Joint Strategic Commissioning Board

Tuesday, 19 June 2018
Birkenhead Town Hall - Birkenhead Town Hall

2.00 p.m.

Contact Officer: Shirley Hudspeth
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AGENDA

1. ELECTION OF CHAIRS

To elect Chairs of the Joint Strategic Commissioning Board for the remainder of the Municipal Year.

2. APOLOGIES FOR ABSENCE

3. DECLARATIONS OF INTEREST

Members are asked to consider whether they have any disclosable pecuniary interests and/or any other relevant interest, in connection with any item(s) on this agenda and, if so, to declare them and state the nature of the interest.

BUSINESS ITEMS

4. DRAFT COMMISSIONING DECISION POLICY AND PROCEDURE (Pages 1 - 22)

Report of the Director of Commissioning and Transformation.

5. POOLED FUND FINANCE REPORT (Pages 23 - 30)

Report of the Senior Manager, Financial Services.

6. RESPONSIBILITY FOR SYSTEM QUALITY (Pages 31 - 36)

Report of the Director of Quality and Safety.

7. DRAFT COMMISSIONING DECISIONS POLICY AND PROCEDURE (Pages 37 - 58)

Report of the Director of Commissioning and Transformation.

8. DATE OF NEXT MEETING

To note that the next meeting of the Joint Strategic Commissioning Board will be held at 2pm on Tuesday, 21 August 2018 in the Council Chamber of Birkenhead Town Hall.

9. URGENT BUSINESS APPROVED BY THE CHAIRS

To consider any other business that the Chairs accept as being urgent.

10. EXEMPT INFORMATION - EXCLUSION OF THE PRESS AND PUBLIC

The following items of business contain exempt information.

RECOMMENDATION:

That, under section 100 (A) (4) of the Local Government Act 1972, the public be excluded from the meeting during consideration of the following items of business on the grounds that they involve the likely disclosure of exempt information as defined by the relevant paragraphs of Part 1 of Schedule 12A (as amended) to that Act. The Public Interest test has been applied and favours exclusion.

11. URGENT BUSINESS APPROVED BY THE CHAIRS (PART 2)

To consider any other business that the Chairs accept as being urgent.

Terms of Reference

The JSCB is established to focus on the commissioning, strategic design and performance management of health and care services on Wirral, including the outcomes and quality of those services. The JSCB will oversee the development of population based commissioning.

The JSCB Cabinet Committee will undertake the following duties and responsibilities, exercising delegated powers of the WBC Executive and formulating recommendations for adoption by the WBC Cabinet and / or the CCG Governing Body, as the case may be, that seek –

- To promote the integration of health and social services generally across WBC and CCG;
- To approve integrated health and care commissioning strategies;
- To approve large scale health and care transformation programmes;
- To approve and maintain oversight of plans and oversight of delivery for specific areas such as:
    - Better Care Fund Schemes
    - Urgent Care Transformation
    - Commissioning Prospectus
    - Learning Disabilities Plan;
- To ensure effective stewardship of Section 75 pooled monies and address any issues of concern;
- To maintain oversight of health and care system performance and address any issues of concern;
- To ensure the implementation of integrated health and care commissioning strategies and transformation programmes.

In making decisions and / or recommendations to the Cabinet and / or the Governing Body, as the case may be, the JSCB Cabinet Committee will look to ensure that those actions will seek in all cases -

- To reduce inequalities;
- To secure greater public involvement;
- To commission services effectively, efficiently and equitably;
- To secure quality improvements;
- To promote choice and inclusion.

The JSCB Cabinet Committee will not consider or deal with any matters relating to individual patients, service users or carers, including complaints or requests for specific treatments or services, which will be managed through existing procedures. The JSCB Cabinet Committee will review service user and patient experience data at an ‘aggregate’ rather than individual level.

The JSCB Cabinet Committee will make its decisions in accordance with the Budget and Policy Framework of Wirral Council and any matter coming before the JSCB Cabinet Committee that might involve a decision contrary to the Budget and Policy Framework shall be referred to the Cabinet for confirmation and, if necessary, referral to the full Council.

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Wirral Health & Care Commissioning

JOINT STRATEGIC COMMISSIONING BOARD
Draft Commissioning Decisions Policy and Procedure

Risk Please indicate	**High** Y/N	***Medium*** Y/N	***Low*** Y/N
Detail of Risk Description	*Complete the detail of any risk to the organisation* *This is a policy document to ensure consistent approach and commissioning decisions*		

Engagement taken place	N
Public involvement taken place	N
Equality Analysis/Impact Assessment completed	N
Quality Impact Assessment	N
Strategic Themes	
To empower the people of Wirral to improve their physical, mental health and general wellbeing	Y
To reduce health inequalities across Wirral	Y
To adopt a health and wellbeing approach in the way services are both commissioned and provided	Y
To commission and contract for services that: • Demonstrate improved person-centred outcomes • Are high quality and seamless for the patient • Are safe and sustainable • Are evidenced based • Demonstrate value for money	Y
To be known as one of the leading organisations in the Country	Y
Provide systems leadership in shaping the Wirral Health and Social Care system so as to be fit for purpose both now and in five years' time.	Y

JOINT STRATEGIC COMMISSIONING BOARD

Meeting Date:	**19 June 2018**
Report Title:	**Draft Commissioning Decisions Policy and Procedure**
Lead Officer:	**Nesta Hawker**

1 INTRODUCTION / REPORT SUMMARY

1.1 This policy outlines the principles, approach and processes which will be followed by Wirral Health and Care Commissioning (the Commissioner) to support effective decision making.

2 RECOMMENDATIONS

2.1 The Joint Strategic Commissioning Board is asked to recommend adoption of the Commissioning Decisions Policy and Procedure.

3 BACKGROUND INFORMATION

3.1 Our values are highlighted within the policy and these will underpin our decisions which are focused on ensuring the needs of people are at the centre of commissioning decision making, and that our processes will be clear and transparent.

3.2 The aims of our decisions are to secure services that are safe, legal and also improve the outcomes for our population. We will also need to utilise our resources effectively and that the use of the Wirral pound is maximised for the benefit of our population.

3.3 This policy covers decisions to invest, reinvest and dis-invest in services and therefore includes the process of reviewing existing contracts as part of our contract management.

3.4 The need to engage with our stakeholders during the process of making a commissioning decision is highlighted within the policy and how this can inform and give assurance to our decision making process.

3.5 This is a joint policy which following approval will be adopted by the Commissioner. It will ensure we have a consistent approach is adopted and that this process adheres to national guidance and best practice.

4 OTHER OPTIONS CONSIDERED

4.1 This option is to have a single joint commissioning decision making policy for WHCC.

4.2 An alternative approach would be to retain separate decision making policies, however the Council does not currently have a published commissioning decision making policy or process. The absence of such a policy would present significant risk to the integrated commissioner.

4.3 The new process has been co-produced by Local Authority and CCG staff.

5 FINANCIAL IMPLICATIONS

5.1 There are no direct financial implications, however commissioning decisions will impact upon the finances of WHCC and are critical to commissioning within the resources available.

6 ENGAGEMENT / CONSULTATION

6.1 None required this is an internal policy and process. All commissioning decisions however, require engagement and consultation as set out in the policy and process document.

7 LEGAL IMPLICATIONS

7.1 Major services changes associated with the strategy will require consultation and will be subject to scrutiny.

8 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

N/A.

9 EQUALITY IMPLICATIONS

9.1 Equality Impact will be managed through the programmes of implementation associated with the Commissioning Strategy. Major service changes will be formally consulted upon.

REPORT AUTHOR: **Nesta Hawker**
Director of Commissioning and Transformation
email: nesta.hawker@nhs.net

APPENDICES

REFERENCE MATERIAL

HISTORY

Meeting	Date

Commissioning Decisions
Policy and Procedure

First issued by/date	Issue Version	Purpose of Issue/Description of Change	Planned Review Date
05/01/2016	2	• To outline the process for commissioning decisions which will result in the re-commissioning or de-commissioning of existing services • To demonstrate effective use of public money	

Named Responsible Officer:-	Approved by	Date
Director of Commissioning	Joint Strategic Commissioning Board	

Policy file: **Corporate Policy**	**Impact Assessment Screening Complete -** **Full impact Assessment Required -**	**Policy No.** POL026

Key Performance Indicators:

1. Standard and transparent process for commissioning decisions.
2. Regular review of all existing contracts and outcomes delivered.

Commissioning Decisions Policy and Procedure

1. INTRODUCTION

1.1 This policy will outline the principles, approach and process which will be followed by Wirral Health and Care Commissioning (the commissioner) to support effective decision making. The process will be transparent, fully informed and consistently applied by the Commissioner when undertaking commissioning decisions.

1.2 The Commissioner has responsibility to ensure that public money is utilised effectively and to commission high quality services that will deliver the right care, in the right place, at the right time for the Wirral population.

1.3 Public money to fund health and care services is limited and together with the changing needs of patients, the Commissioner must secure health and care services that deliver better outcomes and meet the needs of Wirral residents in the most efficient way, and also explore new models of care to meet the changing needs of patients.

1.4 The Commissioner is required to commission services which are safe, legal, improve the quality and outcomes for our population, and improve the efficiency in the provision of the services.

1 . 5 Our Strategic Plans outline the priorities for the commissioning of health and care services in order to meet the needs of the Wirral population.

1.6 This policy sets out how decisions relating to the re-commissioning and de-commissioning of health and care services will be made. For the remainder of this policy the term 'commissioning decision' will refer to both of these scenarios.

2. PURPOSE

2.1 To ensure that all of our resources are consistently directed in accordance with the Commissioners priorities, and statutory duties, and to commission services that will ensure effective use of those resources across the whole health and care economy.

2.2 Ensure that the needs of people are central to commissioning decisions.

2.3 For the Commissioner to commission a range of services that will achieve the best possible health and care outcomes for the local population within available resources.

2.4 To ensure services are always safe and are required to meet the highest standards of quality.

3. COMMISSIONING CYCLE

3.1 The need to undertake commissioning decisions is integral throughout the commissioning cycle which is shown in the diagram below.

Commissioning Cycle

3.2 As part of the commissioning cycle all commissioned services will be reviewed in terms of alignment to the strategic plan, statutory duties, priorities, quality, outcomes and efficiency. This review, of both existing and new services/initiatives, will inform the commissioning decisions undertaken by the Commissioner.

4. PRINCIPLES FOR COMMISSIONING DECISIONS

4 . 1 The following principles will be adopted by the Commissioner throughout the commissioning decision process. These principles are in line with NHS England's four tests for planning and delivering service changes. The four tests of service change are:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- Clear, clinical evidence base
- Support for proposals from clinical commissioners.

4.2 There is a further test applicable from April 2017 which is regarding any proposal of significantly reduce hospital beds. This additional test will also be adhered to if required.

4.3 The Local Government Association and NHS Clinical Commissioners have developed a commissioning framework (April 2018) for integrated commissioning and the principles within this are also reflected in the Commissioner principles below.

Our principles are integral to the values and business of the Commissioner and in accordance with those values, the process will be a process that:

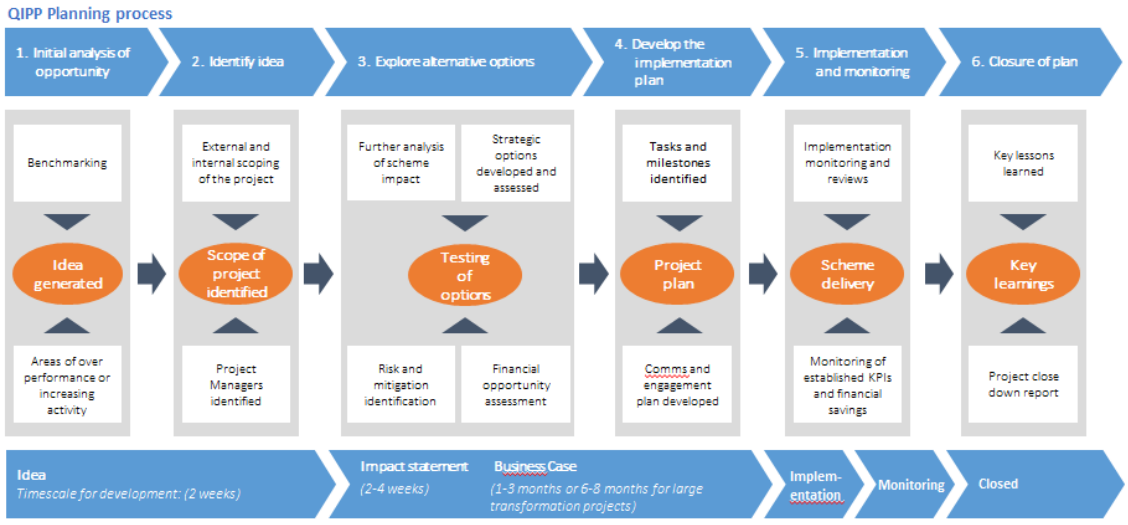
- will have a focus on the benefits for the 3 'P's: people, places and populations, with the individual at the heart of our approach
- will be clear and transparent
- will be consistent and robust ensuring decisions are informed and evidence based with a focus on outcomes over 'episodes of care'
- will ensure decisions will align with the priorities and strategic plans of the Commissioner together with the Wirral Health and Wellbeing Strategy, Healthy Wirral and the Cheshire and Merseyside Health and Care Strategy.
- will have clear, effective and interactive communication and engagement with key stakeholders including members, patients, public and providers will be ongoing throughout the process in line with best practice
- will be in-line with the Risk Management, Quality, Equality and Privacy guidelines of the Commissioner
- will be compliant with all legal duties required of a public sector organisation which includes legal duties imposed under the NHS Act 2006 (as amended by the Health and Social Care Act 2012)
- Decisions will be consistent with the NHS Constitution and the values of NHS Wirral CCG and Wirral Council.

5. GOVERNANCE FOR COMMISSIONING DECISIONS

5.1 Governance arrangements for commissioning decisions will have to comply with the NHS Wirral CCG and Local Authority scheme of delegation, together with procurement, patient choice and competition regulations. The process will be as per the business planning process of the Commissioner.

5.2 The commissioning decision process is outlined in Appendix A (currently being revised). This process will be followed unless an event as specified under the terms and conditions of the relevant contract and regulations require or allow for prompt termination of a contract.

5.3 As part of the commissioning cycle a requirement to commission a new service may be identified. To ensure a consistent approach, any new service developments will be in-line with the Commissioners Planning Process summarised below and will be tracked through our Business planning and reporting framework



5.4 The governance process of the Commissioner will ensure that decisions will not progress to final decision making prior to assurance of completion and adherence

to our business planning process. This will include quality impact assessment, equality impact assessment, stakeholder feedback, finance review and impact risk assessment.

6. CRITERIA FOR COMMISSIONING DECISIONS

6 . 1 The Commissioner will use the criteria set out in the Service Contract Review Checklist to inform its commissioning decisions related to existing contracts (Appendix B)

6.2 Drivers for Decommissioning

Together with the criteria above, as part of the commissioning cycle the Commissioner will be required to make decisions both proactively and reactively regarding the need to decommission or disinvest in a service. The main drivers include:

- service requirements have changed to reflect different needs or outcomes
- evaluation of service has proposed decommissioning
- persistent and/or serious immediate risk to patient safety
- notice of termination from the provider
- the service does not add value in terms of the patient pathway
- the introduction of new technologies enables the service to be provided in different ways
- breach of contract served due to irreconcilably poor patient experience, governance and / or risks to patient safety
- pathways do not reflect evidence based good practice

7. IMPACT ASSESSMENTS

7.1 In order to assess potential impacts (positive or negative) on quality, equality and privacy from any proposal to change the way services are commissioned and / or delivered impact assessments will be undertaken.

7.2 An impact assessment would be required at the 'development and consideration' phase of any proposals followed by the further or updated impact assessment when consultation is concluded and prior to a decision being made by the relevant approving group / committee.

7.3 The process for undertaking impact assessments is included in the impact policy.

8. CONSULTATION, ENGAGEMENT AND PUBLIC INVOLVEMENT

8.1 The Commissioner recognises that throughout the process of making a commissioning decision it is important to identify and engage with stakeholders and is therefore keen to have an open, engaged and transparent process. The objective of engagement and consultation will always be made clear to stakeholders.

8.2 Engagement will ensure that final commissioning decisions are informed and will facilitate positive decisions as different expertise, alternative perspectives, identification of unintended impact and practical problems will be captured. Consultation and other forms of engagement will seek to gather the views of stakeholders of services and to test out options for future services to ensure these are in line with the needs and expectations of Wirral patients and public.

8.3 The Commissioner has a statutory duty to engage with and involve service users and patients on an ongoing basis and in the development of services. The Commissioner has established relationships with key partners including Healthwatch as well as having structures in place to understand people's views and public health insight on an ongoing basis.

8.4 Stakeholder identification and engagement must be evident in the developmental stages of any commissioning decisions as this will provide assurance that the Commissioner is meeting its statutory duty and to ensure that decisions being considered or made are fully informed by prior stakeholder engagement/consultation.

8.5 Not every decision requires a formal consultation process, e.g. minor changes to services that only impact a small number of people may not require a formal process as long as there is evidence of stakeholder engagement and consensus.

8.6 Engagement and consultation guidance can be found in Appendices C and D.

[1] (www.england.nhs.uk/publication/nhs-standard-contract-201718-and-201819-general-conditions-full-length/)

APPENDIX A - COMMISSIONING DECISION PROCESS FLOW CHART TO BE ADDED

Service Contract Review Checklist

Commissioning Manager		Date of Review	
Service Type		Provider	
Pathway		Contract ID	

Section 1

Evidence (to provide documentary evidence for questions below)	Provider conforms?			Comments
	Yes	No	In Part	
Does the provider meet the service specification?				
Are specified waiting times consistently maintained more than 4/6 months?				
Does the service meet current national strategy in terms of outcomes and expectations?				
Does the evidence base (NICE/SIGN etc.) identify that the service is clinically effective? (parliamentary enquires could also provide evidence)				
Has the service evaluated well against the outcomes and key performance indicators and standards within the contract?				
Are there any equality implications i.e. does the service demonstrate it meets the needs of our population? Has the service reduced inequalities?				
Is there evidence of a material contractual breach?				
Has the provider had a remedial/performance notice or contract query raised?				
If yes, has the GC9 process been followed? As appropriate				
Actual activity v. contracted activity is significantly more or less (-/+5%)?				
Actual cost v. contracted cost is significantly more or less (-/+5%)				
Does the service cost provide value for money? (if on local tariff, is it on reasonable limits, if block, is the reference cost within regional average) calculations to be attached to checklist				
Does the service reduce activity and cost elsewhere in pathway?				
Are DNA rates in line with benchmarked national/regional DNA rates for the service?				
Are new/follow up ratios in line with benchmarked national/regional ratios for the service?				
Have there been any significant patient safety/clinical governance issues? (such as SUI's, CRB issues, breaches of policies or Commissioner strategy)?				

Evidence (to provide documentary evidence for questions below)	Provider conforms?			Comments
	Yes	No	In Part	
If the service is provided by a single practitioner, has this impacted on service delivery during the practitioner's absence?				
Is there positive patient feedback?				
Has the service provider had concerns raised as a performer?				
If yes, have these concerns/complaints been upheld by internal or external governance processes?				
Are there any safeguarding concerns?				
If yes, what was the outcome?				
Has the provider had any quality concerns / triggers leading to quality/risk summit?				
If yes, what was the outcome?				
Does the service conform with existing patient pathways? i.e. part of a referral pathway to other services?				
Is it statutory or core commissioning in the Commissioner's responsibility?				
Is this service commissioned by another organisation? Is there an opportunity for joint commissioning?				
Are there any other data from the review to consider? Please attach with indication below of conclusion following review of this data				

Section 2

Impact Assessments	Yes	No	Comments
Has the Equality Impact Assessment been completed?			
Has the Quality Impact Assessment been completed?			
Has the Privacy Impact Assessment been completed?			
Does the proposal have a financial impact to Commissioner?			
Does the proposal impact on other parts of the Wirral system?			
Have relevant stakeholders been consulted?			
Does the proposal impact positively / negatively on performance / constitutional standards?			

Please list stakeholders who have been involved in this review:

Proposal to Operational Management Group

Re-commission ☐ De-commission ☐ Re-design / Transform ☐

Supporting information

Engagement and Consultation Guidance (V1.2 – May 2018)

1. Introduction

This guidance outlines the general principles engagement and consultation for Commissioning activity, specifically the following:

- Commissioning or proposed decommissioning of services
- Policy development
- Strategy development

2. Understanding Engagement and Consultation

Wirral Health and Care Commissioning (Commissioner) has a statutory duty to engage with and involve service users and patients on an ongoing basis and in the development of services. The Commissioner has established relationships with key partners including Healthwatch as well as having structures in place to understand people's views on an ongoing basis.

Engagement can be both formal and informal and should not in most circumstances be restricted to specific episodes requiring engagement, rather staff responsible for commissioning services or service development should have a clear understanding of who their principle stakeholders are and have proactive ongoing engagement activity. This provides a robust platform when there is a need to change services, develop new policies, proposals or strategies and will influence the level and duration of any formal consultation requirement.

Stakeholder identification and engagement must be evident in the developmental stages of any proposals as this will provide assurance to the relevant group or committee that the Commissioner is meeting its statutory duty and to ensure that decisions being considered or made are fully informed by prior stakeholder engagement/consultation. Stakeholder mapping should include the commissioner's principle stakeholders including GP members, Local Representative Committees (LMC/LPC), Providers and service users. Early stakeholder engagement provides the opportunity to determine consensus (or otherwise) on any proposals prior to deciding on the level of any consultation in accordance with these guidelines.

The Patient and Public Advisory Group (PPAG) acts in a capacity to review the engagement plans of commissioning proposals in the formative stage. It also reviews the outcome of engagement and consultation activity to ensure that outcomes were achieved and to identify best practice.

The PPAG reports to the Quality & Performance Committee and as such will escalate any issues relating to engagement and consultation that arise during its business.

Commissioning teams should plan for early engagement with the PPAG when plans or proposals are at a formative stage and following initial stakeholder mapping The PPAG will require the following in order to review any proposal or plan.

- Overview of the proposal or plan (inc. links to any national guidance)

- Proposed communications and engagement plan inc. specific targeted engagement arising from initial Equality and Quality Impact Assessments Recommendation for consultation level (if required) as detailed in the Consultation Decision

Consultation is the term used when there is a need to formally ask for people's views in relation to a proposal. The requirement to formally consult is based on a number of factors including significance, target audience or where there is a contentious issue or some element of media/political interest. The *'Guidance for Consultation Level'* document provides a framework for determining the level of consultation. Not every decision requires a formal consultation process, e.g. minor changes to services that only impact a small number of people may not require a formal process as long as there is evidence of stakeholder engagement and consensus.

3. Consultation principles

There are significant risks to Public Sector bodies who fail to consult and legal challenges can come from numerous sources. A legal challenge can result in judicial review and any review will not consider the merits of proposals but rather the process by which a proposal has been developed as well as the associated consultation process.

The following points should be considered:

- It is critically important that there is no evidence that the Commissioner has reached a decision without any stakeholder engagement or consultation. The Commissioner **must** be open minded and wishing to seek views to inform the development of proposals. **All** documentation is disclosable.
- Making a decision and then consulting on that decision is unlawful
- Proposals should be termed in 'development and consideration' phase during any initial stakeholder engagement or during a consultation period
- Options can be considered at an initial stage but these must be developed with stakeholder engagement in more detail prior to commencing a formal consultation.
- A preferred option can be consulted upon as long as the Commissioner is open to alternatives and gives consideration to suggestions put forward by the public
- A single option can be consulted upon as long as there is a strong rationale for why a single option was realistic and the Commissioner must be open and give genuine consideration to any alternatives put forward by the public. In practice it is always preferable to have multiple options for consultation
    - All options to be consulted upon must be affordable within the Commissioner funding allocations.
- The Commissioner is not bound by the views of the public and stakeholders, however the views of stakeholders and the public must be considered by decision makers and that there is evidence that these have been taken into account before a decision is reached. If a decision is reached that goes against the views gathered during consultation then there need to be good reasons for it and these must be recorded
- A decision can be reached based on an option that was not part of the consultation as long as there is a strong rationale for a change in approach. This may include information discovered as part of the consultation. However, if the decision differs substantially from the initial options, then a second consultation may be required

4. Public Sector Equality Duty (PSED)

The Public Sector Equality Duty is statutory and the Commissioner must ensure that it

meets the requirements of the PSED in any of its functions. In particular, when proposals are under consideration there needs to be due regard for any impact on service users who have a protected characteristic.

The PSED has three principle requirements:

- Remove or minimise any disadvantage experienced by people with a protected characteristic (Race, Disability, Sexual Orientation etc.)
- Take steps to meet the needs of those who share such characteristics
- Encourage participation of those who share such characteristics

Within the context of these guidelines, an Equality Analysis (EA) would be required at the 'development and consideration' phase of any proposals followed by the further or updated EA when consultation is concluded and prior to a decision being made by the relevant approving group/committee.

There is not a specific requirement to meet the needs of everyone with a protected characteristic, rather the Commissioner has to ensure that it has given due regard to the duty and has taken reasonable steps to remove or minimise any negative impact on those with a protected characteristic.

5. Consultation process

Development and consideration (Pre-consultation)	
Initial proposal development	
Complete stakeholder mapping	Some stakeholders will be evident (GP Members/LMC/LPC, although some others will be specific to what is being proposed or the wider public as a whole for major programmes.
Stakeholder engagement (inc. options development)	Complete stakeholder engagement activity to develop options and proposal
Initial submission to Patient & Public Advisory Group	Documents Required Proposal Document Engagement Report with consultation level recommendation (refer to Guidance for Consultation Level) Communication and Engagement Plan ***PPAG will advise on the communication and engagement plan prior to commissioning teams submitting a full proposal to the relevant committee.**
Initial submission to relevant group/committee	**Documents required:** Proposal documentation Engagement Report with consultation level recommendation (refer to Guidance for Consultation Level) Communication and Engagement Plan Equality and Quality Analysis

Post submission actions	Notification letter to Local Authority Overview and Scrutiny Committee from Accountable Officer (statutory requirement) Notification letter to local Members of Parliament from Accountable Officer (Level 4 and 5) Development of supporting consultation materials (Survey/Website etc.) Develop press materials (where applicable) Plan specific engagement activity to complete during consultation
Consultation Period	
Progress engagement activity	Level 4 and 5 consultations should have at least one planned public event in addition to established forums
Monitor responses and reply accordingly	Any responses received can be responded to as long as it is factual and does not express an opinion from the Commissioner that would prejudice the ongoing consultation
Monitor supporting materials (website)	Weekly check to ensure that website links and survey are working
Post consultation	
Complete consultation analysis report	Report should include background, methodology, what options were subject to consultation, analysis of responses with key themes supported by qualitative comments were applicable
Revise existing Equality Analysis	Refer to the existing EA and revise if anything has changed in the course of the consultation
Submission to approving committee	**Documents required:** Final proposal documentation Consultation Analysis Report Equality / Quality Analysis (revised from consultation responses if applicable)
Publish consultation response on Website	Short summary of consultation responses with link to approving committee paper detailing final decision on proposal

Guidance for Consultation Level

This guidance is based on the assumption that stakeholders have been identified and engaged as part of the development process. If there has been limited or no engagement with stakeholders then Level 4 or Level 5 should be considered.

Level 1	Minor changes – no further consultation is required	None
Level 2	Medium changes that are broadly supported by stakeholders through prior engagement	Up to 6 weeks (min 4 weeks) + limited proactive engagement during consultation
Level 3	Significant changes that are broadly supported by stakeholders through prior engagement	Up to 10 weeks (min 6 weeks) + proactive engagement during consultation
Level 4	Significant change with some contentious issues	12 weeks + proactive engagement during consultation
Level 5	Highly contentious/High volume impact on a number of stakeholders/High levels of dissent/Significant financial implications/High level of media interest or political profile	12 weeks + extensive pre and during consultation engagement

The level chosen should be proportionate to what is being developed. The following questions should be considered when determining the level of engagement or consultation.

- How significant is the change for patients?
- Are certain patient groups disproportionally impacted?
- What is the size of the population affected?
- What is the financial impact and affordability of the proposal?
- Will the policy or service change the geography of where services are provided?
- If the patient group is very small – can they be contacted individually?
- Has an Equality Analysis been completed and what is the outcome?

The following decision tool can be used to assist in determining the level of consultation:

Target audience	**Score**	**Significance**	**Score**
Public and all patients	4	High levels of change/contentious/High profile media or political issue	4
Specialist patient groups (<1000) Proposal relates to known health inequality	3	Medium to large number of changes Consensus not likely between stakeholders	3
Specialist patient groups (<1000)	2	Small changes Consensus between stakeholders has been established	1

Target audience + significance = total score

- A score of 6 or above should involve a level 4 or 5 consultation
- A score of 5 or 6 indicates that a level 3 consultation should be considered
- A score of 4 indicates that a level 2 consultation should be considered
- A score of 3 or less indicates that a level 1 consultation should be considered

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Wirral Health & Care Commissioning

JOINT STRATEGIC COMMISSIONING BOARD
Pooled Fund Finance Report

Risk Please indicate	**High** N	***Medium*** N	***Low*** Y
Detail of Risk Description	*Month 2 budget forecast; initial forecast underspend of £0.2m. However, £3.4m of cost pressures have been identified (see 5.1)*		

Engagement taken place	N
Public involvement taken place	N
Equality Analysis/Impact Assessment completed	N
Quality Impact Assessment	N
Strategic Themes	
To empower the people of Wirral to improve their physical, mental health and general wellbeing	Y
To reduce health inequalities across Wirral	Y
To adopt a health and wellbeing approach in the way services are both commissioned and provided	Y
To commission and contract for services that: • Demonstrate improved person-centred outcomes • Are high quality and seamless for the patient • Are safe and sustainable • Are evidenced based • Demonstrate value for money	Y
To be known as one of the leading organisations in the Country	Y
Provide systems leadership in shaping the Wirral Health and Social Care system so as to be fit for purpose both now and in five years' time.	Y

JOINT STRATEGIC COMMISSIONING BOARD

Meeting Date:	**19 June 2017**
Report Title:	**Pooled Fund Finance Report - M2**
Lead Officer:	**Andrew Roberts**

1 INTRODUCTION / REPORT SUMMARY

1.1 This report summarises the initial financial forecast of the pooled fund in 2018/19, as at the end of Month 2 (31 May 2018). It identifies an initial forecast underspend of £0.2m, but also highlights the risks posed by identified cost pressures brought to the pool of £3.4m.

1.2 It also summarises the financial position of those areas being monitored 'in shadow' in 2018/19, against which there is an initial forecast underspend of £1.5m. However, initial cost pressures of £20.3m have been identified against the shadow pool, predominantly due to the CCG's QIPP.

2 RECOMMENDATIONS

2.1 It is recommended that:

- The financial position of the pool and shadow pool, at 31 May, is noted.

3 BACKGROUND INFORMATION

3.1 The total funds contributed to the commissioning pool in 18/19 amount to £131.1m as per the table below.

Description	£m
Adult Social Care	39.8
Public Health	12.4
Children & Young People	3.2
CCG	22.0
Better Care Fund	53.7
	131.1

3.2 The Better Care Fund contribution to the pool has grown by £5.8m between 2017/18 and 2018/19 due to increases in the iBCF. The Adult Social Care contribution is comprised of packages of care and income in respect of learning disability (LD) and mental health (MH) service users. The Public Health contribution consists of a range of services detailed in the table below. The Children and Young People's contribution is made of up packages of residential care and long term care in schools for children with LD.

3.3 The CCG's contribution comprises packages of care for LD and MH service users as well as children's Continuing Care and Personal Health Budgets.

3.4 This figure is £0.8m less than reported at PFEG 10/05/18; this is due to budget realignments in Adult Social Care, prompted by the full completion of the Month 1 forecast.

3.5 A full breakdown of the pool's composition is given below and overleaf, together with a Month 2 forecast:

Area	Category	Budget	Forecast (£m)	Variance
Adult Social Care	Community Care for LD	39.3	39.4	0.2
	Community Care for MG	10.0	9.8	(0.1)
	LD/MH Customer and client receipts	(3.0)	(3.2)	(0.1)
	Income from LD/MH joint-funded packages	(6.4)	(6.6)	(0.2)
		39.8	**39.5**	**(0.2)**
Public Health	Stop smoking interventions	0.8	0.8	-
	Sexual health services	3.1	3.1	-
	Children's services	6.8	6.8	-
	Health checks	0.3	0.3	-
	Adult obesity	0.2	0.2	-
	Mental health	0.9	0.9	-
	Infection control	0.2	0.2	-
		12.4	**12.4**	**-**

Area	Category	Budget	Forecast (£m)	Variance
Children & Young People	Care packages	3.2	3.2	-
		3.2	**3.2**	**-**
CCG	CHC – adults	3.7	3.7	-
	CHC – adult PHB's	0.9	0.9	-
	Funded nursing care	0.8	0.8	-
	Learning disabilities	1.7	1.7	-
	Mental health	9.8	9.8	-
	Adult joint funded	3.8	3.8	-
	CHC – adult PHBs	0.3	0.3	-
	CHC children's	0.9	0.9	-
	Children's PHBs	0.0	0.0	-
		22.0	**22.0**	**-**
Better Care Fund	Integrated services	20.6	20.6	-
	Adult social care services	25.2	25.2	-
	CCG services	2.0	2.0	-
	DFG	3.9	3.9	--
	Innovation fund	0.9	0.9	-
	Known pressures & contingency	1.1	1.1	-
		53.7	**53.7**	**-**
		131.1	**130.8**	**(0.2)**

3.6 The initial forecast underspend of £0.2m is due to the Council's initial income forecast in respect of joint funded income and client charges being slightly greater than budgeted. This will be monitored on a monthly basis and any significant changes reported as early as possible.

3.7 All Public Health schemes are initially forecast to spend to budget this year.

3.8 Children and Young People's budgets are initially forecast to balance in the pooled fund, although work is continuing to identify any known pressures against these budgets.

3.9 Both the CCG's schemes and the Better care fund have an initial forecast to spend to budget in 2018/19.

4 OTHER OPTIONS CONSIDERED

4.1 Not applicable

5 FINANCIAL IMPLICATIONS

5.1 The pooled fund has an initial forecast underspend of £0.2m for 2018/19. However, a number of cost pressures have been identified in both the CCG and Adult Social Care, which will require mitigation. They are detailed in the table below:

Description	£m
Adult Social Care	
Demographic growth pressures	1.0
Overspend carried forward from 2017/18	0.5
	1.5
CCG	
Demographic growth pressures	1.0
QIPP relating to pooled fund	0.9
	1.9
	3.4

5.2 The demographic growth pressures forecast in adults and the CCG are based on known historic increases in the number of individuals with LD/MH conditions, coupled the increase in costs associated with an ageing population.

5.3 The overspend carried forward in 2017/18 represents approximately 50% of the total overspend in Adults Social Care from that year; this was caused directly as a result of demand for services exceeding expectations.

5.4 Work is ongoing to quantify the mitigation identified against these pressures. They will be shared with the Board as soon as they are confirmed.

5.5 Known mitigations include, but are not limited to:

- Additional grant funding
- More cost-effective commissioning
- Application of the social care precept
- Reviews of packages of care

5.6 The gain share on the pool is agreed at 50:50. The risk share to be applied to the pool in FY1 will be based on the cost pressures identified at the start of the year, i.e. £1.5m Adult Social Care and £1.9m CCG.

5.7 The risk/gain share in FY1 of the pool is therefore confirmed as follows:

- Risk Share: 56:44, weighted towards the CCG.
- Gain Share: 50:50.

5.8 The total funds contributed to the shadow pool in 18/19 amount to £525.9m, as per the table below:

Description	£m
Adult Social Care	49.8
CCG	476.1
	525.9

5.9 The initial forecast for Month 2 of the shadow pool is shown in the table below:

Area	Category	Budget	Forecast (£m)	Variance
Adult Social Care	Employees	9.2	9.3	-
	Non-Pooled Community Care	58.2	58.5	0.3
	Other Expenditure	25.5	24.2	(1.3)
	Customer & Client Receipts	(16.5)	(16.3)	0.2
	Grants & Reimbursements	(25.3)	(23.8)	1.5
	Joint Funded Income	(1.0)	(1.1)	(0.1)
	Other Income	(0.3)	(0.4)	(0.1)
		49.8	**50.3**	**0.5**
CCG	NHS Contracts	364.8	364.8	-
	Non-NHS Contracts	15.4	15.4	-
	Prescribing	57.8	57.8	-
	Commissioned Out of Hospital	19.5	19.5	-
	Primary Care	5.2	5.2	-
	Other	5.8	5.8	-
	Running Costs	5.6	5.6	-
	Agreed Surplus	2.0	-	(2.0)
		476.1	**474.1**	**(2.0)**
		525.9	**524.4**	**(1.5)**

5.10 The shadow pool has an initial forecast underspend of £1.5m for 2018/19. This is comprised of a small overspend (£0.5m) over in Adult Social Care and a planned £2.0m underspend in CCG. The overspend in Adults is due to an initial forecast of greater-than-anticipated demand for short-term care services, which will continue to be monitored on a monthly basis.

5.11 More CYP/Public Health budget is expected to be added to the pool in 19/20; work is continuing with these departments to establish which services may be in-scope for pooling in future years. Details will be reported to the next executive group.

5.12 Initial cost pressures have been identified in the shadow pool, totalling £1.5m for Adult Social Care and £18.8m for the CCG.

5.13 All of the figures above include the CCG's QIPP of **£19.6m**, of which £0.8m is in the pool and £18.8m in shadow; there are risks associated with this which will be reported at the next PFEG.

6 ENGAGEMENT / CONSULTATION

6.1 Not applicable.

7 LEGAL IMPLICATIONS

7.1 Not applicable.

8 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

8.1 Not applicable.

9 EQUALITY IMPLICATIONS

9.1 Not applicable.

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APPENDICES

TABLED - Comparison between 2017/18 and 2018/19 expenditure.

REFERENCE MATERIAL

HISTORY

Meeting	Date

Wirral Health & Care Commissioning

JOINT STRATEGIC COMMISSIONING BOARD
Responsibility for System Quality

Risk Please indicate	**High** N	***Medium*** N	***Low*** Y
Detail of Risk Description	*The report outlines the processes that are in place to reduce risks within the system in relation to quality and safety.*		

Engagement taken place	N
Public involvement taken place	N
Equality Analysis/Impact Assessment completed	N
Quality Impact Assessment	N
Strategic Themes	
To empower the people of Wirral to improve their physical, mental health and general wellbeing	Y
To reduce health inequalities across Wirral	Y
To adopt a health and wellbeing approach in the way services are both commissioned and provided	Y
To commission and contract for services that: • Demonstrate improved person-centred outcomes • Are high quality and seamless for the patient • Are safe and sustainable • Are evidenced based • Demonstrate value for money	Y
To be known as one of the leading organisations in the Country	Y
Provide systems leadership in shaping the Wirral Health and Social Care system so as to be fit for purpose both now and in five years' time.	Y

JOINT STRATEGIC COMMISSIONING BOARD

Meeting Date:	**19 June 2018**
Report Title:	**Responsibility for System Quality**
Lead Officer:	**Lorna Quigley Director of Quality and Safety**

1 INTRODUCTION / REPORT SUMMARY

1.1 This paper maps out Wirral Health and Care Commissioning's (WHaCC) formal functions relating to service quality. It gives an outline of the processes in place and how this translates into actions to improve service quality. The paper also suggests areas where we could ensure consistency of practice across these functions and the wider organisation.

2 RECOMMENDATIONS

2.1 The Joint Strategic Commissioning Board is asked to:

- Note the functions, processes and governance in place in relation to quality and safety for Wirral Health and Care Commissioning.
- Note processes that are in place to identify quality concerns in order that action is taken in a planned and consistent manner.

3 BACKGROUND INFORMATION

3.1 The Health and Social Care Act 2012 includes the duty to continually drive improvements in the quality of services across a comprehensive health and care service and market. Quality is defined in statute as having three dimensions: safety, clinical effectiveness and patient experience.

3.2 As an extended team, the integrated quality and safeguarding team are responsible for quality functions around 4 areas:

- Monitoring the quality of services
- Complaints and concerns
- Professional regulation
- Untoward Incidents

3.3 For each of these areas, the table below set's out how the different functions operate:

	Key functions	Themes	Governance
Monitoring the quality of services	Local contractual meetings/arrangements National Clinical Audits, Safeguarding CQC inspection/reports Cheshire and Merseyside Quality Surveillance Groups	Themes include tracking of service quality and coordinated management responses to quality issues	Quality and Performance Committee Local Safeguarding board
Complaints and concerns	Complaints, PHSO Reports, Whistleblowing, Safeguarding MP/elected members Local contractual meetings/arrangements	Themes coordinated and collated regarding concerns and how this is handled	Compliance team. Quality and performance committee Policies in place for internal and external whistleblowing. Local Safeguarding board
Professional regulation	Professional concerns e.g. GMC, NMC Safeguarding CQC compliance	Themes affecting service or contractual delivery. Quality and safety concerns	Local Safeguarding board. Policies in place regarding professional performance.
Untoward Incidents	Coroners reports, Serious incidents, mental health homicides investigations LeDR Local contractual meetings/arrangements CQC	These are functions where WHaCC helps to drive learning where there has been a failure in health care.	Serious incident Group Local Safeguarding Board Quality and performance Committee

3.4 Due to the wide range of legislation, policy and processes in place for both organisations, there is no single governance process to cover all these areas; it is the intention that where possible with shared functions, these will be aligned.

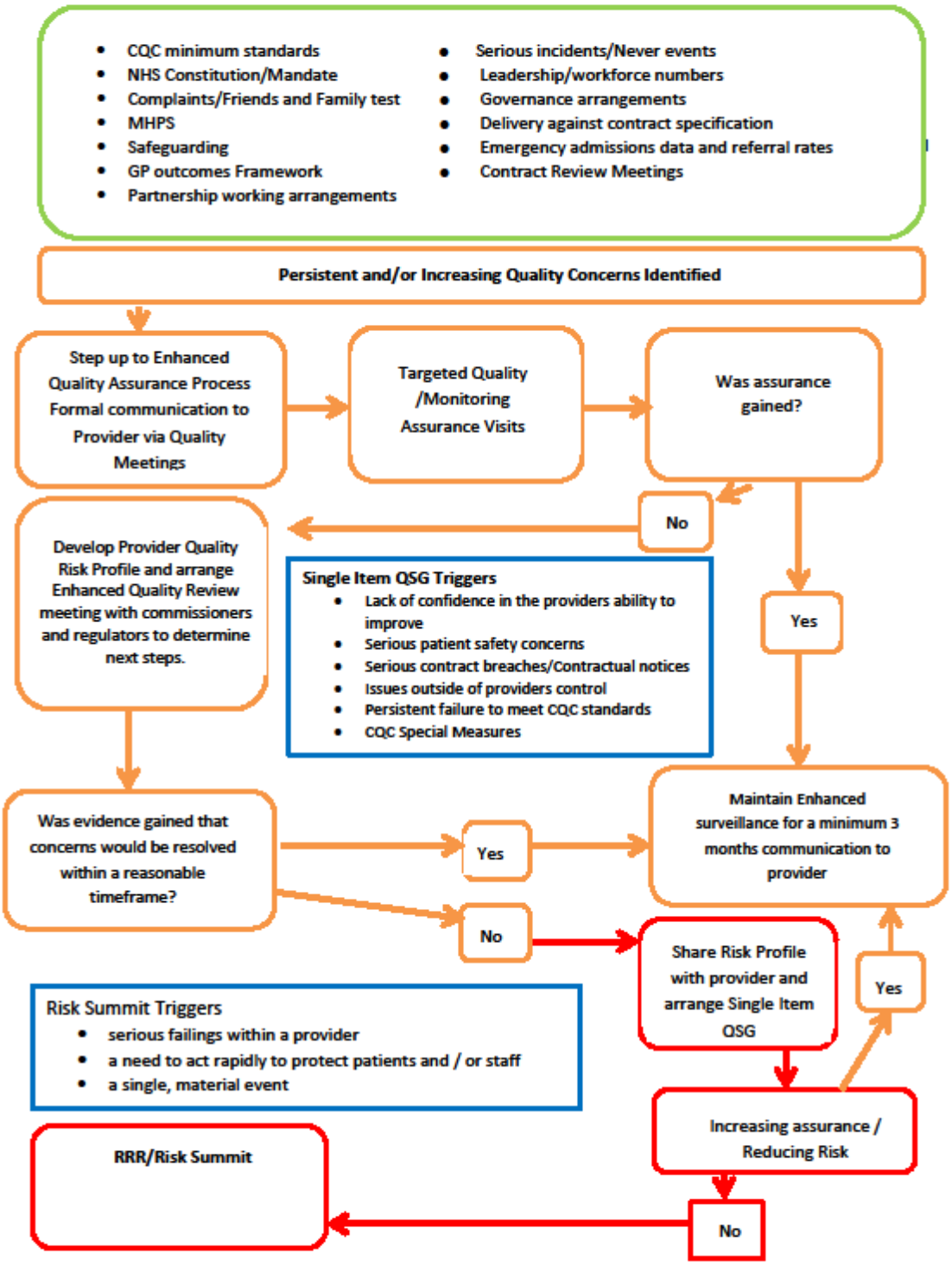
Implementation

3.5 In 2016, partners in health and social care have worked with NHS England and a quality risk profile matrix has been established. The purpose of the tool is to ensure that there is a systematic review of the quality indicators, including those where the provider is delivering good quality across those metrics and using soft intelligence as support.

3.6 The information gathered from the various sources, reports are triangulated to identify the level of concern/risks and the actions that are required in order to improve quality. Issues will be reported through the appropriate governance structure dependent upon the issue.

NB. If any significant failures or risks are identified within any of the fora, these will be escalated directly to the Joint Strategic Commissioning Board.

This approach has been used successfully both locally and particularly when working with partners as it ensures that a systematic and consistent review is undertaken.



The escalation to a rapid response review or risk summit could be instigated at any point in the process if patient safety concerns require urgent action.

4 OTHER OPTIONS CONSIDERED

4.1 The paper describes the integrated approach to quality assurance and improvement that has been developed in Wirral as a response to system requirements and needs. Therefore no alternatives considered at this time.

5 FINANCIAL IMPLICATIONS

5.1 None, the process uses existing systems and teams.

6 ENGAGEMENT / CONSULTATION

6.1 No requirement for engagement or consultation at this time.

7 LEGAL IMPLICATIONS

7.1 None.

8 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

8.1 Staffing changes have been successfully implemented including revised job descriptions, new supervisory arrangements etc. The service has been operational for approximately 12 months as a fully integrated service.

9 EQUALITY IMPLICATIONS

9.1 None.

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APPENDICES

None.

REFERENCE MATERIAL

Quality concerns trigger tools (Nov 2016)

HISTORY

Meeting	Date

Wirral Health & Care Commissioning

JOINT STRATEGIC COMMISSIONING BOARD
Draft Commissioning Decisions Policy and Procedure

Risk Please indicate	**High** Y/N	***Medium*** Y/N	***Low*** Y/N
Detail of Risk Description	*Complete the detail of any risk to the organisation* *This is a policy document to ensure consistent approach and commissioning decisions*		

Engagement taken place	N
Public involvement taken place	N
Equality Analysis/Impact Assessment completed	N
Quality Impact Assessment	N
Strategic Themes	
To empower the people of Wirral to improve their physical, mental health and general wellbeing	Y
To reduce health inequalities across Wirral	Y
To adopt a health and wellbeing approach in the way services are both commissioned and provided	Y
To commission and contract for services that: • Demonstrate improved person-centred outcomes • Are high quality and seamless for the patient • Are safe and sustainable • Are evidenced based • Demonstrate value for money	Y
To be known as one of the leading organisations in the Country	Y
Provide systems leadership in shaping the Wirral Health and Social Care system so as to be fit for purpose both now and in five years' time.	Y

JOINT STRATEGIC COMMISSIONING BOARD

Meeting Date:	**19 June 2018**
Report Title:	**Draft Commissioning Decisions Policy and Procedure**
Lead Officer:	**Nesta Hawker**

1 INTRODUCTION / REPORT SUMMARY

1.1 This policy outlines the principles, approach and processes which will be followed by Wirral Health and Care Commissioning (the Commissioner) to support effective decision making.

2 RECOMMENDATIONS

2.1 The Joint Strategic Commissioning Board is asked to recommend adoption of the Commissioning Decisions Policy and Procedure.

3 BACKGROUND INFORMATION

3.1 Our values are highlighted within the policy and these will underpin our decisions which are focused on ensuring the needs of people are at the centre of commissioning decision making, and that our processes will be clear and transparent.

3.2 The aims of our decisions are to secure services that are safe, legal and also improve the outcomes for our population. We will also need to utilise our resources effectively and that the use of the Wirral pound is maximised for the benefit of our population.

3.3 This policy covers decisions to invest, reinvest and dis-invest in services and therefore includes the process of reviewing existing contracts as part of our contract management.

3.4 The need to engage with our stakeholders during the process of making a commissioning decision is highlighted within the policy and how this can inform and give assurance to our decision making process.

3.5 This is a joint policy which following approval will be adopted by the Commissioner. It will ensure we have a consistent approach is adopted and that this process adheres to national guidance and best practice.

4 OTHER OPTIONS CONSIDERED

4.1 This option is to have a single joint commissioning decision making policy for WHCC.

4.2 An alternative approach would be to retain separate decision making policies, however the Council does not currently have a published commissioning decision making policy or process. The absence of such a policy would present significant risk to the integrated commissioner.

4.3 The new process has been co-produced by Local Authority and CCG staff.

5 FINANCIAL IMPLICATIONS

5.1 There are no direct financial implications, however commissioning decisions will impact upon the finances of WHCC and are critical to commissioning within the resources available.

6 ENGAGEMENT / CONSULTATION

6.1 None required this is an internal policy and process. All commissioning decisions however, require engagement and consultation as set out in the policy and process document.

7 LEGAL IMPLICATIONS

7.1 Major services changes associated with the strategy will require consultation and will be subject to scrutiny.

8 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

N/A.

9 EQUALITY IMPLICATIONS

9.1 Equality Impact will be managed through the programmes of implementation associated with the Commissioning Strategy. Major service changes will be formally consulted upon.

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APPENDICES

REFERENCE MATERIAL

HISTORY

Meeting	Date

Commissioning Decisions
Policy and Procedure

First issued by/date	Issue Version	Purpose of Issue/Description of Change	Planned Review Date
05/01/2016	2	• To outline the process for commissioning decisions which will result in the re-commissioning or de-commissioning of existing services • To demonstrate effective use of public money	

Named Responsible Officer:-	Approved by	Date
Director of Commissioning	Joint Strategic Commissioning Board	

Policy file: **Corporate Policy**	**Impact Assessment Screening Complete -** **Full impact Assessment Required -**	**Policy No.** POL026

Key Performance Indicators:

1. Standard and transparent process for commissioning decisions.
2. Regular review of all existing contracts and outcomes delivered.

Commissioning Decisions Policy and Procedure

Contents **Page**

1. INTRODUCTION

1.1 This policy will outline the principles, approach and process which will be followed by Wirral Health and Care Commissioning (the commissioner) to support effective decision making. The process will be transparent, fully informed and consistently applied by the Commissioner when undertaking commissioning decisions.

1.2 The Commissioner has responsibility to ensure that public money is utilised effectively and to commission high quality services that will deliver the right care, in the right place, at the right time for the Wirral population.

1.3 Public money to fund health and care services is limited and together with the changing needs of patients, the Commissioner must secure health and care services that deliver better outcomes and meet the needs of Wirral residents in the most efficient way, and also explore new models of care to meet the changing needs of patients.

1.4 The Commissioner is required to commission services which are safe, legal, improve the quality and outcomes for our population, and improve the efficiency in the provision of the services.

1 . 5 Our Strategic Plans outline the priorities for the commissioning of health and care services in order to meet the needs of the Wirral population.

1.6 This policy sets out how decisions relating to the re-commissioning and de-commissioning of health and care services will be made. For the remainder of this policy the term 'commissioning decision' will refer to both of these scenarios.

2. PURPOSE

2.1 To ensure that all of our resources are consistently directed in accordance with the Commissioners priorities, and statutory duties, and to commission services that will ensure effective use of those resources across the whole health and care economy.

2.2 Ensure that the needs of people are central to commissioning decisions.

2.3 For the Commissioner to commission a range of services that will achieve the best possible health and care outcomes for the local population within available resources.

2.4 To ensure services are always safe and are required to meet the highest standards of quality.

3. COMMISSIONING CYCLE

3.1 The need to undertake commissioning decisions is integral throughout the commissioning cycle which is shown in the diagram below.

Commissioning Cycle

3.2 As part of the commissioning cycle all commissioned services will be reviewed in terms of alignment to the strategic plan, statutory duties, priorities, quality, outcomes and efficiency. This review, of both existing and new services/initiatives, will inform the commissioning decisions undertaken by the Commissioner.

4. PRINCIPLES FOR COMMISSIONING DECISIONS

4 . 1 The following principles will be adopted by the Commissioner throughout the commissioning decision process. These principles are in line with NHS England's four tests for planning and delivering service changes. The four tests of service change are:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- Clear, clinical evidence base
- Support for proposals from clinical commissioners.

4.2 There is a further test applicable from April 2017 which is regarding any proposal of significantly reduce hospital beds. This additional test will also be adhered to if required.

4.3 The Local Government Association and NHS Clinical Commissioners have developed a commissioning framework (April 2018) for integrated commissioning and the principles within this are also reflected in the Commissioner principles below.

Our principles are integral to the values and business of the Commissioner and in accordance with those values, the process will be a process that:

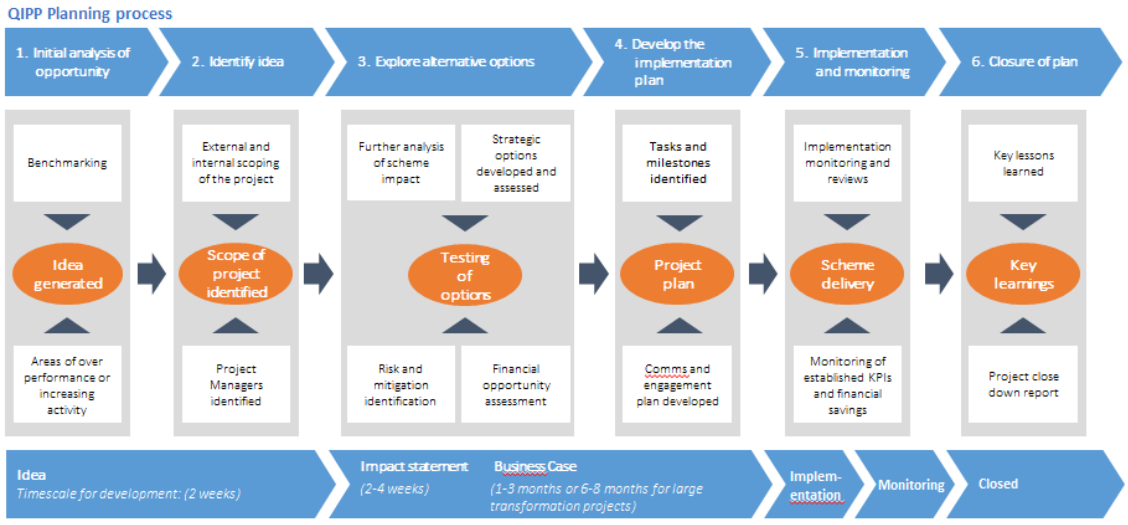
- will have a focus on the benefits for the 3 'P's: people, places and populations, with the individual at the heart of our approach
- will be clear and transparent
- will be consistent and robust ensuring decisions are informed and evidence based with a focus on outcomes over 'episodes of care'
- will ensure decisions will align with the priorities and strategic plans of the Commissioner together with the Wirral Health and Wellbeing Strategy, Healthy Wirral and the Cheshire and Merseyside Health and Care Strategy.
- will have clear, effective and interactive communication and engagement with key stakeholders including members, patients, public and providers will be ongoing throughout the process in line with best practice
- will be in-line with the Risk Management, Quality, Equality and Privacy guidelines of the Commissioner
- will be compliant with all legal duties required of a public sector organisation which includes legal duties imposed under the NHS Act 2006 (as amended by the Health and Social Care Act 2012)
- Decisions will be consistent with the NHS Constitution and the values of NHS Wirral CCG and Wirral Council.

5. GOVERNANCE FOR COMMISSIONING DECISIONS

5.1 Governance arrangements for commissioning decisions will have to comply with the NHS Wirral CCG and Local Authority scheme of delegation, together with procurement, patient choice and competition regulations. The process will be as per the business planning process of the Commissioner.

5.2 The commissioning decision process is outlined in Appendix A (currently being revised). This process will be followed unless an event as specified under the terms and conditions of the relevant contract and regulations require or allow for prompt termination of a contract.

5.3 As part of the commissioning cycle a requirement to commission a new service may be identified. To ensure a consistent approach, any new service developments will be in-line with the Commissioners Planning Process summarised below and will be tracked through our Business planning and reporting framework



5.4 The governance process of the Commissioner will ensure that decisions will not progress to final decision making prior to assurance of completion and adherence

to our business planning process. This will include quality impact assessment, equality impact assessment, stakeholder feedback, finance review and impact risk assessment.

6. CRITERIA FOR COMMISSIONING DECISIONS

6 . 1 The Commissioner will use the criteria set out in the Service Contract Review Checklist to inform its commissioning decisions related to existing contracts (Appendix B)

6.2 Drivers for Decommissioning

Together with the criteria above, as part of the commissioning cycle the Commissioner will be required to make decisions both proactively and reactively regarding the need to decommission or disinvest in a service. The main drivers include:

- service requirements have changed to reflect different needs or outcomes
- evaluation of service has proposed decommissioning
- persistent and/or serious immediate risk to patient safety
- notice of termination from the provider
- the service does not add value in terms of the patient pathway
- the introduction of new technologies enables the service to be provided in different ways
- breach of contract served due to irreconcilably poor patient experience, governance and / or risks to patient safety
- pathways do not reflect evidence based good practice

7. IMPACT ASSESSMENTS

7.1 In order to assess potential impacts (positive or negative) on quality, equality and privacy from any proposal to change the way services are commissioned and / or delivered impact assessments will be undertaken.

7.2 An impact assessment would be required at the 'development and consideration' phase of any proposals followed by the further or updated impact assessment when consultation is concluded and prior to a decision being made by the relevant approving group / committee.

7.3 The process for undertaking impact assessments is included in the impact policy.

8. CONSULTATION, ENGAGEMENT AND PUBLIC INVOLVEMENT

8.1 The Commissioner recognises that throughout the process of making a commissioning decision it is important to identify and engage with stakeholders and is therefore keen to have an open, engaged and transparent process. The objective of engagement and consultation will always be made clear to stakeholders.

8.2 Engagement will ensure that final commissioning decisions are informed and will facilitate positive decisions as different expertise, alternative perspectives, identification of unintended impact and practical problems will be captured. Consultation and other forms of engagement will seek to gather the views of stakeholders of services and to test out options for future services to ensure these are in line with the needs and expectations of Wirral patients and public.

8.3 The Commissioner has a statutory duty to engage with and involve service users and patients on an ongoing basis and in the development of services. The Commissioner has established relationships with key partners including Healthwatch as well as having structures in place to understand people's views and public health insight on an ongoing basis.

8.4 Stakeholder identification and engagement must be evident in the developmental stages of any commissioning decisions as this will provide assurance that the Commissioner is meeting its statutory duty and to ensure that decisions being considered or made are fully informed by prior stakeholder engagement/consultation.

8.5 Not every decision requires a formal consultation process, e.g. minor changes to services that only impact a small number of people may not require a formal process as long as there is evidence of stakeholder engagement and consensus.

8.6 Engagement and consultation guidance can be found in Appendices C and D.

[1] (www.england.nhs.uk/publication/nhs-standard-contract-201718-and-201819-general-conditions-full-length/)

APPENDIX A - COMMISSIONING DECISION PROCESS FLOW CHART TO BE ADDED

Service Contract Review Checklist

Commissioning Manager		Date of Review	
Service Type		Provider	
Pathway		Contract ID	

Section 1

Evidence (to provide documentary evidence for questions below)	Provider conforms?			Comments
	Yes	No	In Part	
Does the provider meet the service specification?				
Are specified waiting times consistently maintained more than 4/6 months?				
Does the service meet current national strategy in terms of outcomes and expectations?				
Does the evidence base (NICE/SIGN etc.) identify that the service is clinically effective? (parliamentary enquires could also provide evidence)				
Has the service evaluated well against the outcomes and key performance indicators and standards within the contract?				
Are there any equality implications i.e. does the service demonstrate it meets the needs of our population? Has the service reduced inequalities?				
Is there evidence of a material contractual breach?				
Has the provider had a remedial/performance notice or contract query raised?				
If yes, has the GC9 process been followed? As appropriate				
Actual activity v. contracted activity is significantly more or less (-/+5%)?				
Actual cost v. contracted cost is significantly more or less (-/+5%)				
Does the service cost provide value for money? (if on local tariff, is it on reasonable limits, if block, is the reference cost within regional average) calculations to be attached to checklist				
Does the service reduce activity and cost elsewhere in pathway?				
Are DNA rates in line with benchmarked national/regional DNA rates for the service?				
Are new/follow up ratios in line with benchmarked national/regional ratios for the service?				
Have there been any significant patient safety/clinical governance issues? (such as SUI's, CRB issues, breaches of policies or Commissioner strategy)?				

Evidence (to provide documentary evidence for questions below)	Provider conforms?			Comments
	Yes	No	In Part	
If the service is provided by a single practitioner, has this impacted on service delivery during the practitioner's absence?				
Is there positive patient feedback?				
Has the service provider had concerns raised as a performer?				
If yes, have these concerns/complaints been upheld by internal or external governance processes?				
Are there any safeguarding concerns?				
If yes, what was the outcome?				
Has the provider had any quality concerns / triggers leading to quality/risk summit?				
If yes, what was the outcome?				
Does the service conform with existing patient pathways? i.e. part of a referral pathway to other services?				
Is it statutory or core commissioning in the Commissioner's responsibility?				
Is this service commissioned by another organisation? Is there an opportunity for joint commissioning?				
Are there any other data from the review to consider? Please attach with indication below of conclusion following review of this data				

Section 2

Impact Assessments	Yes	No	Comments
Has the Equality Impact Assessment been completed?			
Has the Quality Impact Assessment been completed?			
Has the Privacy Impact Assessment been completed?			
Does the proposal have a financial impact to Commissioner?			
Does the proposal impact on other parts of the Wirral system?			
Have relevant stakeholders been consulted?			
Does the proposal impact positively / negatively on performance / constitutional standards?			

Please list stakeholders who have been involved in this review:

Proposal to Operational Management Group

Re-commission ☐ De-commission ☐ Re-design / Transform ☐

Supporting information

Engagement and Consultation Guidance (V1.2 – May 2018)

1. Introduction

This guidance outlines the general principles engagement and consultation for Commissioning activity, specifically the following:

- Commissioning or proposed decommissioning of services
- Policy development
- Strategy development

2. Understanding Engagement and Consultation

Wirral Health and Care Commissioning (Commissioner) has a statutory duty to engage with and involve service users and patients on an ongoing basis and in the development of services. The Commissioner has established relationships with key partners including Healthwatch as well as having structures in place to understand people's views on an ongoing basis.

Engagement can be both formal and informal and should not in most circumstances be restricted to specific episodes requiring engagement, rather staff responsible for commissioning services or service development should have a clear understanding of who their principle stakeholders are and have proactive ongoing engagement activity. This provides a robust platform when there is a need to change services, develop new policies, proposals or strategies and will influence the level and duration of any formal consultation requirement.

Stakeholder identification and engagement must be evident in the developmental stages of any proposals as this will provide assurance to the relevant group or committee that the Commissioner is meeting its statutory duty and to ensure that decisions being considered or made are fully informed by prior stakeholder engagement/consultation. Stakeholder mapping should include the commissioner's principle stakeholders including GP members, Local Representative Committees (LMC/LPC), Providers and service users. Early stakeholder engagement provides the opportunity to determine consensus (or otherwise) on any proposals prior to deciding on the level of any consultation in accordance with these guidelines.

The Patient and Public Advisory Group (PPAG) acts in a capacity to review the engagement plans of commissioning proposals in the formative stage. It also reviews the outcome of engagement and consultation activity to ensure that outcomes were achieved and to identify best practice.

The PPAG reports to the Quality & Performance Committee and as such will escalate any issues relating to engagement and consultation that arise during its business.

Commissioning teams should plan for early engagement with the PPAG when plans or proposals are at a formative stage and following initial stakeholder mapping The PPAG will require the following in order to review any proposal or plan.

- Overview of the proposal or plan (inc. links to any national guidance)

- Proposed communications and engagement plan inc. specific targeted engagement arising from initial Equality and Quality Impact Assessments Recommendation for consultation level (if required) as detailed in the Consultation Decision

Consultation is the term used when there is a need to formally ask for people's views in relation to a proposal. The requirement to formally consult is based on a number of factors including significance, target audience or where there is a contentious issue or some element of media/political interest. The *'Guidance for Consultation Level'* document provides a framework for determining the level of consultation. Not every decision requires a formal consultation process, e.g. minor changes to services that only impact a small number of people may not require a formal process as long as there is evidence of stakeholder engagement and consensus.

3. Consultation principles

There are significant risks to Public Sector bodies who fail to consult and legal challenges can come from numerous sources. A legal challenge can result in judicial review and any review will not consider the merits of proposals but rather the process by which a proposal has been developed as well as the associated consultation process.

The following points should be considered:

- It is critically important that there is no evidence that the Commissioner has reached a decision without any stakeholder engagement or consultation. The Commissioner **must** be open minded and wishing to seek views to inform the development of proposals. **All** documentation is disclosable.
- Making a decision and then consulting on that decision is unlawful
- Proposals should be termed in 'development and consideration' phase during any initial stakeholder engagement or during a consultation period
- Options can be considered at an initial stage but these must be developed with stakeholder engagement in more detail prior to commencing a formal consultation.
- A preferred option can be consulted upon as long as the Commissioner is open to alternatives and gives consideration to suggestions put forward by the public
- A single option can be consulted upon as long as there is a strong rationale for why a single option was realistic and the Commissioner must be open and give genuine consideration to any alternatives put forward by the public. In practice it is always preferable to have multiple options for consultation
    - All options to be consulted upon must be affordable within the Commissioner funding allocations.
- The Commissioner is not bound by the views of the public and stakeholders, however the views of stakeholders and the public must be considered by decision makers and that there is evidence that these have been taken into account before a decision is reached. If a decision is reached that goes against the views gathered during consultation then there need to be good reasons for it and these must be recorded
- A decision can be reached based on an option that was not part of the consultation as long as there is a strong rationale for a change in approach. This may include information discovered as part of the consultation. However, if the decision differs substantially from the initial options, then a second consultation may be required

4. Public Sector Equality Duty (PSED)

The Public Sector Equality Duty is statutory and the Commissioner must ensure that it

meets the requirements of the PSED in any of its functions. In particular, when proposals are under consideration there needs to be due regard for any impact on service users who have a protected characteristic.

The PSED has three principle requirements:

- Remove or minimise any disadvantage experienced by people with a protected characteristic (Race, Disability, Sexual Orientation etc.)
- Take steps to meet the needs of those who share such characteristics
- Encourage participation of those who share such characteristics

Within the context of these guidelines, an Equality Analysis (EA) would be required at the 'development and consideration' phase of any proposals followed by the further or updated EA when consultation is concluded and prior to a decision being made by the relevant approving group/committee.

There is not a specific requirement to meet the needs of everyone with a protected characteristic, rather the Commissioner has to ensure that it has given due regard to the duty and has taken reasonable steps to remove or minimise any negative impact on those with a protected characteristic.

5. Consultation process

Development and consideration (Pre-consultation)	
Initial proposal development	
Complete stakeholder mapping	Some stakeholders will be evident (GP Members/LMC/LPC, although some others will be specific to what is being proposed or the wider public as a whole for major programmes.
Stakeholder engagement (inc. options development)	Complete stakeholder engagement activity to develop options and proposal
Initial submission to Patient & Public Advisory Group	Documents Required Proposal Document Engagement Report with consultation level recommendation (refer to Guidance for Consultation Level) Communication and Engagement Plan ***PPAG will advise on the communication and engagement plan prior to commissioning teams submitting a full proposal to the relevant committee.**
Initial submission to relevant group/committee	**Documents required:** Proposal documentation Engagement Report with consultation level recommendation (refer to Guidance for Consultation Level) Communication and Engagement Plan Equality and Quality Analysis

Post submission actions	Notification letter to Local Authority Overview and Scrutiny Committee from Accountable Officer (statutory requirement) Notification letter to local Members of Parliament from Accountable Officer (Level 4 and 5) Development of supporting consultation materials (Survey/Website etc.) Develop press materials (where applicable) Plan specific engagement activity to complete during consultation
Consultation Period	
Progress engagement activity	Level 4 and 5 consultations should have at least one planned public event in addition to established forums
Monitor responses and reply accordingly	Any responses received can be responded to as long as it is factual and does not express an opinion from the Commissioner that would prejudice the ongoing consultation
Monitor supporting materials (website)	Weekly check to ensure that website links and survey are working
Post consultation	
Complete consultation analysis report	Report should include background, methodology, what options were subject to consultation, analysis of responses with key themes supported by qualitative comments were applicable
Revise existing Equality Analysis	Refer to the existing EA and revise if anything has changed in the course of the consultation
Submission to approving committee	**Documents required:** Final proposal documentation Consultation Analysis Report Equality / Quality Analysis (revised from consultation responses if applicable)
Publish consultation response on Website	Short summary of consultation responses with link to approving committee paper detailing final decision on proposal

Guidance for Consultation Level

This guidance is based on the assumption that stakeholders have been identified and engaged as part of the development process. If there has been limited or no engagement with stakeholders then Level 4 or Level 5 should be considered.

Level 1	Minor changes – no further consultation is required	None
Level 2	Medium changes that are broadly supported by stakeholders through prior engagement	Up to 6 weeks (min 4 weeks) + limited proactive engagement during consultation
Level 3	Significant changes that are broadly supported by stakeholders through prior engagement	Up to 10 weeks (min 6 weeks) + proactive engagement during consultation
Level 4	Significant change with some contentious issues	12 weeks + proactive engagement during consultation
Level 5	Highly contentious/High volume impact on a number of stakeholders/High levels of dissent/Significant financial implications/High level of media interest or political profile	12 weeks + extensive pre and during consultation engagement

The level chosen should be proportionate to what is being developed. The following questions should be considered when determining the level of engagement or consultation.

- How significant is the change for patients?
- Are certain patient groups disproportionally impacted?
- What is the size of the population affected?
- What is the financial impact and affordability of the proposal?
- Will the policy or service change the geography of where services are provided?
- If the patient group is very small – can they be contacted individually?
- Has an Equality Analysis been completed and what is the outcome?

The following decision tool can be used to assist in determining the level of consultation:

Target audience	**Score**	**Significance**	**Score**
Public and all patients	4	High levels of change/contentious/High profile media or political issue	4
Specialist patient groups (<1000) Proposal relates to known health inequality	3	Medium to large number of changes Consensus not likely between stakeholders	3
Specialist patient groups (<1000)	2	Small changes Consensus between stakeholders has been established	1

Target audience + significance = total score

- A score of 6 or above should involve a level 4 or 5 consultation
- A score of 5 or 6 indicates that a level 3 consultation should be considered
- A score of 4 indicates that a level 2 consultation should be considered
- A score of 3 or less indicates that a level 1 consultation should be considered

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