

NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP

**CARE CONTRACTING COMMITTEE**

**ACTION NOTES OF THE MEETING HELD ON 12/05/2021 AT 9am**

**MEMBERS PRESENT:**

Helen Kenyon, Chief Operating Officer (Chair)  
Christine Jackson, Head of Case Management Performance & Finance, focus   
Dr Jeeten Raghwani, GP Rep  
Jan Haxby, Director of Quality and Nursing  
Mark Webb, Lay Member (Governing Body)  
Dr Ekta Elston, Medical Director  
Anne Hames, Community Lead  
Laura Whitton, Chief Finance Officer

**ATTENDEES PRESENT:**

Councillor Margaret Cracknell, Portfolio Holder for Health, Wellbeing and Adult Social Care   
Eddie McCabe, Assistant Director Contracting and Performance  
Brett Brown, Contract Manager  
Caroline Reed, PA to Executive Office/ Note taker  
Julie Elliott, Specialist Nurse Continuing Healthcare (Item 6)

# APOLOGIES RECEIVED

Bev Compton, Director of Adult Services

# DECLARATIONS OF INTEREST

There were no declarations of interest recorded. It was noted that on-going declarations of interest stood for every Care Contracting Committee meeting and were publicised on the CCG’s website.

# APPROVAL OF PREVIOUS MINUTES

The minutes of the meeting held on 14th April were agreed as an accurate record.

# ACTION TRACKER

The action tracker was reviewed.

Item 5 - Tier 3 Weight Management Contract. E McCabe provided an update on the actions:

* ABL have agreed to a one-year extension with a new service specification. Discussions around the changes to the specification are ongoing.
* Finances have been agreed with the CCG finance team.
* Discussions have taken place with public health colleagues; all parties are aware of the need to work together as a Union system.
* An overall plan for obesity will be developed in the longer term and will link into the NHS obesity strategy.
* A weight management DES, targeting people to a digital platform is due to be issued for primary care.

The Committee requested a baseline paper that outlines what is currently in place and what is under development or planned. This will assist in identifying any gaps and shaping the plan.

**Action: E McCabe and G Rogers to submit a paper to the July meeting**

Item 10 - Items for Virtual Decision/ Chair’s Action. RAIDR

The Committee agreed that the demonstration of RAIDR be added to the July Community forum agenda.

Item 11.2 - Quality Oversight with NLaG

It was agreed that collective assurance is required regarding quality oversight. If assurance is not received, the right mechanism to escalate needs to be in place to ensure that appropriate steps and measures are put in place to receive assurance.

**Action: J Haxby and H Kenyon to start to map out the meetings where quality oversight is being discussed and its attendees to ensure that there are no gaps. It was proposed that the Quality Governance Committee receive the minutes of these meetings.**

# CCC Terms of Reference

The Terms of Reference were updated following agreement at the March meeting to add the IFR panel as a sub group of the committee. A bi-annual report will be submitted to the Committee.

**The Committee approved the amended Terms of Reference.**

# Continuing Healthcare (CHC) Fee Structure

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

* A report submitted to the Committee in February proposed that the CCG introduce enhanced and complex CHC fee rates to reflect meeting the needs of those individuals who require additional support and/or nursing intervention and nursing oversight. This was supported in principle; however, it was agreed that further work was required. H Kenyon and J Haxby met with J Elliott to agree a way forward. This paper reflects the first step in the process. Subsequent steps will include conversations with residential care homes around an enhanced support offer with training, and reshaping the CHC team in order to help to strengthen the provision of education and training for care settings. An update report will be submitted to the June or July meeting.
* The proposed fee structure is to support nursing placements and to encourage local providers to accept the more complex nursing patients, eg, those requiring ventilators, tracheostomy care etc. These patients often require out of area placements that are at a higher cost.
* There have been a lot of requests from residential care homes for 1-1 support for people with behavioural issues or falls, which is very costly on the budget as providers tend to employ agency staff who have the appropriate skills and competencies to support these individuals. The proposed enhanced fee for CHC would offer additional funding for the residential care home to be able to manage the person’s individual needs and would fund the extra care hours required. This should enable a move away from 1-1 requests and avoid the need to place individuals out of area.

The Committee provided the following feedback:

* The update report should emphasise that, in addition to putting in additional staffing capacity, homes need to ensure that their staff receive training in order to have the appropriate skills and competencies to better manage individuals with complex needs, eg, behavioural issues and falls. This could link to the development and expansion of the role of the CHC team.
* On what basis was the enhanced rate arrived at? It was confirmed that the rate is the funded nursing rate doubled.
* Will consideration be given for the higher nursing rate to be given to an individual who is adult social care funded but who has an enhanced level of need? It was agreed that this needs to be considered and it may mean joint funding is awarded to support those individuals with additional behavioural issues.
* Are there sufficient staff in the local area who have the appropriate capability or the potential to gain the capability to provide the required enhanced care? J Elliott confirmed that care homes do not currently have sufficient capacity to support individuals with complex needs and have to use agency staff; but the enhanced offer would enable them to offer overtime and training to their staff. The process may result in creating some more preferred and specialist providers who could reconcurrently employ the staff.
* Residential care homes need to be asked whether there is a critical mass they would need to achieve in order to create the additional skilled workforce. B Brown and colleagues would need to be involved with these conversations.
* There needs to be a clear message that the enhanced fee structure would not solely be to fund additional 1-1 support; it would be about enhanced competencies and pay rates within existing staff numbers. Individuals may not necessary get additional 1-1 support; the enhanced payment would be for the additional skill set or additional hours required. Packages would be managed in a different way.
* A new specification/ document will be required and added to the residential care home contract. There will also need to be clear, robust, revised care plans for the individuals to enable CHC and the CCG to be assured that homes understand what is expected from them for each patient.
* Proposal to start the conversations around the enhanced fee structure with nursing homes in the first instance. Discussions would include how the CCG would like to work with them to enable them to be able to deliver the level of enhanced care needed for those individuals with complex needs and to develop them as a nursing home of the future. This may then encourage other homes to become more involved with nursing care going forward. It was noted that this would be appropriate for new placements, but that requests for additional care could come from any care setting and therefore all homes should be given the ability to consider the enhanced offer to avoid the need to move residents. If, however, a care home did not deliver the required level of care against the revised care plan, the CCG could advise that the individual would need to be moved.
* As part of the negotiation process with care homes, the CCG will need to outline what are the additional enhancements expected for this additional level of fee and to agree the support and training offer that will give homes the best chance of success and provide assurance that the workforce has the appropriate levels of competencies and skills.

**The Committee agreed to support the direction of travel of the review and supported the additional funding proposed. They agreed the importance of ensuring that there is the appropriate care for those individuals who have additional complex enhanced needs, particularly from CHC but also potentially for those people in adult social care where a joint package is needed.**

# Supervision Policy

A report was circulated for consideration. C Jackson provided a summary:

* A report was circulated to the March meeting detailing the Department of Health & Social Care’s “Post qualifying standards for social work practice in Adult Social Care” which set out the knowledge and skills standards that should be in place for all individuals who provide supervision. The Committee approved the recommendation to develop a common supervision policy across the three social enterprises with buy in from the voluntary sector.
* The supervision policy has been developed and was circulated for approval.
* Following approval of the Supervision Policy, work will commence on rolling it out across NEL as part of the project plan for implementation of the new standards. Volunteers have been identified from the social enterprises to assist with the roll out.

The Committee welcomed the policy and provided the following feedback:

* Who is responsible for ensuring that supervision is taking place and records being kept? C Jackson confirmed that part of her role as Principal Social worker in NEL is to ensure that supervision is taking place; this work is monitored through external processes. Any adverse feedback would also come through the contract monitoring route as supervision and the standards will be included in the contract.
* There may need to be a cultural shift with organisations acknowledging supervision as an important function which can make a difference to practices.
* Proposal for an executive summary/user guide to be developed as the policy is lengthy. C Jackson agreed that she would look to produce a summary for front line practitioners etc.
* Proposal for an evaluation to be undertaken in 6 months or a year and an update on the evaluation to be brought back to the Committee. Timing for feedback to the committee to be agreed with C Jackson.
* The policy will strengthen the Principal Social worker role across the patch.
* Policies are in place for clinical and safeguarding supervision for nursing staff. The CCG asks providers for evidence of safeguarding supervision policies. Each organisation has its own policy. It was proposed that consideration be given to an aligned supervision approach and model within nursing.

**Action: J Haxby to raise this and the concept of the principal social worker at a Senior Nurse meeting**

**The Committee approved the policy.**

# The Phoenix Partnership (TPP) Extension for the Community Modules

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

* The TPP SystmOne community element licenses (palliative care, social care, GP out of hours and child health information systems) are due to expire at the end of July. The CCG needs to either extend for 2 years under the current framework contract or go out for a new contract by July 2021.
* The licenses are managed by the CCG in order to facilitate ownership and flexibility of the operators, which will fit with the ICP and future developments as it is not intellectual property of the provider.
* It is proposed to invoke the two-year extension in the contract due to potential significant changes around systems and funding.
* The cost would be within the expected budget workings for the next two years. The value across all licenses is £185k.

**The Committee approved the recommendation to invoke the two-year extension to the contract.**

# Any contract extensions / procurements required following on from the contracts register review

Procurements:

* Advocacy – currently out to procurement. A large number of queries are being received.
* Direct Payments – currently in the planning stage.
* Supported living plus – currently in the planning stage.

Extensions:

* ABL

A review of all contracts due to finish in March 2022 will be undertaken.

**Action: A report will be brought back to the next meeting.**

Judith Templeman (digital team) is starting to map out IT related contracts, eg, software, photocopiers etc. It was agreed that it was helpful for the Committee to be aware of this.

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

There were no items identified for escalation.

# 11 Items for Virtual Decision/Chair’s Action

There have been no virtual decisions/chair’s action since the last meeting.

# 12. Any Other Business

**Extension to Primary Care data quality service**

A report will be circulated to the Committee for virtual approval. The proposal is to invoke the one-year extension to the contract with CPG.

J Haxby highlighted that there were some risks relating to some practices not managing their data control responsibilities appropriately.

**Action: E McCabe to establish whether this is the same contract; and request further detail in the virtual report around the potential risks and what CPG are required to do to manage the data controls.**

**Membership**

C Jackson asked the Committee whether she should remain as a member of the Committee as her role will become solely Principal Social worker for a period of 18 months. The head of service at Focus role will be appointed to. The Committee agreed that C Jackson should remain a member of the Committee as she attends primarily in her role as Principal Social worker.

**Out of Area Placements**

A query was raised regarding oversight of people placed in out of area placements, following national concerns raised around a specific residential setting, ie, who has oversight of the individuals and the arrangements for the individuals, are there robust arrangements in place to action any concerns raised? J Wilburn has been tasked with looking into this with L Holton and other colleagues to ensure that there is assurance around oversight of individuals in out of area placements.

C Jackson confirmed that robust processes are in place for social care. Focus has an out of area practitioner who visits a residential setting once an alert is received. Individuals in out of area placements are monitored via the quarterly monitoring meeting of the ICAAP.

It was noted that Navigo does not have an Out of area practitioner any more.

**Action: Julie Wilburn to link in with C Jackson to discuss the arrangements in place for adult social care.**

**Future CCG meetings**

A decision has yet to be taken regarding CCG meetings going forward. The Leadership team are looking at a hybrid option of office and remote working. The benefits of remote working and meetings were acknowledged (reduced car journeys, carbon footprint etc).

# 12 ITEMS FOR INFORMATION

* Residential and Home Care Update

The Committee noted that the report highlighted zero Covid-19 cases within residential homes (approximately 10 days with no cases amongst residents and staff) and agreed that this should be celebrated. It was proposed that a letter be sent from the Committee acknowledging the good work taking place in residential care homes.

It was noted the B Compton had written previously and it had been really well received.

**Action: B Brown to produce a draft letter to be sent to care homes on behalf of the Committee.**

It was noted that outbreaks of the Indian variant are starting to occur across care homes nationally.

* MIFS Bi-Annual Update

The Committee acknowledged the work taking place through MIFS and the significant number of issues being raised via the portal and PALS.

* ICAAP Bi-Annual Update
* Below threshold value contracts quarterly update

**The reports were noted.**

Date and Time of Next Meeting:

Wednesday 9th June, 9-11am, MS Teams