

NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP

**CARE CONTRACTING COMMITTEE**

**ACTION NOTES OF THE MEETING HELD ON 10/11/2021 AT 9AM**

**MEMBERS PRESENT:**

Helen Kenyon, Chief Operating Officer (Chair)  
Mark Webb, Lay Member (Governing Body)  
Laura Whitton, Chief Finance Officer  
Christine Jackson, Head of Case Management Performance & Finance, focus  
Dr Jeeten Raghwani, GP Rep

**ATTENDEES PRESENT:**

Brett Brown, Contract Manager  
Councillor Margaret Cracknell, Portfolio Holder for Health, Wellbeing and Adult Social Care  
Caroline Reed, PA to Executive Office/ Note taker)  
Julie Wilson, Assistant Director Programme Delivery & Primary Care (Item 7.1)

# APOLOGIES

Dr Ekta Elston, Medical Director

Bev Compton, Director of Adult Services

Jan Haxby, Director of Quality and Nursing

Anne Hames, Community Lead

Eddie McCabe, Assistant Director Contracting and Performance

# APOLOGIES RECEIVED

Apologies were received as noted above.

# 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.

# APPROVAL OF PREVIOUS MINUTES

The minutes of the meeting held on 13th October were agreed as an accurate record.

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

# ACTION TRACKER

The action tracker was reviewed.

Item 6.1. H2 Planning. H Kenyon, L Whitton, B Compton to start conversations regarding appropriate pay and training and career development within the care sector, potentially at SMT.

Discussions have commenced and will continue in the coming months to try and improve the care sector. The ICP is also keen to be involved in ongoing discussions as part of its overall workforce approach. Regular updates will be shared with the Committee.

Item 7.2 Micro-commissioning Policy “Eth and Prag” Update. E Overton to liaise with J Wilson to establish the most appropriate forum to attend to increase GP awareness. Update: awaiting dates from J Wilson re attendance on PCNs.

**Action: an update to be provided for the next meeting.**

# Items approved virtually since the previous meeting

**Chair’s Action: Additional winter capacity to support discharges**

A report was shared for information. H Kenyon provided a summary:

* A decision was taken via Chair’s action to secure additional block booked enhanced recovery beds (20 in total across 2 care homes) until 18th April 2022. This will support individuals who require intermediate care/ discharge to assess bed-based support following a hospital admission or as part of a step-up hospital/ long term care avoidance journey.
* This decision was taken as part of the winter response due to pressure in the system and the potential risk of homes closing to admissions following an infection outbreak. Work is underway to fully operationalise the enhanced recovery unit at Cambridge Park, however, all 52 beds will not be operational across the winter months. Current demand has resulted in a significant number of spot purchases; this arrangement is inefficient due to the travelling between homes required by professionals and potentially less effective as individuals are not afforded a re-ablement environment. There have also been some delays in discharges.
* Expressions of interest were sought for 20 additional beds from contracted care home providers with a closing date of 5th November. The aim is for the enhanced recovery beds to be operational from w/c 29th November at a cost of £256k (non-recurrent).

**The Committee confirmed that it supported the decision taken via Chair’s action.**

**Action: An update to be brought to the December meeting to provide an update and assurance on things being put in place for the Christmas and New year period, eg, additional GP Out of hours provision.**

**6. ITEMS FOR ASSURANCE**

There were no items for assurance.

**7. ITEMS FOR DISCUSSION/DECISION**

**7.1** **Contract Extension for Virgin Care**

A report was circulated for consideration. J Wilson provided an update:

* The Committee were asked to approve a direct contract award of the community dermatology service for Virgin Care from 1st April 2022 for 3 years. The contract is held by NLCCG; NELCCG is an associate. The NLCCG Governing Body approved the proposal in October.
* The dermatology service includes the Tele dermatology service (implemented in all GP practices in NEL) and the Primary Care Accredited Skin Cancer Local Enhanced Service (Virgin Care provides Consultant clinical advice/guidance to a number of accredited GPs to enable these GPs to treat patients with suspected low risk cancers). Feedback on the service is very positive.
* During 2020/2021 there were delays in follow-ups and a building backlog of patients in the service; however, performance against waiting times is currently very good and the provider has demonstrated improvement across the service.
* The annual value of the NEL element of the contract is £1.3m. It is proposed that the contract is funded via the existing recurrent budget.
* There are no significant concerns relating to performance or quality of the service.
* Guidance from the ICS Procurement Lead was that it was inadvisable to take on a full procurement in the current climate and with the impending changes to procurement advice.

The Committee provided the following feedback:

* Virgin Care have revolutionised dermatology services in the local area from a GP perspective. The tele dermatology service has made a significant difference.
* Are there other dermatology providers in the local area? It was noted that NLaG has a small dermatology service, however, former long waiting times resulted in the CCG seeking a separate provider. J Wilson was not aware of any other dermatology providers locally.
* There is a potential risk of challenge in awarding a direct contract; however, there is a robust rationale for awarding this contract, ie, good performance and service delivery, the absence of a suitable alternative provider etc. The publication of the government white paper is imminent and is anticipated to advise that contracts can be awarded on the basis of current good service.
* As part of the development of the ICP and joint working, the aim will be to move towards a single team with no referrals and no waits. Parts of the current service are already working in this way, eg, advice and guidance, which is enabling individuals to be managed and looked after in a joined up way. It will be important not to lose this.
* NL has identified the contract as a South Humber/NL service. It was agreed that Virgin Care should form part of the ICP sector network to ensure that the strong links are maintained. It would be helpful for them to share with other providers how they have turned the dermatology service around, including the management of waiting lists.
* The Committee supported retaining the current service due to its good performance, outcomes, and reputation.

**The Committee agreed to direct award a contract for the Community Dermatology Service to Virgin Care from 1st April 2022 for 3 years (plus option to extend for further 2 years).**

**7.2 Developing Proposals around the ICP Update**

L Whitton provided a verbal update:

* Discussions are ongoing to identify what action is required to link in to ICP contracts for next year. The guidance is anticipated to be issued in the new year.
* The contracting work stream is focusing on baseline assessments and ensuring that, as a wider system, there is a wide understanding of the contracts currently in place and their values, end dates etc in order that this can inform the shaping of the ICB/P going forward.
* NELCCG undertook some work to ensure that all of its contracts span over the transition period; other CCGs have contracts that are due to expire prior to April 2022.

The Committee provided the following feedback:

* Is there a risk that the ICB/P will want to renegotiate contracts, or will the current contracts be honoured? It was confirmed that all contracts will novate to the ICB; however, the ICPB may want to undertake a review of contracts and look to streamline some of them, eg, where there are a number of separate contracts with the same provider, the ICPB may want to bring them together as a single contract.
* Are there any contracts that expire within 6 months of the establishment of the ICB?

**Action: B Brown to check the contracts register and feed back**.

* The HCV contract transition workstream has identified which contracts will sit at HCV level (NLaG, transport etc) and which will sit at Place (the majority; approximately 85%). A decision on where contract management / decision making will sit has yet to be made. It was agreed that it would be helpful for the Committee to receive regular updates/ key decision points from the transition workstreams.
* The Committee agreed that it would support a proposal to maintain a Contracting Committee at place in order to provide rigour around process and an audit trail to provide the rationale behind decisions made in relation to contracts. The aspiration would be to include representatives from public health, Children’s services etc in order to ensure that whole pathways are considered, eg, the obesity service where there are contracts with NELC and CCG.
* Will the local ICP have similar arrangements to a Contracting Committee? H Kenyon confirmed that the recommendation is that contract awarding should be done between the ICP and Joint Committee as it will provide a level of protection to ICP partners. The ICP would identify any gaps in service and establish whether they could fill the gap; if they were not able to fill the gap, they would work with the Joint Committee to procure the service.
* Have ASC contracts been factored into the work underway by the Contract transition workstream? It was confirmed that ASC contracts are included on the wider register. Discussions are due to take place to determine whether some ASC contracts should novate to the Local Authority. It was acknowledged that it would probably be appropriate for contracts that are purely ASC related to be novated to the LA; however, further consideration would need to be given to contracts that are integrated across health and social care.

**Action: L Whitton to have further discussions with NELC and Contracting colleagues outside of the meeting and bring a proposal to a future Committee.**

* It is important to ensure that this Committee is sighted and assured and providing assurance back into the CCG in the absence of the ICB and to the Local Authority that the mechanisms that are in place and being established are fit for purpose and robust. Due diligence is underway for the CCG around the establishment of the ICB and for the Local Authority to be assured that what is being put in place is fit for their requirements. This committee has a key part to play in providing that assurance around contracting. It was agreed that regular updates need to be provided from the ICS/B meetings and from the discussions with the Local Authority.

**The Committee noted the update.**

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

The following was identified as requiring escalation:

* Process around the due diligence and the establishment off the new arrangements.

**8. ITEMS FOR INFORMATION**

**8.1 Residential and Home Care Update**

**8.2 MIFS bi-annual update**

**8.3 ICAAP bi-annual update**

**8.4 Below threshold value contracts quarterly update**

**8.5 PCCC minutes – 10.08.2021**

The Committee noted the reports received for information.

**9. ANY OTHER BUSINESS**

**Date and time of next meeting: Wednesday 8th December, 9-11am, MS Teams**