**CARE CONTRACTING COMMITTEE MEETING**

**NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP**

**HELD ON WEDNESDAY 11th DECEMBER 2019**

**AT 9AM**

**IN THE BREMERHAVEN ROOM, GRIMSBY TOWN HALL, GRIMSBY**

|  |  |
| --- | --- |
| **PRESENT:** | Helen Kenyon, Chief Operating Officer (Chair)Mark Webb, CCG Chair Laura Whitton, Chief Finance OfficerJan Haxby, Director of Quality and NursingDr Ekta Elston, Medical DirectorChristine Jackson, Head of Case Management Performance & Finance, focusBev Compton, Director of Adult ServicesEddie McCabe, Assistant Director of Contracting & PerformanceBrett Brown, Contract ManagerCaroline Reed, PA to Executive Office (Notes)  |
|  |  |
| **IN ATTENDANCE:** | Councillor Margaret Cracknell, Portfolio Holder for Health, Wellbeing and Adult Social Care  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Item** |  | **ACTION** |
| **1.** | **Apologies**  |  |
|  | There were no apologies received.  |  |
|  |  |  |
| **2.** | **Declarations of Interest** |  |
|  | There were no declarations of interest made.  |  |
|  |  |  |
| **3.** | **Notes of Previous Meeting – 13.11.2019** |  |
|  | The notes of the previous meeting were agreed as an accurate record. |  |
|  |  |  |
| **4.** | **Matters Arising from Previous Notes – 13.11.2019** |  |
|  | The outstanding Matters Arising were reviewed. *Item 11 - TASL and General Transport Update.* *An update will be brought to the Committee in the next few months.* *It was agreed that this issue needs to be highlighted to the Union as an important area for integration. E McCabe to follow this up with Chis Duffill, NELC and M Webb to raise with R Walsh.* It was agreed that it would be helpful to have a strategy agreed by the Union by March 2020 in terms of procurement and wider system requirements. E McCabe to liaise with the new transport lead (C Duffill has left NELC).*Item 8 - Humber Aligned Commissioning Policies* *E McCabe to share Humber Aligned Commissioning Policies and ensure that they are disseminated within the trust via the Friday morning planning meeting.*Following a delay due to the timing of meetings, these policies can now be shared. A gap was recently identified via the complaints portal regarding a policy for ADHD assessment for adults. E McCabe confirmed that there is no policy in the Humber region and NEL may need to develop its own policy. E McCabe to raise this at the next IFR meeting and to discuss with L Holton. *Item 10 - Residential and Home Care Update - NHSE continue to promote their Care Home Capacity Tracker. Although this hasn’t been formally adopted by NEL, 25 per cent of homes in this area have registered. B Brown to monitor the capacity of the 25 per cent of homes who have registered. In 6 months’ time the Committee can review and decide whether to adopt NHS England’s Capacity Tracker*.B Brown to liaise with B Bradshaw and provide an update to the Committee next year. | **E McCabe****E McCabe****E McCabe****B Brown****Forward plan**  |
|  |  |  |
|  | **FOR DECISION** |  |
|  |  |  |
| **5.** | **Prioritisation Cascade** |  |
|  | L Whitton provided a verbal update:* High level financial planning is underway for 2021; working on the assumption that the CCG will achieve all of its constitutional standards and factoring in requirements regarding mental health investment standard and out of hospital services etc. Financial envelopes have been set for each area, with the exception of acute services.
* There is a risk that the envelope for the acute Trust will not cover the required costs, due to activity pressures and the speed at which transformational change can be made. The gap is estimated to be £2m (after NLaG delivers its promised agreed efficiencies). Decisions will be required regarding where to invest/disinvest in order to achieve financial balance. This will be considered across the whole system (NLaG, CPG, Navigo etc).
* The Council of Members will be asked for a steer around priorities and potential consequences at the January meeting. A process will then be brought to the February CCC meeting for approval.

The Committee provided the following feedback:* The impact of ASC and PCNs also needs to be factored in to the process.
* A discussion around the opportunities for potential savings linked to ASC was held at the October DAC meeting (avoidable admissions, discharge model etc). Work is underway to ensure that there is real focus on making those parts of the system work. Further work is required around advanced care planning in hospital in order to improve discharge. H Kenyon and B Compton to raise the issues at the Discharge from hospital meeting (13/12).
* Work has commenced on the rehabilitation & re-enablement pathway. Investment would be required, however the opportunity to make savings is considerable.
* Clinicians and professionals need to be at the heart of the prioritisation work in order to focus on the overall system.
* Clarification sought around the process for the prioritisation work. It was confirmed that draft priorities will be worked up at a CCG/Union level. Clinical and service leads will be asked to identify any lower priority areas. The draft priorities will go to CoM in the format of a number of scenarios.
* A review is underway regarding pathology costs; NLaG has been identified as an expensive provider. A lot of CCGs are challenging whether a provider’s costs are reasonable.
* The long term aim is to move away from pure PBR contracts.
* A key factor is the potential impact on patients.

**The Committee noted the update.**  | **Forward plan****H Kenyon****B Compton** |
|  |  |  |
|  | **FOR DISCUSSION** |  |
|  |  |  |
| **6.** | **Monthly Update – NLaG Cost Improvement Plan**  |  |
|  | L Whitton provided a verbal update.* NLaG is still on track to achieve their cost improvement plan overall; although they have pressures elsewhere in the system, mainly around staffing costs (which may impact on their ability to achieve their control total).
* The system improvement plan relating to wound care was initially anticipated to achieve £1m of savings; however has not delivered any savings. This financial pressure has been split across the system. Work is underway to establish how to mitigate the impact of this. The £1m assumption was based on work carried out in Lincolnshire where significant savings occurred; however the information was flawed and the plans weren’t significantly robust. It was noted that there are some potential savings to be made in relation to prevention and joint working across the system; however these will not be realised in the current financial year.

The Committee provided the following feedback:* As part of the prioritisation process, the manpower and quality impact will need to be considered alongside the financial impact.
* Concerns were raised regarding the inaccurate data regarding the wound care SIP and the resulting risk. The importance of robust plans and due diligence when identifying potential cost savings was emphasised. Faster mobilisation to identify a “Plan B” would be required if a similar situation occurred.
* It would be helpful to RAG rate savings plans in order to provide assurance.
* A report to be submitted to the March meeting that details the cost improvement plans included within the contract value for the coming year.

**The Committee noted the update.**  | **Forward plan** |
|  |  |  |
| **7.** | **Contract Negotiation Timescale** |  |
|  | A report was circulated for consideration. E McCabe provided a summary:* The timetable details the scheduled contracting meetings in the coming months, NlaG, CPG, Navigo, St Hugh’s, NewMedica etc. Additional meetings will be scheduled as required.
* The deadline for finance schedules, quality schedules, CQUINs etc is 29th February 2020; contracts will need to be signed by approximately 12th March 2020. Some providers will require sign off by their Board.
* Conversations are ongoing with independent sector providers (NewMedica, St Hugh’s, Virgin etc) to agree a contract envelope following a significant increase in spend relating to NLaG delivery and backlog.
* Planning guidance has not yet been issued and any impacts may delay decisions on the terms of contract.
* Discussions are underway regarding common commissioning intentions; these will be circulated as soon as possible.
* There is a high risk that the EMAS contract will not be signed within the deadline, due to increased activity, failure to meet ARP targets etc. Commissioners are indicating that they do not want to invest any more money.
* There is a high risk relating to the NLaG activity and financial envelope.
* The overall timetable is anticipated to be achieved within the agreed deadlines.

The Committee provided the following feedback:* The timetable for updates to CCC, CoM and the Governing Body to be included in the contracting timetable (assurance around the level of risk and how this will be mitigated and managed).
* ASC to be built into the timetable/process in order to provide an overall picture, eg, annual fee setting conversation, provider discussions, CPG and Navigo contracts from a social care perspective. If money is moving from one part of the system to another, assurance will be required that providers are clear on what they are doing less of or not doing at all and on accountability, ie, the outcome or impact will move to another area.
* The work with PCNs to be built into the process/timeline; this will be managed by the Primary Care Commissioning Committee.
* The LIP group needs to be a key part of this process.
* E McCabe to liaise with J Wilson around PCN expectations and B Compton and R Brunton in relation to ASC. The timetable/process will then be updated.

**The Committee noted the update.**  | **E McCabe** |
|  |  |  |
| **8.** | **Items for Escalation from/to:** * **Delivery Assurance Committee (DAC)**
* **Clinical Governance Committee (CGC)**
 |  |
|  |  |  |
|  | The Committee discussed the links between the Committees and agreed that it would be useful to receive routine highlights from DAC and CGC. DAC highlights might include:* Whether contracts, SDIPs etc are on track and what action DAC is taking to address any issues.
* Notification of any potential consequences relating to next year’s contract negotiations.
* How the intelligence received is informing the commissioning process.

H Kenyon, L Whitton and J Haxby to agree a way forward of the meeting. **Clinical Governance Committee**The Committee raised concerns regarding the poor performance in regards to NLaG CQUINs. E McCabe confirmed that most NLaG CQUINs in Quarter 2 were not achieved. This could be linked to capacity issues and the lack of effective and efficient systems, eg, paper records. The CCG has requested details of the root causes of non-delivery of CQUINs. Work is underway regarding the Alcohol and Tobacco CQUIN. A member of public health is assisting NLaG in order to identify the issues. The Committee provided the following feedback:* Further understanding and detail is required around the impact on the quality of care and the financial impact.
* CQUINs should be built on a firm foundation of quality systems; there are concerns that the foundations are not robust.
* CQUINs should be considered as a critical element of the day job and should be clinically led.
* Further discussions are required in order to agree a way forward, eg, a conversation with NHSE/I regarding the need to get the basics right or withdraw payment for non-delivery. The withdrawal of payment approach would need to be adopted for all providers.
* Concerns about the consequences if other commissioners withdraw payment to NLaG.

The Committee agreed to ask the Clinical Governance Committee to look at the CQUINs for next year and identify any that are significant enough to initiate a withdrawal of payment for non-delivery. J Haxby advised that this would also need a discussion at the NLaG QRM meeting and raised at the Contract Transformation Board. | **H Kenyon****L Whitton****J Haxby****J Haxby** |
|  |  |  |
|  | **FOR INFORMATION** |  |
|  |  |  |
| **9.** | **Residential and Home Care Update** |  |
|  | A report was circulated for information. B Brown provided a summary:Residential care* Self-assessment forms have been sent to those homes who did not meet the required cost of care standards. The onus has been put onto providers to provide assurance that they are meeting the standards and clarity has been provided on the areas that they need to focus on. There has been very little noise in the system.
* Grimsby Grange and Manor sent a letter thanking the CCG for the support provided in response to recent fire safety concerns.
* Internal focus meetings regarding quality are being set up.
* Conversations are ongoing with Grimsby Institute (GIFHE) regarding supervisory training. GIFHE attended a provider meeting in order to raise awareness of the social care training available locally. Students who are going into homes have been encouraged to report any issues via the portal.

Home care* Procurement - the bid is currently being evaluated. Interviews will take place in the New Year.
* Hospital in reach – a low level process is being developed. Final approval is required from the hospital. B Brown to feed back any barriers/issues to J Haxby who will escalate to Ellie Monkhouse.

The Committee provided the following feedback:* There is a business advisor at Efactor specialising in social care and providing free coaching in care homes. The CCG were asked to raise awareness of this free resource.
* Request for J Berry to be involved with the internal group focusing on quality. It was confirmed that J Berry has been included.

 **The Committee noted the update.**  |  |
|  |  |  |
| **10.** | **Quarterly Updates from Sub Groups*** **MIFS**
 |  |
|  | A report was circulated for information. J Haxby advised that a site visit was undertaken to Bradley Woodlands which resulted in a significant amount of assurance. There are a number of issues remaining, however the provider is working hard to make improvements. B Brown fed back that the same types of safeguarding issues continue to be raised. It would be helpful to receive assurance from the Management that improvements are taking place on the ground. **The Committee noted the report.**  |  |
|  |  |  |
| **11.** | **Items for Virtual Decision/Chair’s Action – nothing to report.** |  |
|  | There was nothing to report.  |  |
|  |  |  |
| **12.** | **Primary Care Commissioning Committee Minutes – 24/9/2019** |  |
|  | Circulated for information.  |  |
|  |  |  |
| **13.** | **AOB** |  |
|  | H Kenyon provided an update on ophthalmology. |  |
|  |  |  |
|  | **Date and Time of Next Meeting:****Wednesday 22nd January 2020, 9-11, Council Chamber, Grimsby Town Hall** |  |
|  |  |  |