

Governing Body (public) meeting

DATE: 29 January 2015

Title	Decision Log from other Fora	
Recommended action for the Governing Body	<p>That the Governing Body:</p> <p>NOTE Decisions that have been made by the Governing Body in different fora or on behalf of the Governing Body</p>	
Executive Summary	<p>Sometimes decisions need to be made by the Governing Body in private session that “having regard to the confidential nature of the business to be transacted, which relates to financial and commercial issues upon which would be prejudicial to the public interest.” Section 1(2) of the Public Bodies (admission to Meeting) Act 1960</p> <p>NHS Bexley CCG endeavours to be as open and transparent as possible and therefore will report decisions that have been made in fora other than a public meeting at the most appropriate time.</p> <p>This report covers decisions made since the Governing Body (public) meeting held on 27 November 2014;</p> <p>AGREED Chairs action to approve NHS Bexley CCG Joint Procurement of Domiciliary Care for CHC Patients</p>	
Which objective does this paper support?	<p>Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders</p>	✓
	<p>People: Empower our staff to make BCCG the most successful CCG in (south) London</p>	✓
	<p>Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation</p>	✓
	<p>Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience</p>	✓
Organisational implications	Key Risks <small>(corporate and/or clinical)</small>	N/A
	Equality and Diversity	No impact
	Patient impact	No impact
	Financial	N/A

	Legal Issues	N/A
	NHS constitution	N/A
Consultation (Public, member or other)	None appropriate	
Audit (Considered / Approved by Other Committees / Groups)	N/A	
Communications Plan	To be published as part of the Governing Body papers on the website.	
Author	Mary Stoneham Board Secretary	
	Clinical Lead Dr Howard Stoate	Executive Sponsor Simon Evans-Evans Director of Governance and Quality
Date	15 January 2015	

Governing Body Decisions log (for decision made whilst meeting in Private or via Chair's action)

Date of Decision	Authorised Person	Reason the Decision was not taken at a public Meeting	Title	Decision	Governing Body Notified	Agenda item at Governing Body (public) Meeting
25.12.14	Governing Body Chairs Action	Decision needed due to time constraints	Joint Procurement of Domiciliary Care for CHC Patients	AGREED the Integrated Commissioning Unit to work with the London Borough of Bexley Adult Social Care (ASC) brokerage service to commission domiciliary care for people eligible for Continuing Health Care (CHC)	29.01.14	29.01.14

GOVERNING BODY

Chair's Action No. 1 – 14/15

Title: Joint Procurement of Domiciliary Care for CHC Patients

Decision:

Chairs Action has been requested for approval by the Governing Body for the joint procurement of Domiciliary Care for CHC Patient with the London Borough of Bexley Adult Social Care (ASC).

Documentation:

Attached are emails from Sarah Valentine, Director of Commissioning, and documentation from Alison Rogers, Assistant Director, explaining the rationale for the joint procurement for domiciliary care for continuing health care patients (to be included in Governing Body meeting papers 29 January 2014).

Decision made by:

Dr Stoate, Dr Kanani, Keith Wood and Sarah Blow.

After consultation with:

Following emails and documentation (above) circulated by Sarah Valentine – Dr Stoate, Dr Kanani, Dr Kanani, Sarah Blow and Simon Evans-Evans.

By authorisation of:

(for decisions made on behalf of Chief Officer or Chair)

Reason for Chair's Action:

Chair's Action required to enable the CCG and the London Borough of Bexley Adult Social Care (ASC) to jointly procure domiciliary care for people eligible for Continuing Health Care (CHC) which will provide potential cost saving to the CCG and part of the on-going assurance processes with those providers.

The Governing Body is asked to **APPROVE** the joint procurement with the London Borough of Bexley Adult Social Care (ASC) for domiciliary care for people eligible for Continuing Health Care (CHC).

Communicated to: Locality Chairs on Public Meeting on 29 January 2015

Governing Body Public Meeting on 29 January 2015

Staff on Public Meeting on 29 January 2015



Email confirmation

Dr Howard Stoate, NHS Bexley CCG Chair

Date: 23 December 2014

Email confirmation

NHS Bexley CCG Governing Body Member
Sarah Blow – Chief Officer

Date: 23 December 2014

Email confirmation

Bexley CCG Governing Body Member
Dr Nikita Kanani – Bexley CCG Clinical Vice Chair

Date: 23 December 2014

Email confirmation

Bexley CCG Governing Body Member
Keith Wood – Lay Member Governance

Date 23 December 2014

As set out within Bexley Clinical Commissioning Group Constitution 3.2.21 Emergency powers

3.2.21 Emergency powers and urgent decisions

3.2.21.1 It is recognised that there will be times when urgent decisions are required. The Chair has the discretion to define urgent decisions.

3.2.21.2 In an emergency, where a decision must be made by the governing body before its next meeting, the powers and duties of the governing body may be exercised by the Chair (Emergency Action).

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- 3.2.21.3 or this purpose “emergency” means circumstances in which:-
- 3.2.21.4 The governing body will be unable to discharge its statutory functions or be exposed to a significant level of risk if urgent action is not taken; or urgent action must be taken to prevent loss, damage or significant disadvantage to the CCG.
- 3.2.21.5 To ensure transparency, any urgent decisions will be recorded and notified in the minutes of the next regular meeting of the CCG governing body, and a log maintained for inspection by the Audit and Integrated Assurance Committee
- 3.2.21.6 If decisions have an immediate impact on the wider CCG and constituent members, the locality chairs will be informed at the earliest convenience, so information can be shared with localities.
- 3.2.21.7 The Chair and/or the Accountable Officer have the authority to make an urgent decision without consultation with the localities or governing body.
- 3.2.21.7.1 Where possible, the Accountable Officer will always discuss decisions with the Chair, clinical vice-chair or Deputy Chair, and in their absence will notify a governing body GP lead.
- 3.2.21.7.2 If chair’s action is required, the chair will consult with at least two other governing body representatives before confirming the action.
- 3.2.21.8 The Emergency Action functions of the Chair and Accountable Officer may be exercised by such other persons as the Chair and Accountable Officer may respectively nominate in writing.

Governing Body (public) meeting

DATE: 29 January 2015

Title	Procurement of Domiciliary Care for Continuing Health Care Patients
Recommended action for the Governing Body	<p>That the Governing Body:</p> <p>Approve for the Integrated Commissioning Unit to work with London Borough of Bexley Adult Social Care (ASC) brokerage service to commission domiciliary care for people eligible for Continuing Health Care (CHC)</p>
Executive summary	<p>The Bexley CCG CHC Team spot purchase personal care in the home for people with eligible needs, many of whom are fast track end of life patients. Currently, and in common with most CHC services, this procurement is informal and lacks a robust quality assurance process underpinning it. The Bexley team make reference to the list of domiciliary care providers approved by LBB but have not taken part in the process of assuring them in the first place. Therefore it is a priority for the Integrated Commissioning Unit to move domiciliary care procurement onto a more formal footing.</p> <p>Secondly it is likely that better prices could be secured through a joint procurement process. There are two options to achieve these goals, which are not necessarily mutually exclusive.</p> <p>In the first instance there is the option to buy into a London regional process which will give us access to providers who opt into a pan-London AQP framework (via the London Levies agreement across the CCGs in London), and/or secondly we can opt for inclusion in the domiciliary care re-procurement about to be undertaken by LBB.</p> <p>It is likely that it will be beneficial to do both (as the last London Levies agreement around CHC offered very limited choice for Bexley CCG).</p> <p>However at this time, in order to secure the potential benefits of inclusion in the LBB process which is imminent, the Governing Body is asked to approve the inclusion of the provision of CHC domiciliary care in the procurement being undertaken in January</p>

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	by the London Borough of Bexley.	
Which objective does this paper support?	Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	✓
	People: Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London	✓
	Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation	✓
	Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	✓
Organisational implications	Key risks <small>(corporate and/or clinical)</small>	There is a risk that domiciliary care providers will not wish to provide care to CHC patients at the same price as they charge to LBB and that they may not bid for this option. This risk will be mitigated as far as possible by market engagement prior to procurement
	Equality and diversity	There is no impact on equality and diversity
	Patient impact	The intention is to ensure more robust assurance of the domiciliary care purchased for CHC patients, thus having a positive impact on quality and safety.
	Financial	<p>Bexley CCG spends in the region of £250,000 per year on non-specialist domiciliary care, paying different rates to different providers.</p> <p>It is estimated that if we could secure the same rates as LBB pay for these services (c£12.60 per hour) a saving of in the region of £35,000 could be achieved subject to sufficient appropriate providers applying to be on the framework. It is anticipated that as CHC is not currently included in the Section 75 agreement with LBB, LBB would charge a fee to cover their costs to provide the service – likely to be a percentage of savings achieved (for</p>



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		undertaking the work on our behalf).
	Legal issues	If appropriate a S256 agreement will be used to cover the transfer of funds from BCCG to LBB.
	NHS constitution	Supports principles 5 and 6 of the NHS Constitution. <ul style="list-style-type: none"> • The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population • The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.
Consultation (public, member or other)	There is no requirement for consultation as the service to the patient will be unaffected	
Audit (considered/approved by other committees/groups)	Because of the need to make a swift decision this proposal is being brought directly to the Governing Body	
Communications plan	Not applicable	
Author	Alison Rogers	
	Clinical lead Dr Nikki Kanani	Executive sponsor Sarah Valentine
Date	19 December 2014	

Procurement of Domiciliary Care for CHC Patients

Introduction

Domiciliary care (personal care) for Continuing Health Care patients is currently procured on a case by case basis with no formal care specification and usually using the agency which is best able to respond quickly (as many of these will be fast track palliative care patients).

There is no quality assurance framework in place and historically we have relied upon the London Borough of Bexley domiciliary care framework as the basis of our assurance.

However this is not robust in that

- a) we have not contributed to the procurement process or included a specification in it and
- b) from the LBB perspective we are using the same market meaning that choice and availability can be affected for council clients.

With regard to pricing we have also to some extent taken advantage of the LBB framework and some agencies do charge us the same rates (£12.60 per hour) as the Council pay, however others charge far more for essentially the same level of care.

Future Requirements

We urgently require a robust quality assurance process to underpin our purchase of CHC domiciliary care.

We would wish to minimise the rates we pay for services similar to those purchased by LBB to the same rates wherever possible.

There are two levels of need to be procured:

- a) non-specialist (personal care, food preparation, sitting services etc.) and
- b) specialist (people with challenging behaviour, complex nursing needs).

Financial

We are projected to spend approximately £250,000 on non-specialist domiciliary care in 2014/5, about 12% of which is night sitting. Analysis shows that a saving of approximately £40,000 might be achieved if services could be purchased the councils rates, although this would be reduced by approximately £5,000 for the night sitting which will inevitably attract a higher rate. We will agree with LBB a percentage payment against savings for their procurement services .

Options Considered

- **Option 1** – do nothing
- **Option 2** – come to a formal agreement with LBB to enable the use of their framework (currently in the process of reprocurement)
- **Option 3** – use the pan-London AQP process (also currently in the process of reprocurement and due for procurement in 2015/16)
- **Option 4** – run our own domiciliary care procurement
- **Option 5** – a combination of options 2 and 3

Preferred Option

The preferred option is Option 5 – to utilise both the LBB framework and the London Levies AQP procurement.

The non-specialist care has a night-sitting element to it which would be over and above LBB's requirements. We propose to add this to the LBB procurement as a separate lot which will be priced separately. The specialist care is outside the scope of the LBB procurement so we will need to use the London Levies AQP to procure it.

This combined option will provide the best opportunity for robust quality assurance for both specialist and non-specialist care. Depending on the outcome of these two procurements, having access to both frameworks should give us access to the widest range of potential providers at the most advantageous prices, although there is a risk that providers on both frameworks may refuse work which is offered via the LBB framework if the prices for CHC work are higher on the London framework. This risk however needs to be balanced against the risk of not having access to providers at all because they are not the framework we have adopted.

Recommendation

The Governing Body is asked to **APPROVE** the joint procurement with the London Borough of Bexley Adult Social Care (ASC) for domiciliary care for people eligible for Continuing Health Care (CHC).

Sarah Valentine
Director of Commissioning