

WOLVERHAMPTON CCG

Governing Body

12 July 2016

Agenda item 12a

Title of Report:	Update on AQP Care Home Framework
Report of:	Maxine Danks
Contact:	Maxine Danks
Governing Body Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To inform the Governing Body of the progress that has been made to provide quality care home provision for individuals eligible for NHS CHC
Public or Private:	This report is for the public meeting
Relevance to CCG Priority:	
Relevance to Board Assurance Framework (BAF):	
<ul style="list-style-type: none"> • Domain 1: A Well Led Organisation 	<ul style="list-style-type: none"> • Processes support robust governance arrangements; • Involves and engages patients and the public actively • Works in partnership with others especially LA and providers • Ensures commissioning is providing the best value for money; effective systems are in place to ensure compliance with its statutory functions for NHS CHC



<ul style="list-style-type: none"> • Domain 2a: Performance – delivery of commitments and improved outcomes 	<ul style="list-style-type: none"> • To improve outcomes for individuals who are eligible for NHS CHC and use innovative methods to achieve this improvement. • Close working with patients and providers to deliver services which address identified needs
<ul style="list-style-type: none"> • Domain 2b: Quality (Improved Outcomes) 	<ul style="list-style-type: none"> • To improve the quality of care received by health funded individuals by supporting the work undertaken by the Quality Team, by supporting providers in meeting the needs of complex patients. • Commissioning services which have quality embedded within the contract specification.
<ul style="list-style-type: none"> • Domain 3: Financial Management 	<ul style="list-style-type: none"> • The ICT budget is closely monitored to ensure that accurate forecasting can be made by finance colleagues. • Finance teams are notified of all significant packages prior to the funding commencing and monthly budget meetings assist with planning.
<ul style="list-style-type: none"> • Domain 4: Planning (Long Term and Short Term) 	<ul style="list-style-type: none"> • The Framework will provide additional windows of opportunity for providers to join the Framework • Work has commenced to address the limited provision of care for young people with complex care needs in co-production with Changing Young Lives.
<ul style="list-style-type: none"> • Domain 5: Delegated Functions 	<ul style="list-style-type: none"> • NHS CHC delivery is a statutory function of the CCG

1. BACKGROUND AND CURRENT SITUATION

- 1.1. The Individual Care Team undertakes the end to end NHS Funded Care statutory function for the CCG. This encompasses assessing individuals, identifying care needs, commissioning care that will meet these needs and reviewing needs and care provision on a regular basis.
- 1.2. Many individuals who are eligible for NHS CHC funding reside within nursing homes in Wolverhampton and receive all of the care they require in these settings, fully funded by the NHS.
- 1.3. Over time it has become apparent that the quality of care received within some of these homes is not of a standard that the CCG believe is appropriate to meet the needs of residents; this information has been provided from Quality Team, LA, CHC assessors and family.
- 1.4. At a time when families have to consider a family member moving into care they are often under considerable stress. The lack of guidance, as to which care home might be appropriate to meet their loved one's needs, can add to their distress. The ability to have access to a choice of quality assured care homes should minimise the additional stress currently experienced by families during this difficult time.
- 1.5. In order to address this situation and provide quality care home provision within the city it was evident that the CCG needed to commission the care differently and move away from a spot purchase model to a model which utilised the NHS Contract to improve quality standards.

2. MAIN BODY OF REPORT

- 2.1. The first procurement exercise undertaken by the Individual Care Team in the summer of 2015 was unsuccessful. There were several market engagement events held before this Invitation to Tender was published and amendments were made to specifications to reflect the feedback received at these events.
- 2.2. Despite the engagement the number of local providers was insufficient and therefore the procurement at this time was not concluded.



- 2.3. Feedback was gathered from a number of local providers and it was identified that the fees being offered were not at a level which reflected the needs of the individuals requiring care under NHS CHC. Providers also identified that the quality reporting requirements would require additional time from staff and that the level of fees did not take this resource into account.
- 2.4. A decision was made to revise the fees payable and to commission future care via an Approved Care Home Framework using the Any Qualified Provider process to identify appropriate providers.
- 2.5. The care fees were increased to £700 per week for physical health needs and £725 per week for care related to mental health needs. For individuals with very complex needs comprehensive assessments and care plans would provide the foundation for discussions as to the hours of additional funding required to address the individuals identified needs.
- 2.6. Application to be considered to join the Framework was opened on 1st February 2016 and closed on 4th March 2016.
- 2.7. There were 9 applicants in total and of those 8 were accepted following evaluation. (Details in Appendix 1)
- 2.8. The providers were informed regards the outcome of their application by the CSU.
- 2.9. Contracts are now complete and the Framework will become live on July 1st 2016. These are overarching NHS contracts and will be zero value; providers will be paid for each individual and the care they receive.

3. CLINICAL VIEW

- 3.1. The applications were evaluated and the areas related to practice were evaluated by both registered nurses and a mental health nurse.

4. PATIENT AND PUBLIC VIEW

- 4.1. The specifications for the provision of both physical and mental health had been reviewed and commented on by patient representatives from WCCG who had family members that were or had previously received care within nursing homes.



5. RISKS AND IMPLICATIONS

Key Risks

- 5.1. The main risk would be that all of the care home provision commissioned via the Framework has no vacancies and that care would need to be purchased from providers who are not part of the Framework. This risk should be minimised as a new window of opportunity is due to be opened in October 2016 for further providers to join the Framework; at least 3 large care homes in city have indicated that they wish to be considered at the earliest opportunity.

Financial and Resource Implications

- 5.2. Financial modelling has been completed by the CCG finance department and the fee levels identified are affordable within the allocated budget for NHS Continuing Healthcare

Quality and Safety Implications

- 5.3. The quality team have been involved throughout the procurement exercise and have made significant contributions to the specification regarding the quality monitoring that providers will be required to submit.
- 5.4. The mandatory provision of this information will ensure any quality concerns or themes are identified in a timely manner and swift action can be taken if required.

Equality Implications

- 5.5. The Individual care Team currently commission care for all individuals, over 18 years of age who have eligibility for NHS continuing healthcare. The introduction of an Approved Care Home Framework will not negatively impact on any group within the local population the use of approved providers will ensure choice of quality providers

Medicines Management Implications

- 5.6. N/A

Legal and Policy Implications

- 5.7. NHS Continuing Healthcare provision is a statutory duty of the CCG. Provision of quality assured care is identified as a requirement in the NHS Continuing Healthcare Assurance Framework, as is the use of NHS Contracts when commissioning care.

6. RECOMMENDATIONS



- 6.1. It is recommended that the Governing Body receive and discuss the report and note the action being taken to improve the quality of care provided for individuals who are in receipt of NHS Continuing Healthcare residing in nursing homes.

Name: Maxine Danks

Job Title: Head of Individual Care

Date: 21.06.2016

ATTACHED:

Appendix 1 – Contract Award Recommendation Report

RELEVANT BACKGROUND PAPERS



REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	Clinicians involved in design and project	26.04.16
Public/ Patient View	Feedback of Specifications	26.04.16
Finance Implications discussed with Finance Team	Maria Tongue provided finance input	26.04.16
Quality Implications discussed with Quality and Risk Team	Quality team involved in project	26.04.16
Medicines Management Implications discussed with Medicines Management team	N/A	26.04.16
Equality Implications discussed with CSU Equality and Inclusion Service	No change in service provision	26.04.16
Information Governance implications discussed with IG Support Officer	N/A	26.04.16
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	26.04.16
Signed off by Report Owner (Must be completed)	<i>M. A. Donko</i>	21.06.2016

