


ED2. EXECUTIVE DECISIONS BY A CABINET MEMBER OR AN OFFICER

A. Report Title: COMMENCEMENT OF PROCUREMENT OF PUBLIC HEALTH AND BETTER CARE FUND SERVICES	
B. Report Author(s): Christopher Smith, Programme Manager, Adults Health and Commissioning	Tel: 64557 E-mail: cpsmith@thurrock.gov.uk
C. Decision Maker: Cllr John Kent	
D. Position held: The Leader of the Council	
E. Key decision: Key	F. Delegation ref:
G. Is the decision urgent? Yes	
H. If yes, state why. A number of contracts for Community Health Care services (to be commissioned as part of the Better Care Fund) need to be awarded in March 2015 for the services to be provided from 1 April. The procurement of these services has been planned under "Part B" of the Public Contract Regulations 2006. This is a lesser regime, with only a few of the detailed rules of the Regulations applying. The introduction of new Public Contract Regulations 2015 on 26 February 2015 will remove the Part B exemptions and procurement of health and social care services from that date must comply fully with the Regulations. Procurement of these services under the new Regulations would not be possible before the end of March and so approval is being sought to commence the procurement of these services before 26 February so that the procurement will come under the Part B Regulations.	

I. DECISION (strike out whichever does not apply) : 1. I agree the recommendations in the attached report for the reasons given in the report;	
Signed: 	Date: 24 th Feb 2015.

URGENCY

Democratic Services will arrange for the completion of the following:	
J. I confirm that in my opinion a decision on this matter is urgent and cannot reasonably be delayed:	
Signed:	Date:

To be completed by Democratic Services

Date decision received by Dem. Services: 24 February 2015	Date decision published: 25 February 2015
Implementation date: 25 February 2015	
Relevant O & S Committee: Health and Well-being Overview and Scrutiny Committee	

24 February 2015		ITEM: Not Applicable
Report to the Leader of the Council		
Commencement of the procurement of community health care (Better Care Fund) services		
Wards and communities affected: All	Key Decision: Key	
Report of: Christopher Smith, Programme Manager, Adults Health and Commissioning		
Accountable Head of Service:		
Accountable Director: Roger Harris, Director of Adults, Health and Commissioning		
This report is Public		

Executive Summary

A number of contracts for community health care (Better Care Fund) services need to be awarded in March 2015 for the services to be provided on 1 April. The procurement of these services has been planned under "Part B" of the Public Contract Regulations 2006. This is a lesser regime, with only a few of the detailed rules of the Regulations applying. The introduction of the Public Contract Regulations 2015 on 26 February 2015 will remove the Part B exemptions and procurement of health and social care services from that date must comply fully with the Regulations. Procurement of these services under the new Regulations would not be possible before the end of March and so approval is being sought to commence the procurement of these services before 26 February so that the procurement will come under the Part B Regulations.

1. Recommendation(s)

1.1 To commence the procurement of the services listed in the Appendix to the report.

2. Introduction and Background

2.1 In 2015/16, the Council as host of the Better Care Fund pooled fund will assume responsibility for a range of contracts for community health care services. These services are currently provided under contract to NHS Thurrock CCG. The plan is to put these services through a competitive

procurement process over the course of a period of years. Until then a waiver from the Constitutional requirement for a competitive procurement process to determine the award of the contract is sought so as to allow the services to continue to be provided in 2015/16.

- 2.3 A complication has now arisen with the announcement on 6 February 2015 that the public Contracts Regulations 2015 will come into force on 26 February. One consequence of the new Regulations will be to remove the "Part B" exemption for health and social care services. The current Regulations do not require any form of prior advertising or competitive tendering of Part B services although contracts must still be awarded in line with the general obligations of transparency, equal treatment, non-discrimination and proportionality. The new Regulations will require the Council to advertise the contracts and to follow one of the formal tendering procedures. It would not be possible to undertake this process and award the contracts in time to allow the services to continue without interruption from April 2015.

3. Issues, Options and Analysis of Options

- 3.1 An urgent decision is needed to commence the procurement of these community health care services before 26 February 2015 so that the Part B exemption for health and social care services will apply to this procurement exercise.
- 3.2 A failure to commence the procurement before that date would mean the Council would need to undertake the procurement under the new regulations. However, to do so would mean the contracts could not be put in place by the deadline for the start of the Better Care Fund pooled funding arrangements on 1 April 2015.

4. Reasons for Recommendation

- 4.1 The commencement of the procurement will mean that the Council will be able to introduce the Better Care Fund arrangements as planned and agreed by the Health and Well-Being Board.

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 Consultation has been undertaken on the Better Care Fund Plan.

6. Impact on corporate policies, priorities, performance and community impact

- 6.1 The continued delivery of these community health care services is a crucial part of our Health and Well-Being Strategy and our aim to reduced unplanned admissions to hospital and residential care homes.

7. Implications

7.1 Financial

Implications verified by: **Sean Clark**
Head of Corporate Finance
Thurrock Council

Femi Otukoya
Head of Finance
NHS Thurrock CCG

The Better Care Fund will be made up from the following contributions;
Thurrock CCG contribution **£14,766,142** and Thurrock Council contribution **£3,253,194**.

The fund will need to be accounted for in accordance with the relevant legislation and regulations, and the agreement between the local authority and the health service.

7.2 Legal

Implications verified by: **Daniel Toohey - Principal Corporate Solicitor,**
Legal and Democratic Services

- 1 This report is seeking approval from Cabinet to commence the procurement of the contracts referred to in the report. It is proposed that the procurement exercise be commenced prior to the Public Contracts Regulations 2015 coming into force. Under the present regulations, that is, the Public Contracts Regulations 2006 (the 'Regulations'), health care services are classified as Part B Services and therefore are not subject to the full tendering requirements of the Regulations, namely in respect of competitive tendering. However in conducting the procurement, the Council still has a legal obligation to advertise the award of the contract, and also to comply with the relevant provisions of the Council's Contract Rules and with the EU Treaty principles of equal treatment of bidders, non-discrimination and transparency in conducting the procurement exercise.
- 2 The report author and responsible directorate are advised to keep Legal Services fully informed at every stage of the proposed procurement exercise. Legal Services are on hand and available to assist and answer any questions that may arise in relation to ensuring a compliant procurement exercise.

7.3 Diversity and Equality

Implications verified by: **Rebecca Price**
Community Development Officer
Thurrock Council

Andrew Stride
Head of Corporate Governance
NHS Thurrock CCG

The vision of the Better Care Fund is improved outcomes for patients, service users and carers through the provision of better co-ordinated health and social care services. The commissioning plans developed to realise this vision will need to be developed with due regard to equality and diversity considerations. This will include adherence to the relevant 'Equality' Codes of Practice on Procurement. These require consideration of the equality arrangements of all such providers, such as relevant policies on equal opportunities and the ability to demonstrate a commitment to equality and diversity. These arrangements will also be subject to a full review as part of the contract management of the services to be provided.

7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- Procurement Policy Note – Public Contracts Regulations 2015

9. Appendices to the report

- THURROCK HEALTH & WELLBEING BOARD BETTER CARE FUND 2015/16 – (This contains the list of community health care (Better Care Fund) services for which procurement must commence to allow the award of contract before April 2015).

Report Author:

Christopher Smith
Programme Manager
Adults Health and Commissioning

**THURROCK HEALTH & WELLBEING BOARD
BETTER CARE FUND 2015/16 (Final)**

Scheme No.	Scheme Description	Description of Services	Budgets Included	Current Service Provider	Section 256 £	Reablement £	Mainstream £	CCG Total £	LA Total £	HWB Total £	CCG %	LA %	Total %	
1	Locality Service Integration	The aim of this scheme is to review health and social care provision with a view to align appropriate services around federations of GP practices. Secondly, the scheme aims to generate efficiencies through negotiation with NELFT and Thurrock Council provider arm through integrating RRAS/Rehabilitation into the wider integrated community teams/rehabilitation teams.	Integrated Community Teams	NELFT			3,906,301	3,906,301	748,794	3,906,301				
			Long Term Conditions	NELFT			415,682	415,682		415,682				
			Joint Reablement Team	NELFT & LA	320,000	100,000		420,000		1,168,794				
			Primary Care MDT Coordinator	NELFT		51,130		51,130		51,130				
			RRAS	NELFT & LA		605,580		605,580		605,580				
					320,000	756,710	4,321,983	5,398,693	748,794	6,147,487	88%	12%	100%	
2	Frailty Model	The aim of this scheme is to review pathways for frail patients to ensure we are meeting local need and delivering best practice. This scheme covers a wide range of initiatives including; - Review of existing Reablement and protection of social cares services - Implementation of a frailty pathway across primary, community and acute providers - End of Life Care - Development of carers services	End of Life Team	NELFT			388,795	388,795	427,000	388,795				
			Day Hospital Assessment & Treatment	NELFT			388,947	388,947		388,947				
			Admission Avoidance	NELFT			125,910	125,910		125,910				
			Continence Service (see Note 3)	SEPT			62,000	62,000		62,000				
			Community Geriatricians	NELFT			84,079	84,079		84,079				
			Care & Healthtrack	PI Benchmark	50,000			50,000		50,000				
			Telehealth	Docobo			30,000	30,000		30,000				
			Various other - Sensory Worker; Stroke, MH Support; Direct Payments Officer	LA	158,329			158,329		158,329				
			Hospital Social Work Team	LA	80,000			80,000		507,000				
			Carers Grant	Various			178,000	178,000		178,000				
			External Purchasing	Various	1,803,340			1,803,340		1,803,340				
Elizabeth Gardens	LA	175,000			175,000	175,000								
					2,266,669	30,000	1,227,731	3,524,400	427,000	3,951,400	89%	11%	100%	
5	Disabled Facilities Grant & Social Care Capital Grant	Mandatory DFGs are available from local authorities in England and Wales and the Housing Executive in Northern Ireland, subject to a means test, for essential adaptations to give disabled people better freedom of movement into and around their homes and to give access to essential facilities within the home. Capital Grant to support ASC personalisation, reform and efficiency	DFG	Various					481,000	481,000				
			Capital Grant	Various						364,000	364,000			
									845,000	845,000	0%	100%	100%	
6	Care Act Implementation	Updated Ready Reckoner breakdown of the Care Act costs funded through the BCF					522,000	522,000		522,000				
							522,000	522,000		522,000	100%	0%	100%	
3	Intermediate Care Review	Review of pre CHC assessment pathway with a view to improving the level of rehabilitation prior to assessment for CHC. This will include the a review of the long term commissioning arrangements for Mountnessing Court.	Mount Nessing Court	SEPT	100,000		604,800	704,800		704,800				
			Intermediate Care Beds	NELFT			2,585,738	2,585,738		2,585,738				
			Collins Hse Intermediate Care Beds	LA	240,000			240,000	336,333	576,333				
							340,000		3,190,538	3,530,538	336,333	3,866,871	91%	9%
4	Prevention and Early Intervention	Review of the current provision of falls with the intention of commissioning a new falls pathway that will reduce the level of admissions for falls attributable presentations. The second part of this project would look to review the efficacy of other frail elderly wide initiatives that could support a reduction in admissions Review of equipment services including the development of a retail model to support equipment provision that helps keep people out of hospitals	Community Equipment	NELFT			921,385	921,385	611,352	1,532,737				
			Local Area Co-ordination	LA	71,767	75,290		147,057	147,057					
			Stroke Prevention	LA					34,715	34,715				
			Public Health	NELFT					250,000	250,000				
							71,767	75,290	921,385	1,068,442	896,067	1,964,509	54%	46%
7	Payment for Performance	Payment for the acheivement of the target reduction in total non-elective admissions		BTUH			722,069	722,069		722,069				
							722,069	722,069		722,069	100%	0%	100%	
Grand Total					2,998,436	862,000	10,905,706	14,766,142	3,253,194	18,019,336	82%	18%	100%	
								Mandated Minimum Fund	9,720,000	845,000	10,565,000	92%	8%	100%
								Additional Contribution	5,046,142	2,408,194	7,454,336			