

NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP

**CARE CONTRACTING COMMITTEE**

**ACTION NOTES OF THE MEETING HELD ON 11/03/2020 AT 9AM**

**MEMBERS PRESENT:**

Helen Kenyon, Chief Operating Officer (Chair)

Anne Hames, Community Forum Representative

Jan Haxby, Director of Quality and Nursing

Laura Whitton, Chief Finance Officer

Christine Jackson, Head of Case Management Performance & Finance, focus

Dr Ekta Elston, Medical Director

Mark Webb, CCG Chair

Bev Compton, Director of Adult Services (via teleconference for Item 9 only)

**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  
Leigh Holton, Service Lead – Disability and Mental Health Families, Mental Health & Disabilities Team (Items 5, 6, 7)  
Tanya Burnay, Commissioning Officer – Care & Independence Team (Item 8)  
Rachel Brunton, Finance Manager (Item 9)  
Bruce Bradshaw, Finance Manager (Item 9)

**APOLOGIES**

# APOLOGIES RECEIVED

There were no apologies received.

# DECLARATIONS OF INTEREST

*Members to declare any individual or Practice interests that are likely to lead to a conflict or potential conflict that could impact (or have the potential to impact) on any items on the agenda. This should be repeated again at individual item(s) where it is considered a conflict is likely to or could potentially arise.*

*The following declarations of interest were made in respect of today’s meeting:*

*Item 8 – Carelink Contract – Cllr Cracknell declared an interest in her role as a member of the Carelink board. It was agreed that Cllr Cracknell could remain in the meeting for the discussion.*

*Item 7 – Review of PC Enhanced Services – E Elston declared an interest in her role as a GP. It was agreed that E Elston could remain in the meeting for the discussion.*

# APPROVAL OF PREVIOUS MINUTES 12.02.2020

The notes of the previous meeting were agreed as an accurate record.

# MATTERS ARISING

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| The outstanding Matters Arising were reviewed.  *Item 1 - Apologies - H Kenyon to review the quorum section of the Terms of Reference.*  H Kenyon reminded members that a decision was taken at the last meeting despite the meeting not being technically quorate. As a number of members were excluded from the decision-making process due to conflicts of interest, the remaining members made a decision. This was raised at the Governing Body who supported this decision. It was agreed that the Terms of Reference for this and other Committees needs to be more explicit in terms of decision making when members are excluded due to conflicts of interest.  **Action: L Whitton**  *Item 4 - Matters Arising from Previous Notes – 22.01.2020*  *Item 11 - TASL and General Transport Update.*  *H Kenyon to add Transport to the ULT agenda.*  H Kenyon confirmed that Transport has been discussed and identified as one of the two priorities being taken forward as part of the next phase of the Future Gov work.  *Item 6 - Risk and Quality Panel ToR*  *Request for the “Aim” paragraph to be reworded to provide more clarity on the aim of the panel, ie, for a lay person. The updated ToR to be circulated to the Committee as a Matter Arising.*  **Action: The proposed amended wording to be circulated to the Committee – C Reed**  *Further discussions are required regarding transition. H Kenyon to pick this up with Joanne Hewson.*  H Kenyon confirmed that Transition, now re-termed Preparing for adult life, is on the Union Business plan and will be led by B Compton and J Hewson.  *Item 8 - Prioritisation Cascade - process for approval*  *The national CQC State of Care report – the Committee agreed that a discussion by the Union would be helpful.*  **Action: H** **Kenyon to add to the Union Leadership Team** **agenda**. |

# Rethink Crisis House, Lincsline and Mental Health SPA

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| A report was circulated to the February meeting and Committee members requested additional information. An updated report was circulated and L Holton provided a summary:   * In 2018 the contract came to an end and a “mini-tender” process commenced to ensure that the service was offering the best value and with the intention of lining the contract up for the ICP. The existing specification was sent out to three providers (Rethink (the current provider), Mind and Navigo). MIND withdrew due to the need for CQC registration and Navigo declined to enter the tender as they valued the independent sector provision of the services. The 18/19 contract was awarded to Rethink and further extended in 2019 for another year to 31st March 2020 via a contract variation. * Navigo has expressed an interest in the SPA element of the contract but not the crisis bed element. Navigo currently pick up calls during working hours with Rethink picking up out of hours calls. Rethink performance around call pick up has been deteriorating due to an increase in call numbers and issues regarding technology/staff training. Winter pressures funding has been put into the service and performance is now improving. Winter pressures funding for next year would be required to sustain the development. * The preferred option is to extend the contract for one year. A consultation would then take place to consider whether to split off the SPA function from the Crisis House and Helpline (two services and two potential providers), or whether the contract remains a three part contract.   The Committee provided the following feedback:   * Is the volume of calls likely to continue to climb? L Holton confirmed that calls are anticipated to increase but that the improvements made around staff skills and technology will help to sustain the current performance.   **Action: L Holton to provide details of the number of calls to be provided as a Matter Arising.**   * What is the total value of the contracts? It was confirmed as £253k plus inflation. B Brown confirmed that the extension would take it over the EU threshold. * What was the rationale of bringing the separate elements together? L Holton confirmed that the aim was to have an element of crossover with staff members being able to move smoothly between the two elements. It was also deemed helpful to have one contract and one provider; however the current thinking is that two contracts and two providers would be preferable in terms of value for money etc. * Who is the CCG consulting with? L Holton advised that consultation has primarily been with service users and soft intelligence obtained from Rethink satisfaction surveys. Further testing with other providers is required. * NHS 111 (starting to look at MH support) and Safe space cafés need to be factored into the process. * Positive feedback was noted regarding Rethink. The number of frequent callers have been reduced due to staff expertise. Positive outcomes have been achieved. * Concerns regarding the risk of challenge if extending for one year. B Brown noted that the risk of challenge is relatively low due to previous engagement with providers and the length of the extension. If the extension is approved, there would be a procurement for a four year contract from April 2021. |

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

* **Extension of the current contract for one year at the value of £253k.**
* **Consultation to take place to establish whether the commissioning of the service is changed in future to split off the SPA function from the Crisis House and Helpline (two services and two potential providers), or whether this remains a three part contract.**
* **A report to be submitted to the August meeting detailing the recommended way forward; with a view to going out to procurement in October 2020.**

**Action: Forward plan to be updated.**

# Advocacy

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| A report was circulated for consideration. L Holton provided a summary:   * The contract for advocacy services, provided by Cloverleaf Advocacy, is due to come to an end in September 2020. * Changes in the law are anticipated in 2020 in relation to Deprivation of Liberty Safeguards (DoLS) being replaced by Liberty Protection Safeguards (LPS), which would result in changes to advocacy operations. The target date for implementation is October 2020, however no further guidance has yet been received. Guidance is anticipated in summer 2020. * Discussions are taking place with NL Council to look at co-commissioning of the services and delivering it on a NL footprint. * It is proposed that the contract is extended for one year until September 2021 with the option to extend until January 2022 if needed to align with the NL Council contract.   The Committee provided the following feedback:   * Confirmation of the value of the contract is required; it was estimated at £250k. It was noted that the funding was increased in 2018/19 in order to enable the development of volunteers and to recruit an additional advocate in order to address a number of issues.   **Action: L Holton to confirm the value of the contract.**   * Has benchmarking work been undertaken with NLC in order to compare benefits? L Holton confirmed that this has taken place and that the two areas are relatively comparable and economies of scale are anticipated. * Could one provider provide the service across the footprint? L Holton confirmed that this was a possibility. * The Committee discussed the efficacy, value for money, performance and outcomes of the current service. L Holton confirmed that the service is meeting its KPIs and required outcomes and is performing against the specification within its limited resource. There haven’t been any significant concerns raised via the intelligence portal or complaints process. There are some interface issues between social work and advocacy, eg, Rethink don’t always respond at short notice when meetings are called and they will not accompany people into court; resulting in social workers acting as advocates; however C Jackson confirmed that she would support the extension for one year. * The extension period could be used to collate some robust evaluation data from service users. * Further discussions are required with NL Council regarding the alignment of the contract, eg, could NL Council extend their contract to September 2021? * The Committee requested that future reports include information relating to dates, values, activities and performance. * The Committee discussed whether contracts are routinely monitored and flagged to service leads and this Committee at the appropriate times. A review was requested of all contracts awarded over the last 12 months in order to identify any trends, eg, were contracts extended and what was the rationale for extending, eg, guidance change etc.   **Action: B Brown to submit a briefing to the next meeting.**  **The Care Contracting Committee agreed to support the recommendation to extend the contract for one year until September 2021. They did not support the recommendation of the option to extend until January 2022.** |

# Review of PC Enhanced Services – PC Counselling

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| A report was circulated for consideration. L Holton provided a summary:   * Primary care counselling services are commissioned from three providers (360 Care Limited, Yarborough Clee Care, Clee Medical) * The aim is for service users to be supported through IAPT with better integration into primary care. Uptake of the services has been low. * The providers were issued with a newly revised specification in April 2019 with the intention to review on an ongoing basis as the local IAPT expansion was developed. The aim was to look to transfer the services into the ICP from 2020/21. * As part of the PCN development and the introduction of additional roles, there has been the indication that as from 2021/22, these roles will include mental health workers. * It is proposed that the services are continued into 2020/21 and the future of the schemes considered once more detail is available around the new roles and conversations have taken place with PCNs around how they would want it work.   The Committee provided the following feedback:   * Clarification sought around population coverage. It was noted that the services do not currently cover the full population. Those not covered by the service have access to the IAPT service and secondary care. * Concerns were raised regarding PCN funding potentially commencing during the extension period. It was agreed that clear expectations would be provided to PCNs around the need to meet the requirements of the new specification and that the notice period on the current contract could be reduced to 3 months.   **The Care Contracting Committee agreed to extend the contract for 12 months and reduce the notice period to 3 months.** |

# Carelink Contract

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| A report was circulated for consideration. T Burnay provided a summary:   * Carelink deliver the telecare service in NEL. The contract is due to end on 31st March 2021. * A new trusted assessor function was implemented in order to streamline the service. Carelink also recently undertook a major staffing restructure. They now have a full complement of staff. * The staffing restructure and new trusted assessor function have resulted in a delay in the ability for a thorough test of the new process. The proposal is to extend the contract for one year to 31st March 2022 in order for a review of the efficacy and financial implications of the trusted assessor process to take place. The CCG would then re-tender for a new contract with a start date of 1st April 2022.   The Committee provided the following feedback:   * Concerns regarding the length of time taken by the provider to implement the new function. It was noted that the restructure of staff and training requirements contributed to the delays. * If the Committee approves a one year extension in order to enable a review of the new process, would the CCG be putting the provider at an unfair advantage when the procurement process commences? It was noted that incumbent providers tend to be at an advantage during procurements and that previous market testing identified Carelink as the key provider in the market. CCGs are unlikely to be criticised for working with providers to improve services. * Market testing was carried out in 2019; is there more current information available? B Brown reported that Carelink remain the preferred provider both locally and nationally. * Evaluation of the whole service needs to be built into the review.   **The Care Contracting Committee did not support the recommendation to extend the contract for one year. It was decided that a procurement process will commence in April 2021 with a review of the new system to be conducted from 1st March 2021. The new service will commence from September 2021.** |

# Fee Setting

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| A verbal update was provided at the February meeting. A formal report regarding proposals in relation to provider fees (residential sector/domiciliary care/supported living/CHC) for 2020/21 was circulated for consideration. B Compton, B Bradshaw and R Brunton provided a summary:   * At the last meeting the Committee discussed the approach for those residential care homes who are not meeting the required quality standards. There were concerns regarding 16 homes; they were asked to go through the self-assessment process. The contract team is working through the returns and the information should be available during w/c 16th March. The team is contacting or visiting those homes where queries have been raised. Some issues relate to tissue viability; it was noted that the tissue viability team has capacity to support providers with this. * Letters will be sent to all providers within the next week advising them of their rate.   The Committee provided the following feedback:   * It was proposed that a deadline be set for providers to achieve the quality standards, eg, September 2021. B Brown emphasised that the CCG will work with providers in order to support them to achieve the standards; if they are not compliant by April they would receive a one or three month notice of improvement. If no improvement was made by September, conversations would then be required regarding providers’ viability in the market. It was suggested that it might be helpful to delay these conversations due to the current climate (Covid 19). * Modelling work is underway to establish the risk of providers exiting the market and to identify the potential numbers of residents affected. It was noted that there are approximately 7 homes who could be at risk due to their capacity levels; the number of residents is to be determined. * Concerns regarding the disparity between the overall percentage increase in residential care fees (5.21%) versus domiciliary care fees (4.1%), particularly as previous discussions have emphasised the need to support domiciliary care. It was confirmed that this links to the cost of care exercise carried out for residential care but not for domiciliary care. A fair cost of care exercise will be required for other areas going forward; however this is anticipated to result in significant cost pressures. The same formula was not applied across the system as there is less information and understanding available around the additional costs in the domiciliary care market. R Brunton expressed confidence that the 4.1% increase for domiciliary care builds in sufficient monies to cover the minimum wage increase. It was agreed that the aspiration should be to increase the domiciliary care rate going forward within the affordability rate and that clear plans are required for next year. It was proposed that domiciliary care be escalated to the Union Board or Governing Body as a priority area. * Given the financial pressures, is there any potential not to proceed with the uplift for residential care? B Compton confirmed that the CCG had agreed and committed to an approach on the cost of care exercise and reneging on the agreement would result in significant challenge. * The Committee noted the challenges within ASC and the need to refrain from overspending the budget whilst also trying to ensure the viability and sustainability of providers.   **The Care Contracting Committee agreed:**   * **To approve the recommended fee option.** * **Residential care homes that have gone through the self-assessment process and have met the quality standards will move onto the new cost of care rate £517.37. Those homes who have completed the self-assessment process and not passed through the gateway will continue to receive the non-cost of care rate paid in 2019/20 and will not receive any quality premium. Homes that are under review will continue to receive the non-cost of care rate plus any quality premium they are currently receiving. Homes that have not yet been assessed but are confirmed as meeting the required standards will have their rate backdated to April 1st.** * **To support further work on the cost of care to consider nursing care and enhanced dementia care during 2020-2021** |

# Ophthalmology Update

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| This item was deferred to the next meeting.  **Action: Item to be added to the Forward Plan.** |

# Monthly Update – NLaG Cost Improvement Plan

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| NLaG is still on target to deliver fully against their cost improvement plan for 2019/20. |

# Update on Contract Negotiations

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| This item was deferred to the next meeting.  **Action: Item to be added to the Forward Plan.** |

# Items for Escalation from/to: DAC/ Clinical Governance Committee

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| There were no items for escalation. |

# Residential and Home Care Update

A report was circulated for information.

Home Care – the Committee were asked to support and reinforce the message given to LQCS regarding the transfer of individuals to Hales following the procurement outcome, ie, all individuals will move to a new package with Hales unless there are exceptional circumstances, eg, previous issues with Hales or significant mental health issues.

**The Care Contracting Committee agreed to support this.**

# Quarterly MIFS Update

This item was deferred to the next meeting.

**Action: Item to be added to the Forward Plan.**

# Items for Virtual Decision/Chair’s Action

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

# ITEMS FOR INFORMATION

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| a/ Minutes of Delivery Assurance Committee - 18.12.2019  b/ Minutes of Clinical Governance Committee - 14.11.2019  **The Committee noted the minutes.** |

# ANY OTHER BUSINESS

There were no items of any other business.

DATE AND TIME OF NEXT MEETING:

**08/04/2020 AT 09:00 Bremerhaven Room, Grimsby Town Hall - CANCELLED**

H Kenyon advised that the Committee may be asked to make some virtual decisions prior to the next meeting. This will avoid the need for an additional meeting.