service within the financial envelope or be willing to work in NEL. The timing would also be unfortunate due to the digitalisation programme. If a decision was made to extend the contract, it was proposed that planning for the procurement should start almost immediately.
- If the contract was extended; Care Link would need to provide assurance that it was keeping up to date with developments and enhancements in digitalisation.

- Carelink supports 2684 people; 1065 of these are on the analogue system; are the remainder on the digital system? It was confirmed that some are on the digital system; however, the 2684 figure also includes a cohort of private clients who have been disregarded for the purpose of this report.
- Is there a timeframe for the contract potentially moving to the Council? It was confirmed that discussions have not yet started with the Council. It was agreed that a piece of work is required at the current time, as part of the transition work, to establish whether the contract will be best placed in the NHS or with the Council with the contract being novated to the most appropriate place as part of the cessation of the CCG.
- Are Carelink aware of the potential move of the contract to the Council? It was noted that they would be involved in discussions; but that there would not be a significant change for them as the contract is currently a CCG/NELC contract.
- It was agreed that John Mitchell and his team would need to be linked in with this work.

The Committee agreed to approve the recommendations:

- **Amend the current contract pricing structure to reflect the changes required due to the national digital switchover (see table one).**
- **Extend the current telecare contract until 31.03.2025 (2-year extension).**
- **In relation to the third recommendation it was agreed that a further piece of work be undertaken with the council to fully explore the relative advantages and disadvantages of the contract being held by Health or by the Council to determine which provides the greatest advantage for place & the service users, so that any change can be managed as part of the transition from the CCG to the ICB.**

7.3 British Red Cross Contract (BRC) Extension

A report was circulated for consideration. T Burnay provided a summary:

- The original BRC contract was agreed by CCC in 2018 for the existing provider to be recommissioned on a 3 year plus 2 year contract, with a break clause, taking the overall contract to 31st March 2023. The Committee were asked to approve the extension of the contract for the full term to the end of March 2023. BRC have requested an uplift of costs in association with basic provision and normal inflation.
- The service remains a valuable service and is highly regarded by CCG teams and the providers that they support.
- In addition to their core standard contracts requirements, BRC is working with a number of other agencies to support the hospital discharge policy developed during the Covid-19 response. BRC also supports access for individuals to services or appropriate equipment once they return home,
- The uplift in costs amounts to a 7.2% increase from £134,951 to £144,660 per annum overall (which equates to £9,709 per annum or £809.08 per month). Should funding not be available to support this request, there may need to be a consideration towards a reduction in service, such as supporting fewer clients per year.

The Committee provided the following feedback:

- The service provides good value for money and seems to be needed at this point in time.
- Discussions have taken place regarding the care rooms concept. There could be potential to link BRC to this and to expand the service wider; subject to the ability to recruit sufficient staff and volunteers. It was agreed that it would be useful to bear this in mind whilst planning at place.
- Discussions to take place as part of the transition work to establish the potential for having one contract with BRS across the ICS.

The Committee agreed:
To approve the cost uplift and extend the new combined service contract until 31.3.2023, to ensure resilience in the system through the next phase of the pandemic.

10:30am B Compton left the meeting.

7.4 ABL Health Contract Extension

A report was circulated for consideration. Gaynor Rogers provided a summary:

- A one-year extension to the ABL contract was agreed from 1st July 2021 to 30th June 2022, with a new service specification. The request is to now align the contract with NL and extend to 30th June 2024, thus delivering a common service across the South Bank. The North Bank have indicated that they do not want to align contracts at this time.
- ABL are doing some outreach work in NL to engage with cohorts who do not routinely approach primary care.
- A full system approach using population health management is needed to meet the aim of reducing health inequalities; this would look at Tier 2 through to Tier 3 and aim to reduce the number of people who go through to Tier 4 bariatric.
- ABL has seen an increase in referrals this quarter. Referrals to Tier 4 were paused due to staffing challenges; however, these have now resumed following a recruitment exercise. There may be a potential bottle neck in approx.12 months' time, which will need to be managed.
- There have been small numbers of people referred from primary care with quite significant mental health issues, which has resulted in ABL having to contact the crisis team on occasion. Conversations have taken place with Navigo; Christina Fletcher is meeting with the CCG and ABL to look at how to support those patients with a pathway into Navigo.
- Extending the contract to 2024 would enable the development of a whole system approach and alignment with the ICB and the national obesity strategy.

The Committee provided the following feedback:

- This contract will end on 30th June 2022; therefore it feels critical to take some immediate action.
- Clarification was sought around the contract value. It was confirmed as £202.5k.
- Are there any risks associated with rolling the contract forward? It was confirmed that this is a health contract and may come under the provider selection regime within the new guidance.
- This fits in with the transition work (currently in the mapping out stage) as the next step will be to align contracts with other CCGs with a decision to be made at a future date around consolidation of contracts across the HCP once they come to an end.

The Committee agreed to approve an extension of the ABL Tier 3 Weight Management contract to 30th June 2024.

7.5 Neurodiversity Service

A report was circulated for consideration. M Thompson and L King provided a summary:

- The report seeks approval for the annual financial commitment required to transform and adequately resource the coordination and management of specialist assessments for children and young people (CYP) 0-18 (25) years with neurodevelopmental difficulties.
- The SEND inspection undertaken in 2018 identified that the local approach was not fit for purpose. A significant amount of work has been undertaken to review the local approach, working with parents, carers, and key stakeholders to identify what the model needs to look like going forward. National and regional benchmarking has also been undertaken and

reviews of national best practice models and areas of excellence. This work has resulted in an enhanced model which is NICE compliant and is line with other areas in HCV, which will require a significant investment of £684k in addition to the current contract. This spend would be in line with other areas across the patch.

- NEL has significantly high levels of children who are looked after (LAC), child in need, child protection, high rates of smoking and substance use in pregnancy, premature births, speech language and communication difficulties which results in a higher proportion of CYP with SEND who require additional support.
- A revisit of the SEND Written Statement of Action is anticipated imminently. NEL will need to demonstrate that they are prepared to put in additional resource into the areas found wanting.

The Committee provided the following feedback:

- This pathway has always felt under-resourced and there is a lot of noise in the system due to needs not being met. The additional funding would bring NEL up to benchmark level but would not put it ahead of the game. There is a real need for the investment and support for the revised model.
- If NEL's higher level of need is linked to the specific factors noted such as LAC, smoking in pregnancy then more work is needed around earlier intervention. This needs to form part of the overall reshaping of children's services by NELC and CCG. It was acknowledged that the wider system needs to ensure that the right children are coming through to the appropriate services.
- Clarity was sought around budget setting for this year. It was confirmed that the additional investment could be supported, particularly given the support from the Committee that this is a high priority area; however, it would need to be considered in the context of the overall finances for the place based allocation for 22/23. Finances will be tighter than previous years and difficult decisions will need to be made; savings may need to be identified from elsewhere.
- Lincolnshire Partnership (LPFT) are currently a key partner and will potentially be stepping back at the end of the contact; is there the commitment from them to implement the changes and move the model forward? It was confirmed that the CCG and NELC will continue to work with LPFT until their contract expires on 31st March 2023. LPFT are committed to starting to enhance the model and take the lead on the project. It will be important during the recruitment process to clarify that the enhanced model is part of a long term approach for neurodiversity services in NEL to prevent people being concerned by the incumbent provider stepping down.
- Clarification was sought regarding the contract and a potential future procurement. It was confirmed that, if approved, the enhanced model would be built into the 22/23 contract via a contract variation and a clear revised service specification. This would then feed into the service which may or not be procured for 2023 onwards. This piece of work is to transform and enhance the service, irrespective of who the provider is/will be. The decision around procurement would be taken through the appropriate formal processes.
- The contract is currently held with NELC; although it is predominantly funded by health. This contract will be included in the transition work to establish where contracts will best be held following the cessation of the CCG.
- There is often difficulty recruiting skilled people within NEL; where would the staff come from for the enhanced model? It was noted that LPFT have a range of suggestions and models which indicate that some of the posts would not be difficult to recruit to. There are ongoing challenges in relation to recruiting therapists; CCG/NELC would need to work with NLaG on this. Work is underway, as part of the HCP to undertake a wider all age therapy review across NL/NEL.

- If the proposed model were approved, the money would not be built into the contracts until there were guarantees that the posts were being recruited to given some of the significant challenges. The money would be released on the basis of recruitment rather than the promise of recruitment.

The Committee agreed in principle to approve the additional investment into the contract; recognising the significant amount of budgetary pressures in the system and the potential timing differences due to the potential difficulty of recruiting to all of the posts.

7.7 GP Out of Hours Update

J Raghwani declared an interest in his role as GP. It was agreed that J Raghwani would remain in the meeting for the discussion.

A report was circulated for consideration. J Wilson provided a summary:

- At the August 2021 CCC meeting it was agreed to progress with working towards a longer-term contract with Core Care Lincs (CCL) in line with other health contracts. The contract was extended to 30th September 2022.
- Regular contract meetings have been held to look at the detailed costs of the service to review any areas for efficiencies, as well as reviewing activity levels.
- Information regarding the costs of other GPOOH services has been sought, however, it has been difficult to identify services that are 'like for like'. A 2014 national audit office report estimated the average costs as £7.50 per person; this would equate to £1.284m in NEL (approx. £1.461m after applying annual uplifts). Further detailed work is required to develop a greater understanding of value for money. This would need to take account of other factors that influence the use of GP Out of Hours services, eg, proximity of service to the population, level of deprivation etc.
- During the interim period, several other services have also evolved, including PCN Urgent Hubs, the GP Increased Capacity Service funded via the NHSE/I Winter Access Funding (WAF) and provided by CCL, and NLaG's Urgent Care Service at the front door of DPOW.
- Current Issues include:
    - Difficulty to do something comparable around costs and costs are likely to increase. This has been compounded by the introduction of the urgent care service at DPOW, where the hourly rate is greater than the existing CCL rates, which could result in potential staffing issues in CCL.
    - Increasing activity levels during 2021, which are being closely monitored by the service.
- In order to assess VFM and move forward with confidence in renewing the contract for a longer period, it is recommended that a thorough, detailed review of costs and activity is undertaken over the next few months. There is insufficient capacity within the current CCG team to carry out this work in a robust and timely manner. This will require additional, non-recurrent support, overseen by a core CCG team of finance, contracting, commissioning and quality leads.

The Committee provided the following feedback:

- Clarity was sought regarding the scope of the VFM review. It was confirmed that the intention was that to look at GPOOH; and there will also be review of in hours urgent care provision (funded until the end of March 2022). The review would need to start on the basis that the urgent care costs would need to be higher than they are currently.
- The urgent hubs may reduce some of the demand on OOH.
- It was agreed that a wider piece of work is needed with the HCP to look at the totality of urgent care provision, to identify any gaps in service/staffing and how all of the elements fit together

and also on how the OOH provision is going to look in the future. This would be similar to the Community nursing work discussed earlier in the meeting.

- Will the HCP look to do something differently or can an agreement be reached around the plan for the next two years? It was agreed that contract agreements would be honoured and it would be important for the clear vision for urgent care to be shared with the HCP.
- Is there any scope to utilise digital solutions to bridge the gap for routine and OOH appointments? It was confirmed that a number of local practices have taken up the offer of the digital option Push doctor.
- Proposal to look at what capacity is within primary care for nurse practitioners to see patients, prescribe, diagnose etc. **Action: J Haxby to pick up with J Wilson outside of the meeting.**

The Committee agreed in principle that a contract extension would be required.
Action: J Wilson and colleagues to undertake a scoping exercise to establish the timing and duration of the VFM piece of work; in order to inform the required length of the contract extension.

7.8 Contracts Update
B Brown provided a verbal update:

- NEL is slightly ahead of other CCGs but is still in the mapping phase. The organisational corporate contracts are currently being mapped out. Transition meetings continue to be held on a fortnightly basis.
- All contracts will be added onto one database from 1st April 2022 for HCV.

11.22am J Raghwani left the meeting.

It was agreed that a full list of NEL contracts will be provided for the next meeting detailing when contracts expire, identifying what additional work is required and proposing whether the contracts should be managed at place, at HCV level or should be ceased.

High level discussions have taken place at CFO meetings around the shaping of the proposals.
Action: L Whitton and H Kenyon to pick up outside of the meeting where to take the discussion around the proposals, eg, OLT.

The Committee noted the update.

7.9 Items for Escalation from/to: Governing Body/ Risk Committee/ Quality Governance Committee
No items were identified as requiring escalation.

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

8.1 Residential and Home Care Update
8.2 Below Threshold Value Contracts Quarterly 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 March, 9-11am

Please note: These minutes remain in draft form until the next meeting of the Care Contracting Committee on 09/03/2022