ITEM 2

North East Lincolnshire
Clinical Commissioning Group

# CARE CONTRACTING COMMITTEE MEETING
# NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP
# HELD ON WEDNESDAY 20TH APRIL 2019
# AT 9:00AM
# IN THE LOUNGE BAR, GRIMSBY TOWN HALL, GRIMSBY

**PRESENT:** Helen Kenyon, Chief Operating Officer (Chair)
Mark Webb, CCG Chair
Jan Haxby, Director of Quality and Nursing
Christine Jackson, Head of Case Management Performance & Finance, focus
Laura Whitton, Chief Finance Officer
Eddie McCabe, Assistant Director of Contracting & Performance
Cllr Hyldon-King, Portfolio Holder Health and Wellbeing (attendee only)
Caroline Reed, PA to Executive Office (Notes)

**APOLOGIES:** Dr Wilson, GP representative
Bev Compton, Director of Adult Services
Anne Hames, CCG Community Forum Representative
Brett Brown, Contract Manager

| Item | | ACTION |
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| 1. | **Apologies**<br>Apologies were noted as above. | |
| 2. | **Declarations of Interest**<br>There were no declarations of interest identified. | |
| 3.<br>3.1 | **Notes of Previous Meetings**<br>**13.03.19**<br>The notes of the meeting held on 13th March were agreed as an accurate record.<br>It was agreed that the section in italics in Item 5.3, Cost of Care Update would be redacted prior to publication in the public domain.<br><br>*9:10am – J Haxby joined the meeting.* | |
| 3.2 | **20.03.2019**<br>The notes of the meeting held on 20th March were agreed as an accurate record. | |
| 4.<br>4.1 | **Matters Arising from Previous Notes**<br>**13.03.19**<br>The matters arising document was noted. Any outstanding actions will remain on the sheet until an update is received or they are closed.<br>Deadline dates to be provided for items. | **C Reed**<br><br>**All** |
| 4.2 | **20.03.2019**<br>The matters arising document was noted. Any outstanding actions will remain on the sheet until an update is received or they are closed.<br>Deadline dates to be provided for items. | **C Reed**<br><br>**All** |

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| | Tier 3 Weight Management Service to be added to the forward agenda | **Forward plan** |
| **4.3** | **Update on DBS Checks**<br>H Kenyon provided an update from B Compton.<br>After several email chase ups including to head office and local police, a satisfactory response has not been received. The usual target of 42 days is not helpful.<br>The Committee discussed the possibility of taking action earlier in the process, eg, completing the check prior to interview. It was agreed that it would be helpful to seek advice on this. | **B Compton** |
| **4.4** | **Assurance regarding Virgin Care Contract**<br>An update was provided by P Bamgbala: the mini specification has not yet been built into the contract as a variation.<br>J Haxby confirmed that Virgin have agreed to provide the additional service, ie, supervision, oversight of audit, escalation of concerns etc. The CCG has been working with GPs to provide clarity around the rationale for the change, eg, previous issues with gaps in clinical oversight and clinical governance. The Committee emphasised the importance of this issue and requested that it remain on the agenda. | **Forward plan** |
| **4.5** | **Update on Online Procurement Tool**<br>There was no update available. E McCabe to check for an update on the online procurement tool. | **E McCabe** |
| **4.6** | **Update on Changes to Procurement Policy**<br>This action is outstanding. An update to follow. | **E McCabe** |
| | **FOR DECISION** | |
| **5.** | **Ophthalmology Procurement**<br>A report was circulated for consideration. S Dawson provided an update:<br>• CCC approved a joint procurement for Ophthalmology with NLCCG; however this was withdrawn following a number of challenges regarding the specifications and the pricing of the contract not using tariff pricing. A review was undertaken to establish whether additional services were still required and to look at the pricing structure. It was agreed that the additional service is still required due to NLaG's inability to meet the demand now or going forward, the backlog of patients in NLaG and the increasing demand and growing number of patients.<br>• The CCGs propose to commence procurement at the end of April 2019, using specific tariff coding appropriate for community ophthalmology services where the less complex patients will be assessed and treated. Any activity outside of this tariff coding will need to be agreed with the commissioner as exceptionalities.<br>• The community service provides a more efficient pathway due to a "one stop shop" model.<br>• The contract would be 3 years plus 2.<br><br>The Committee provided the following feedback: | |

- It was noted that many of the tariff prices are now the same so the financial benefit of specifying specific tariff rates has reduced.
- Could some of the patients in the community be seen by optometrists, eg, for glaucoma monitoring? S Dawson confirmed that the service needs to be consultant led; however New Medica works with local opticians under their own governance arrangements and the service specification states the need to use other skills sets, eg, nurse injectors. E McCabe confirmed that engagement is required between the providers and the Local Ophthalmic Committee in order to ensure a clear patient pathway. Shaun Stacey has acknowledged that change is required for Ophthalmology service delivery across the sector.
- Is there a process/will there be a delay for patients when the community provider seeks approval for activity outside of the agreed tariffs? E McCabe confirmed that the provider would be asked to provide a justification and that there would be no delay in patient care.
- Discussion regarding the transformation of ophthalmology and how this procurement ties in. The Trust is not able to meet current demand; 70% of referrals are seen by New Medica; however the Trust are undergoing a 2-3 year programme of transformational change which should improve their capacity going forward and should enable them to become a provider of choice in the long term. The transformational change will address the issues of staffing levels and space. The CCG has agreed to support the Trust in terms of sustainability. The 3 year community contract will assist with addressing the backlog and demand management during the transformation period. The community service will only see less complex patients. It was agreed that NLaG need to be informed that they do not need to respond to the tender as their service is different from the community service. **B Brown/ E McCabe**
- The procurement will be Any Qualified Provider; is it open to all providers? E McCabe confirmed that any provider could submit a bid but that providers with an NHS contract would not be required to submit a separate bid.
- A comms plan is required regarding the changes for anybody who refers patients and for the public.
- A further report was requested to include: a summary of previous reports confirming previous agreements, the revised service specification with changes highlighted, the tender documents, tariff details and the procurement timeline. The report will be circulated and agreed virtually.

**The Committee noted the update but requested further details prior to making a decision.**

**6. Navigo Complex Care Unit**

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

- Navigo has established a local complex care unit for people with dementia following an increase in out of area placements. The unit offers 12 beds.

- Placing people within the local facility will provide a small efficiency saving compared with out of area facilities.
- CQC have confirmed the extension of the registration supporting the unit, and the unit will be able to take new placements in a co-ordinated manner from mid-May 2019.
- The Committee is asked to approve the facility for placements commencing late April 2019 through the existing panel route for complex dementia cases.

The Committee provided the following feedback:

- The local facility would be a positive for patients and their families.
- Assurance to be sought that the appropriate skills set and levels of experience and expertise would be in place at the facility.
- Concerns that 1:1 provision would incur increased costs. Assurance to be sought regarding what would be contained within the basic level of care and what might qualify as a further enhancement with an additional charge.
- Request for a copy of the service specification and better understanding of the location, staffing levels, skills set etc.
- What proportion of beds are likely to be filled? The standard level of care would need to be considered if the 12 beds are not occupied. The CCG may request assurance that Navigo can flex their staffing, eg, 6 patients are manageable with a specific cohort of staff; how would they manage an increase. Quality of care is key.
- Proposal for C Jackson to visit the unit on behalf of the Committee.

**The Committee agreed that an update report would be submitted to the May meeting addressing all of the feedback listed.** **Forward plan**

**FOR INFORMATION**

**7. Residential and Home Care Update**

An update report was circulated for information.

The Committee provided the following feedback:

- Request for an update on Cranwell Court. B Brown to include an update in the next report. **B Brown**
- Request for further details on the reinvestment in the building at Cambridge Court. B Brown to provide an update in the next report. **B Brown**

**The Committee noted the report.**

**8. Update on NHS Contract Agreement 2019/20**

A report was circulated for consideration. L Whitton and E McCabe provided a summary of the main contracts:

NLaG

- A contract has been agreed and signed within the deadline. The contract value signed for is £113m (against the £109.1m that the

CCG has built into its budget as projected spend). The difference of £3.9m reflects:

- £1.9m of Efficiency and Improvement programmes schemes; these are built into the Service Development and Improvement Plan (SDIP) within the NLAG contract and are focused on areas that have a benefit to NLaG and the CCG, eg, outpatient transformation, high cost drugs etc. The £1.9m efficiency figure is a balanced assessment and could be higher.
- £2m non elective demand management (via the Primary Care Networks and ICP).

- The contract has been agreed on a PBR value, with an objective of reducing expenditure through a number of programmes.
- The contract that has been agreed is for a lower value than the Trust had planned for, and this has contributed to the Trust not signing up to its control total which means it will miss out on £22m of support funding. The board is working with its regulator to understand the impact and how it can be resolved. This has been picked up with NHSI.

EMAS

- Lead commissioner Derby & Derbyshire CCG have confirmed an offer of £185m which includes the delivery of ambulance response times targets. NHSI have indicated that funding will be needed for EMAS to be able to fund the target and this should not be paid on delivery as per commissioners' proposal. This value is covered in the budget value for NELCCG. CCGs have been asked to provide a response this week. Initial discussions indicated that CCGs would want staged payments, eg, money to be released if EMAS recruited staff or purchased ambulances. The response will state that the funding must be linked to the delivery of the ARP target and that there will need to be a consequence if the target is not delivered. It is anticipated that CCGs will be required to pay the funding for the target and the regulator will need to ensure that EMAS delivers its targets.

Navigo

- The contract is not yet signed but discussions are in an advanced stage and the contract is expected to be signed in the next two weeks. Focus has been around the required Mental Health targets (linked to the Mental Health Five Year Forward View) and Investment standard, in particular: Early intervention in psychosis, Access to IAPT and recovery rates, improved resilience of MH crisis, review CMHT model of care.
- The aim is to phase the implementation of all of the work required in order to ensure that the CCG is not overcommitting against next year's funding. The risks of delaying some of the work as part of the phasing are being reviewed.

CPG

- The contract is not yet signed but discussions are in an advanced stage and the contract is expected to be signed in the next two weeks.

- Investment is focused on the Home discharge scheme and 7 day working (SPA/CAS)
- The contract is very broad ranging with a lot of service leads. Meetings have taken place internally in order to seek clarity around who is co-ordinating and driving the contract and to ensure stronger contract management going forward.

All other contracts have been agreed. There is still a significant level of activity going to the independent sector due to NLAG's capacity and waiting time issues, eg, 54% of orthopaedic referrals went to the independent sector last year. This is a positive in terms of dealing with backlogs; however presents a financial challenge.

The Committee provided the following feedback:

- NLaG
  - Is it still the CCG's aim to move away from PBR contracts over time? L Whitton confirmed that this remains the aim; although is not currently a possibility due to the Trust's financial position, quality issues and patient flow. There should be some repatriation of activity as part of the longer term plan with patients returning to the Trust after being elsewhere in the system. There will also be a move towards risks being more balanced across the whole system, ie, primary care, ICP etc. The aim would be to move away from PBR contracts within the 3 year transformation period. Conversations have commenced regarding the joint long term plan to return NLaG to sustainability. A report to be submitted to this Committee outlining the process and timescale expected to see the trust return to a sustainable position. It was agreed that this be added to the forward plan. **Forward plan (July)**
  - NLaG – need to establish a timeframe for the improvement in counting and coding activity, eg, phased over 3 years. It is important to add these elements to the strategy.

- EMAS
  - Has the CCG looked at the local activity flow in order to understand the potential consequences? E McCabe advised that a key issue relates to the high level of See and Convey activity which requires a significant reduction via conversion to Hear and Treat activity. A challenge to this is a lack of engagement with Out of Hours. This will be included in the discussions.
  - Concerns that the ARP target is taking precedence over other targets, eg, RTT.
  - Proposal to engage EMAS with the development of the Urgent Treatment Centre (UTC).
  - Discussions are underway regarding a rotation of paramedics within primary care; this will need to be included in primary care network discussions.

The Committee noted the update and requested update reports for May:

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| | • Update on the contracts that have not yet been signed.<br>• A schedule of all contracts (including YCC and CCL | **Forward plan** |
| **9.** | **TASL Update:**<br>• **Improvement notice**<br>• **Option 2 rationale**<br>The report was deferred to the next meeting. E McCabe provided a verbal update:<br>• The Committee agreed in March to support Option 2 - Seek agreement to release contracts for Same Day and Renal lot by agreement from TASL, still giving 12 months' notice but working with current provider. This was relayed to TASL; their initial response was not positive; however they have agreed to consider the option.<br>• An update will be provided at the next meeting. | **Forward plan** |
| **10.** | **Update From Sub Committee – Risk & Quality Panel**<br>C Jackson provided a verbal update:<br>• C Jackson has taken on the role of Chair and Julie Elliot (CHC) and Jane Stones (Navigo) attend on a regular basis.<br>• A template has been developed on Systmone for staff to use; this was formally introduced on 1st April. It enables more reports to be produced on panel activity.<br>• The monitoring element has been strengthened with one meeting per quarter focusing on monitoring (risk register for transforming care, warning indicators on systmone, reviews and out of area placements). This enables increased security and challenge.<br>• Further understanding is required around the transforming care list and the signing off of education healthcare plans. The panel is looking at identifying training and education to greater inform panel members and social workers etc.<br>• The report to be circulated to members after the meeting.<br><br>The Committee provided the following feedback:<br>• Discussion around overall oversight and challenge around CHC. Should this Committee have oversight or should all requests be made via the Risk and Funding panel.<br>• It was agreed that DAC to be asked to establish "How the CCG is assessing its performance against CHC requirements".<br><br>**The Committee noted the update.** | **C Jackson** |
| **11.** | **Items for Escalation from/to:** | |
| **11.1** | **DAC**<br>It was agreed that DAC would be asked:<br>• How the CCG is assessing its performance against CHC requirements.<br>• To focus on the issues with the ambulance contracts. | **L Whitton** |
| **11.2** | **Clinical Governance Committee** | |

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| | The Committee has been reshaped and will now meet on a quarterly basis. 3 sub-groups have been established to mirror the quality triangles: safety, experience, effectiveness and these will feed assurance to the Committee.<br>If there is noise in the system around specific providers, this would need to be escalated to this Committee. | |
| **12.** | **PCCC minutes – 29.01.2019**<br>Circulated for information. | |
| **13.** | **AOB** | |
| **13.1** | **IFR Prior Approval Policy**<br>E McCabe to send the IFR prior approval policy to the Committee for virtual agreement. The changes will be highlighted. The aim is to align the policy across the Humber. Clinical sign off has been received for the CCG.<br>The Committee requested a comms plan to provide providers with adequate information and notice of the changes. Providers to be asked to identify leads who will ensure appropriate dissemination of the comms plan. | **E McCabe**<br><br>**E McCabe** |
| **13.2** | **ICP and the Alliance Contract**<br>L Whitton advised that a discussion is due to take place at today's Alliance Board meeting regarding a risk and reward element to the alliance contract.<br>• The proposal is use existing payment mechanism plus a risk / reward scheme over the next 12 months as the ICP will be working in a mixed economy, ie, PBR and block contracts during that period. The risk / reward is a proposal to establish new reward targets which would be payable on delivery. This would be separate to the mandated CQUIN targets and should encourage shared working and responsibility. This would be an interim step as the ultimate aim is to move away from PBR contracts.<br>• The reward funding would need to link into the transformational change plan, ie non recurrent funding to be provided by the CCG up front to support some of the transformational change. Reward funding would be recurrent in the long term but money would need to be moved around in the system, e.g., some of the money coming out of the Trust would be put into other parts of the system.<br>• Providers would need to provide assurance that rewards are used for sustainable services.<br>• Alliance members would need to decide how reward monies would be distributed amongst partners and to identify priority areas etc.<br><br>The Committee requested a written report for the May meeting to include:<br>• Full details of the proposals relating to risk and reward.<br>• Feedback from the conversations at the Alliance Board meeting on 10th April.<br>• 31st March assurance information. | **Forward plan** |

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| A conversation to take place at the May meeting regarding the Alliance and the Primary Care networks and any potential change of approach.<br><br>It was agreed that the discussion at the Alliance Board will be a sense check as opposed to a formal offer.<br><br>**The Committee noted the update.**<br><br>**Date and Time of Next Meeting:**<br>**Wednesday 8th May, 12-2pm, Council Chamber, Grimsby Town Hall** | **Forward plan** |