

NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP

**CARE CONTRACTING COMMITTEE**

**ACTION NOTES OF THE MEETING HELD ON 12/08/2020 AT 9AM**

**MEMBERS PRESENT:**

Helen Kenyon, Chief Operating Officer (Chair)

Anne Hames, Community Forum Representative

Laura Whitton, Chief Finance Officer

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

Mark Webb, CCG Chair

Bev Compton, Director of Adult Services

Dr Raghwani, GP Rep

Jan Haxby, Director of Quality and Nursing

**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

**APOLOGIES**

Dr Ekta Elston, Medical Director

# APOLOGIES RECEIVED

Apologies were received as noted above.

# 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.*

Item 5 – Core Care Links Contract – Dr Raghwani declared an interest; CCL are part of the same PCN. It was agreed that Dr Raghwani could remain in the meeting and join the discussion.

Item 7 - Review of contracts 2019-20 - Cllr Cracknell declared an interest; she is on the Board of Carelink. It was agreed that Cllr Cracknell could remain in the meeting and join the discussion.

# APPROVAL OF PREVIOUS MINUTES 08.07.2020

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 8 - Prioritisation Cascade - process for approval -The national CQC State of Care report – H Kenyon to add to the ULT agenda. This action was put on hold due to the urgent work required regarding Covid 19. C Reed to forward the report to H Kenyon (completed). H Kenyon and B Compton to take the report to the Leadership meeting and then to the Union Board.*The process for next year is starting to be discussed. This action to be closed. Planning for 2021/22 will come back to the October meeting.*Item 7. Review of Contracts Register 2020/21 and first half of 2021/22. It was noted that L Holton is the lead for a large number of contracts. L Holton to be asked to provide an update on the contracts for the Committee to provide assurance regarding deliverable timescales.*L Holton provided an update for the Committee. The Committee requested an update on the VCS contract (Foresight) which was rated Red. Consideration is being given to explore potential alternative providers. A Clarke, Contracts Officer is dealing with this on an almost daily basis. **Action: An update to be circulated to the September meeting.** *Item 8 - NHS Contracts under Covid 19 and future arrangements. Request for clarification around numbers in relation to “we have increased elective backlogs massively”. McCabe to clarify outside of the meeting.*E McCabe confirmed that there are no definitive numbers at the current time, however NLaG and all providers will be asked by NHSE around the backlogs by speciality as part of the Phase 3 work. It was noted that NLaG fed back at a recent meeting that there were 197 over 52-week waiters and 598 in the 45 to 54 week wait category, compared with 2 over 52ww prior to lockdown. *E McCabe to draft a briefing for approval by H Kenyon, L Whitton, J Haxby around the finance and quality and safety of delivery of service.*E McCabe is waiting for the final finance arrangements for post October to be issued. E McCabe to work with L Whitton and to provide an update for information for the next meeting.**Action: An update to be added to the September Agenda**   |

# Core Care Links (CCL) Contract

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| A report was circulated for consideration. E McCabe provided a summary:* In September 2019 the Committee agreed that work could begin with PCNs to develop alternative provision for the GP Out of Hours (GPOOH) contract. Discussions were progressing; however, contract negotiations were halted due to Covid-19.
* CCL is working under the main contract extensions given to all providers as a result of Covid-19.
* The Committee were asked to approve an extension of the CCL contract until 31st March 2021. This would allow time to:
	+ Maintain resilience through winter and to the end of the financial year
	+ Conclude discussions with GPs/PCNs about the future or direction of GPOOH arrangements
	+ Develop a PCN led Community Urgent Care response model incorporating GPOOH
	+ Integrate the findings of the “Talk before you Walk” into any future service

The Committee provided the following feedback:* The contract notice period is 6 months; therefore, a clear direction of travel will be required by the end of September if the Committee agrees to extend the contract until 31st March 2021.
* Conversations to commence with PCNs at the earliest possible opportunity in order to reach a decision on GPOOH prior to the September CCC meeting.
* Would the 6 month extension provide sufficient time to agree a new model/ work through new arrangements etc. The general consensus was that 6 months should be sufficient and the Committee would be unwilling to extend for more than 6 months. It was noted that PCNs were keen to have a decision in March regarding when they could pick up the contract and further delays would not be welcomed.
* Committee members supported the 6 month extension as it is important to have a tried and tested service running for the winter period.
* The community need to be informed of any changes to GPOOH, eg, will the provision be in the same place? It would be helpful to understand how many patients are seen by the service and the timetable for any changes.
* **Action: A report to be brought to the September CCC meeting to propose the way forward, eg, whether a procurement would be required, what the new model might look like, agreement of a plan to manage the transition, details of patient numbers seen by GPOOH and the communications plan for the community etc.**

The Committee agreed to approve an extension of the CCL contract until 31st March 2021. |

# PTS – Amvale Medical Ltd

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| A report was circulated for consideration. E McCabe provided a summary:* The Amvale contract (12 hour non-emergency patient transport service discharge vehicle) was previously extended due to capacity issues in the system and ongoing work with the discharge service at NLaG. It was proposed to further extend the contract to 31st March 2021 to enable further work to try to identify capacity in the system (the CCG is working with TASL) and to allow for a full procurement in 2021 in alignment with the wider PTS service. It would also avoid disruption to patients and ensure that a discharge transport service is in place for the winter period. The contract value is approximately £20k per month.
* A report regarding the direction of travel for the procurement of the wider PTS will be submitted to the September meeting for discussion.

The Committee provided the following feedback:* Was this service funded from non-recurrent funding? It was confirmed that funding was covered within budgets for this year. The service was an addition to the main contract.
* Concerns were raised that anecdotal feedback from patients indicated long waits around discharge transport. It was noted that there are ongoing issues around discharge but that complaints around transport have reduced and the service is generally well received. It was confirmed that a lot of work is taking place at the hospital in order to address the issues around discharge, eg, encouraging consultants to do their rounds earlier in order to prepare people for discharge sooner and to stagger discharge times.
* Discussion around aligning this contract with the main PTS contract (due to expire in October 2021), as having two contracts builds in an additional level of complexity. It was proposed that there should be one contract with one provider responsible for managing the activity. This might involve utilising other providers as part of the provider framework. The framework was brought in due to the significant challenges from NLaG around discharge. NLaG currently uses other providers for call off overspill when TASL and Amvale capacity has been exceeded.
* Concerns that the CCG is spending money to prop up the system; some of which links to poor planning around discharge. It was agreed that this needs to be resolved.
* Work is required to understand what will be needed in the post covid world. Patients may be encouraged to ring their GP, the SPA or 111 and be directed to the most appropriate point rather than A&E (Talk before you walk); this would reduce footfall into A&E. The transforming outpatient work will also reduce the number of people going to the hospital. The impact will start to become apparent in the coming months; which should enable a better view of what the total transport offer that the CCG needs to commission should look like. The national review of PTS will also need to be considered. E McCabe and S Hudson are trying to get a call with the national lead to establish the rationale for the national review and the direction of travel etc.

**Action: A report will be submitted to the September meeting for discussion.** * The Committee agreed to amend the extension of the Amvale contract to September 2021.
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# Review of contracts 2019-20

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| A report was circulated for consideration. B Brown provided a summary:* Concerns were raised at the last meeting regarding contracts regularly being extended for short timescales or rolled forward. The report lists the contract extensions approved by CCC from 1st April 2019 until present and provides the rationale for the extensions.
* Considerable discussions take place with service leads prior to a proposal being submitted to CCC regarding procurement or contract extension. The default position for expiring contracts is procurement, unless there are specific circumstances, eg, a national change in guidance, localised provision which differs from the outside market, eg, Carelink.
* B Brown expressed confidence that the decisions made have been correct but noted that improvements could be made in terms of follow up, planning and timescales.
* Longer contracts are being introduced, with some CCGs issuing 10-year contracts. Provision for the contract/service to develop and flex are built into the contract. NELCCG has issued the longer Support at Home contract which enables development and flexibility.

The Committee provided the following feedback:* Feedback from the work undertaken by Futuregov was that contracts/ specifications should not be static and fixed but should include flexibility for ongoing development and change to explore better value for money. Robust performance management is key. Partners should continue to engage with their customers during the contract duration and they should share the same values and ethos and work with commissioners to evolve service models over time.
* Clarity to be provided in future reports for those contracts with extensions already built in, eg, 3 years plus 2. The expectation would be that the extra years built in would be used unless a provider was not performing. The report would clearly state that the contract was working well and the CCG was taking up its option to extend the contract by 2 years.
* It was proposed that clarification be given to Service leads regarding what is expected of them, eg, to articulate what has been learnt from the contract, what improvements and developments could be made, whether a procurement process is required or the contract be extended etc.
* It was agreed that a quarterly report (Gantt chart or spreadsheet) be brought to the Committee with clear timeframes and an update from Service leads. It was agreed that conversations should commence one year before the end of a contract.
* It was noted that procurement rules may change as a result of Brexit. Updates will be brought to the Committee as they arise.

The Committee noted the update.  |

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

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| A report was circulated for consideration. E McCabe provided a summary:* NHS contracts with national bodies, eg, NLaG and EMAS – waiting for national direction; however, the Phase 3 letter indicated that there would be no contracts for 2020/21.
* St Andrews Hospice – the documentation has been drafted. Central funding for hospices will stop and pre covid grant arrangements will resume. Hospices may ask for additional support due to the closure of its charity shops.
* Home Care - Lead Provider and Approved provider - new contracts to be awarded for 1/10/2020 after a delay due to COVID.
* ABL Health – waiting for the national obesity strategy. NEL is working with NLCCG on a potential joint procurement in the Autumn. The anticipated data won’t necessarily be available. Work will be required with the provider to avoid having to move to more extreme weight loss surgery.
* IT – a one-year extension is available in the contract. J Mitchell to be asked to determine whether he is happy to award the extension.
* Transport service - prospective procurement date is 1st December to award in April 21 and go live in Oct 21. This will be the most complicated contract.
* AQP - NOUS & pain management – a review is required with P Bamgbala and other colleagues around how the service is to be defined going forward, eg, does the CCG still want an AQP or one provider? There is currently one provider for pain management.
* Advocacy – the contract is due to expire on 30th September 2020. L Holton is waiting for the publication of new national guidance. The contracts team are working with L Holton on an almost daily basis on this contract.
* The next report will provide more detail around the proposals for the Committee to consider.

The Committee noted the update.  |

# NHSE Care Home Capacity Tracker Update

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| B Bradshaw provided the Committee with a demonstration on the NHSE Care home capacity tracker:* The tracker was developed approximately 2/ 2.5 years ago to provide insight into bed vacancies in the care home community. NELCCG was not an early adopter as there was already a robust system in place around bed vacancies. The tracker provides visibility to other CCGs and Local Authorities and there were concerns that NEL would start to import care from other areas due to capacity constraints elsewhere.
* The Covid 19 pandemic instigated a national mandate for all CCGs to adopt the tracker in order to provide high level scrutiny and visibility. Data from the tracker goes to local resilience forums and tactical groups and provides information for Ministerial briefings.
* All care homes were mandated to sign up to the tracker and are responsible for inputting their data. This has enabled visibility of all care homes within the NEL boundary, including the non-contracted homes. NHSE’s aspirational aim for vacancies to be updated was 80%; NEL is at 81%.
* The tracker now includes details of providers who have some sort of bed-based capacity, eg, hospices and substances misuse providers, but excluding acute providers. This enables total bed capacity across the system to be understood.
* The portal provides a number of useful reports including:
* Oversight on Covid cases within care homes. At the current time there is one possible Covid case in NEL (not yet confirmed). The CCG will contact the home to ensure that the resident has been tested and that the IPC team are aware. It was noted that very small cases flag up significantly on the system.
* Outbreak monitoring, eg, homes classed as recovered due to no new active cases or suspicion of active cases within the past 28 days.
* Care home RAG rating against Covid 19 business continuity plans. NEL is slightly under the NHSE aspirational rate; however, this could be attributed to the non-contracted care homes and LD services.
* Workforce, eg, staff absences, issues of capacity.
* PPE stocks. A weekly return is being shared with Navigo.
* ASC infection control fund - includes details of the grant and demonstrates any issues, eg, paying staff full wages when self-isolating.
* DToC analysis – provides month by month data and RAG rates by region.
* Location overview – links to enhanced nursing offer etc and provides a mini dashboard by provider with high level information.
* The portal enables comparison against other LA regions and is a useful management tool.
* The performance team pulls out the data for inclusion in the ASC dashboard.
* Future developments of the portal may include data around flu vaccines and Covid vaccines.
* The portal generally works very well, however there have been a number of glitches, eg, some homes have shown outbreaks inaccurately, NHSE changes to the portal have resulted in providers showing as new providers etc. The help desk is very good at responding to queries and resolving issues.
* The tracker is monitored on a daily basis by members of the Care and Independence and Contracts Team.

The Committee provided the following feedback:* Committee members provided positive feedback around the capacity tracker and considered it a positive to come out of the Covid pandemic.
* The NHSE team who are responsible for the national recruitment for returnees are using the portal to gauge when to offer staff to individual areas. NELCCG has received notification of two individuals; however, they were not clinically trained. The need in NEL is for trained staff. It was noted that the overall level of scrutiny from NHSE is high. They contacted the CCG regarding a provider rated amber for 48 hours. The provider was able to meet demand; however, rated themselves amber due to staff transferring between buildings and annual leave etc.
* Further work is required to ensure that PPE stocks are going to the right people.
* Are NHSE giving the opportunity to feed back around issues, glitches and possible amendments/improvements? It was confirmed that CCGs can provide feedback but that change tends to occur only when a majority is asking for tweaks. It was noted that the pace of change is very fast and users do not always receive any notification.
* Is the CCG system still running and does that result in duplication? It was confirmed that the CCG continues to collect data on occupancy levels of contracted care homes on a weekly basis. This data is broken down into CHC, respite etc and details where the funding is from. The capacity tracker does not have the same level of detail. Concerns were raised about the portal being the only source of information.
* Will access be given to PCNs for the support to care homes work or will CCGs have a process for flagging issues to PCNs? NHSE have been asked to consider this. It was agreed that it would be useful to have one screen for PCNs to view areas of concern.
* Further information would be useful around how to roll out vital signs etc. The CCG has been put forward to sponsor a bid from AHSN around how to get digital flow of information through to GP practices. It would be helpful to link that through the portal.
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# Items for Escalation from/to: Clinical Governance Committee / Governing Body

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| There were no items for escalation to/from the Clinical Governance Committee, Governing Body or Risk Committee. The Clinical Governance Committee will resume in early October. The Oversight group continues to meet to discuss safety and quality issues.  |

# Residential and Home Care Update

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| A report was circulated for information. |

# Quarterly Update - Risk and Quality Panel

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| A report was circulated for information. |

# Quarterly Low Value Procurement Update

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| A report was circulated for information. |

# Items for Virtual Decision/Chair’s Action

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| There were no items for virtual decision/chair’s action.  |

# 15 ANY OTHER BUSINESS

15.1 Red Cross

B Compton advised that a report will be circulated to the Committee for virtual decision within the next week.

There are currently 2 contracts with Red Cross:

1. All year-round community service which settles people in their homes on discharge.
2. Service commissioned as a winter discharge service people are met in the discharge lounge and taken home and settled at home.

The cost of the winter planning service is not very good value for money. The CCG has been negotiating with Red Cross to come up with a combined service which would give an all year round offer to provide appropriate cover over 7 days per week for discharge or community. This would be possible within the current financial envelope; however, parts of the envelope are winter monies. The Committee will be asked to confirm whether they support the commitment of the winter planning money when a decision has not yet been made on the entire winter plan.

DATE AND TIME OF NEXT MEETING:

Wednesday 9th September, 9-11am, Microsoft Teams