NHS
North East Lincolnshire
Clinical Commissioning Group

# NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP
# CARE CONTRACTING COMMITTEE
# ACTION NOTES OF THE MEETING HELD ON 09/03/2022 AT 9AM

**MEMBERS PRESENT:**
Laura Whitton, Chief Finance Officer (Chair)
Mark Webb, Lay Member (Governing Body)
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
Ryan Jewitt, Head of Nursing (Item 7.1)
Rachel Brunton, Head of Finance, Adult Social Care and planning (Item 7.2)
Julie Wilson, Assistant Director Programme Delivery & Primary Care (Item 7.4)

**APOLOGIES**
Helen Kenyon, Chief Operating Officer
Dr Ekta Elston, Medical Director
Christine Jackson, Head of Case Management Performance & Finance, focus
Eddie McCabe, Assistant Director Contracting and Performance

## 1 APOLOGIES RECEIVED
Apologies were received as noted above.

## 2 DECLARATIONS OF INTEREST
There were no declarations of interest made from Committee members.

## 3 APPROVAL OF PREVIOUS MINUTES
The minutes of the meeting held on 9th February 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 7.7 GP Out of Hours Update
Proposal to look at what capacity is within primary care for nurse practitioners to see patients, prescribe, diagnose etc. J Wilson advised that ANPs are already widely used both in core general practice and CCL. She will follow up with E Elston to check whether there are any other opportunities.
**Action: J Wilson to provide an update after speaking with Dr Elston.**

Item 7.8 Contracts Update
L Whitton and H Kenyon to pick up outside of the meeting where to take the discussion around the proposals relating to contracts, eg, OLT. This is still ongoing.
**Action: a discussion to take place at the April CCC re the current thinking / proposals**

**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 Contracts Update**
A report was circulated for consideration. B Brown provided a summary:

- Good progress is being made with the exercise to map out all contracts. The aim is to ensure that all contracts are in place during the transition, a simple novation will then be undertaken.
- The longer term plan is to look at rationalising contracts and to identify whether they will sit, at Place or at scale, eg, all 4 CCGs have a contract with NECS, therefore there is the potential to have one contract for the ICB with varying service specifications.
- There will be one database across the ICB from April, detailing all contracts, which will help with rationalisation going forward. Hull CCG is leading on this piece of work.
- Service contracts ending 2022/3 are being RAG rated.
- A number of contracts will be rolled over into the new year, eg, acute contracts and Covid-19 Urgent Eye-Care Service (CUES).
- Decisions are required on some contracts, eg, LD day services, Alzheimer's Society.

The Committee discussed the LD day services contract and noted the gap in resources and leadership in relation to LD following staff departures.

The Committee agreed:

- **The contract to be rolled over for 12 months to enable the completion of the day services review. The key milestones and output data from the review to be shared with the Committee.**
- **A conversation to take place at SMT to discuss the gap in leadership and oversight of LD and to identify a way forward. The conversation to include gaps relating to physical disability, direct payments, SPA, day opportunities, avoidable admissions, and community transport. An update to be brought to the next meeting.**

It was proposed and agreed that the Alzheimer's contract would also be rolled over.

**7. Items for discussion/decision**

**7.1 Community Nursing**
The final report was shared for consideration. R Jewitt shared a presentation and provided a summary:


ITEM 7.1 Nursing Summary Report Ma

- A scoping exercise has been completed to better understand the current nursing structure and functions in NEL Community and General Practice. This will help to inform the evolving PCNs

with regards to the current offer from primary and community nursing, and to also explore potential for new opportunities and transformation supported by nursing teams.

- Meridian, Panacea and Genesis PCNs work with Care Plus Group (CPG) who provide community nursing and district nursing services, including the community urgent care teams, specialists nursing and EoL services . Freshney Pelham PCN employs their own community and district nurses directly. Local care homes are all aligned across all 4 PCNs.
- Freshney Pelham Care potentially has a higher resource of community nurses; although it was noted that the population data reflects raw numbers which were not weighted to take into account age profiles etc. Further deep dive work could be undertaken to establish whether there were specific pressures, eg, age of the population etc.
- The scoping exercise looked at existing staff and how they are spread across the 7 day working. This was compared against A&E attendance. It was determined that the services are not aligned in a way that reflects activity; there is a high concentration of community nursing services between 8am and 4pm; however, A&E attendance is consistent until approximately 8pm and does not really change at the weekends. An NHSEI audit found that residents in care homes are more likely to be admitted during out of hours periods when expertise and staff working in community is at its lowest.
- There are variations in governance arrangements, accessing patient information, communication, and referral processes across the PCNs and community nursing services. Potential opportunities identified included: more consistent transfer of learning, greater MDT working, improving holistic patient care, and ensuring the right patient is seen by the right service.
- Some innovative projects are underway within community nursing services, despite the challenges, eg, the Covid virtual ward and support to care homes. Further innovative practices will be needed to future proof the services and meet the increasing complexity of patients, eg, community subcutaneous furosemide, community blood transfusions, intravenous fluids, and exploration of wearable and remote health monitoring devices in the elderly. Some of these practices are already underway in other areas.

The Committee provided the following feedback:

- Is the A&E attendance related to minors? It was confirmed that the data reflects all attendances as this represents when there is the most pressure in the system. Further work could be undertaken to drill down into community nursing availability and A&E attendance in the hours between 6-9pm.
- Concerns were raised that 142 community nurses are available from Monday to Friday, but the number drops to 28 at the weekend despite A&E attendances remaining high. It was noted that these are broad numbers and some of the nurses will be from specialist services, eg, IPC, tissue viability etc who would not necessarily help to avoid A&E admissions. It was noted that community nurses can also contribute to an increase in admissions as they identify those patients who are critically ill and need to be sent to A&E.
- A more targeted approach from community nursing, eg, increased support to care homes at weekends could be helpful in reducing A&E attendances. A deep dive into the numbers, data, activity etc would be helpful to establish whether increasing the amount of community nursing and/or the amount of high skilled staff capable of making clinical decisions at weekends would make a real difference to the pressures in the system. It would be helpful for community nursing services to play a more significant role in supporting and preventing pressure across the system, supporting frailty and complex need.
- When reviewing investment, it will be important to understand the total resource as it currently exists together with any gaps in skills/service and how things could work in a different way.

- There is a tendency for community nursing teams to focus on the increasing caseloads to demonstrate an increase in patients; however, the indicator is around the complexity of patients and the number of visits. It might be helpful to review the visits and establish how many could be undertaken within primary care. A review of the interface/ joint working between primary care and community nursing and the whole approach to pathways would also be helpful.
- This is a real opportunity for PCNs to lead a whole system change and to get all of their systems aligned.
- It would be helpful to establish whether any of the ICS provider collaboratives are looking at this across HCV and to receive any learning from other areas.

**The Committee agreed to support the recommendations:**

- **The full report is shared with our providers and discussed in the relevant forums.**
- **Review commissioning arrangements to transition providers to deliver against patient outcomes rather than each provider taking individual elements of care across a pathway.** This will be done collaboratively with PCNs. The CCG will support the process and act as a bridge with providers.
- **Providers should review Governance arrangements, policies, and procedures to develop one system around each PCN which enables holistic care of patients.**
- **Providers should enable shared access to information systems where this isn't in place.** PCNs and CPG to agree and develop the systems.
- **Consider new ways to support urgent care in the community and in particular Category 3 patients with EMAS.** Proposal for the A&E Delivery Board or sub group to look at this alongside the 2 hour response work already underway.
- **Review 7 days working arrangements with our providers, including further data analysis.**
- **Review investment into community nursing to support all of the above.**

10:10am J Haxby left the meeting. (NB: the meeting was no longer quorate).

**7.2 Fee Setting**

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

- A report on the fee setting strategy was discussed at the February meeting.
- Options for the 2022/23 fee uplift have been considered in relation to the increases in the living wage, general inflation and the health and social care levy NI, provider financial sustainability, budgetary financial constraints, pressures highlighted by providers, capacity, quality, and the requirement to support the strategic transformational change of the integrated health and social care system in NEL.
- It has proven very difficult to understand all of the additional costs being faced by providers. The cost of care exercise commencing in March 2022 will enable a deeper understanding.
- The general principle for residential care fees is consistent with previous years, ie, the 6.62% national minimum wage uplift has been applied to the pay element of the fees. The RPI 7.8% has been applied to the non-pay element, which is consistent with the fair cost of care methodology and considers the costs around food and utilities within residential care. The CPI 5.5% was applied to Support at Home and Supported Living.
- A direct payment calculator is being developed for use across health and social care, with a consistent set of principles which will enable a budget to be tailored to individuals' circumstances. This approach is considered better than a single hourly rate. It also encourages consistency amongst practitioners as there will be a standard proforma to

complete. This approach has been developed and endorsed by the Financial programme board.

- The CHC fee rate would follow the base rate for residential care with the funded nursing rate applied on top (the three bands are standard, enhanced, complex). It was noted that the new funded nursing rates have not yet been announced and the figures in the report will be uplifted once the new rates are available.
- The fee uplift rates do not reflect any ongoing impact of the Covid-19 pandemic and any additional costs linked to that, eg, an increase in agency staff. Workforce shortage and cost continues to be a risk across the whole system.
- ASC clients are charged the full cost of their care, how much they pay is dependent on their ability to pay following a financial assessment; therefore, an increase in fee rate will affect client contribution values.
- A number of options for fee uplifts were considered; the preferred option was: To apply a strategic fee uplift approach in response to sector specific pressures and service sustainability.

The Committee provided the following feedback:

- Has the impact of increasing energy bills been considered as part of this exercise? It was noted that there will be a mixture in the market as some providers will be locked in to existing arrangements. It was confirmed that the proposed fee rates are somewhat conservative in order that the CCG could respond to emerging pressures/issues.

It was noted that the meeting was not quorate.
*Post meeting note: quorum was reached after the meeting.*

**The Committee agreed to approve the recommendation:**

- **To apply a strategic fee uplift approach in response to sector specific pressures and service sustainability.**

**7.4 Proposed NEL Place Urgent Care Review**

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

- At the February meeting, it was agreed that a value for money review of all urgent care provision (excluding community urgent response for admission avoidance) should be undertaken (as opposed to looking at the GP Out of Hours service in isolation).
- The review would include GPOOH, GP Increased Capacity Service, PCN Urgent Hubs, DPoW Hospital Urgent Care Service (UCS). It would need to take place once current pilots have been running a sufficient length of time to provide sufficient information. One PCN Urgent hub is operational, and one is about to go live. It was proposed to complete the review during May and June 2022 with the full scope to be worked up during March. This would be too late for any findings to influence the decision about the current GPOOH contract; therefore it was proposed to further extend the contract extension to 30th September 2023, to ensure continuation and stability of the service through the winter period and allow sufficient time for any potential procurement exercise.
- The review would need to be supported by the NEL Health and Care Partnership and the A&E Delivery Board, to ensure that there were no areas of duplication and the review fits with all partners' intentions regarding timelines for evaluation and decisions regarding future arrangements.

The Committee provided the following feedback:

- The GP increased capacity service is not currently proving to be fit for purpose. GPs are receiving notifications that the service is not taking place or there are insufficient spots, or it is

finishing early etc. It was confirmed that, when the service continues post March, each PCN may take on the responsibility for the service. This will feed into the review, which will cover value for money, resources, required costs and outcomes.

- Clarification was sought regarding the timeframe for the review. It was confirmed that this will require working up in the scope, but the review is likely to take approximately 3 or 4 weeks.
- The contract extension should require all of the parties to work with and contribute towards the review.
- The additional 111 clinical assessment element, which is part of an HCV pilot scheme needs to be included as part of the review.
- Clarify will be needed around the potential cost of the review. It was noted that this will need sign off by the A&E Delivery Board.

It was noted that the meeting was not quorate.
*Post meeting note: quorum was reached after the meeting.*

**The Committee agreed to approve the recommendations:**

- **Secure external support to undertake a thorough review of urgent care services during May and June 2022, with the full scope of the review to be prepared during March 2022, subject to approval by the NEL HCP and the A&E Delivery Board**
- **Extend the current GP Out of Hours contract to 30th September 2023, to allow sufficient time for the conclusion of any potential procurement exercise that could fall out of the review.**

**7.4 Utilisation of Covid Related Funding**
This item was deferred to the next meeting.

**7.5 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 Just Checking (JCAT) Service Renewal**

**The Committee noted the reports received for information.**

**9. ANY OTHER BUSINESS**
Committee members conveyed their thanks to Anne Hames for her contributions to the Committee during her years as a member. The Committee wished Anne well for her future.

**Date and time of next meeting: Wednesday 13th April, 9-11am**