

## Joint Strategic Commissioning Board

**Date:** Tuesday, 5 February 2019  
**Venue:** Council Chamber - Birkenhead Town Hall  
**Time:** 2.00 p.m.  
**Contact Officer:** Shirley Hudspeth  
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**Website:** www.wirral.gov.uk

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### AGENDA

1. **APOLOGIES FOR ABSENCE**
2. **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.

3. **MINUTES** (Pages 1 - 14)

To confirm the minutes of the meeting of the Joint Strategic Commissioning Board held on 4 December 2018 as a correct record. (Copy attached.)

#### BUSINESS ITEMS

4. **CARE AND SUPPORT AT HOME COMMISSIONING (Pages 15 - 40)**

A joint report of the Lead Commissioner, Community Care Market and Assistant Director, Primary Care is **attached**.

**5. WIRRAL HEALTH AND CARE COMMISSIONING POOLED FUND ARRANGEMENTS FOR APRIL 2019 TO MARCH 2020**

**(Pages 41 - 52)**

A report by the Director of Care and Health is **attached**.

**6. DATE AND TIME OF NEXT MEETING**

To note that the next meeting of the Joint Strategic Commissioning Board will be held at 2pm on Tuesday, 2 April 2019 in the Council Chamber of Birkenhead Town Hall.

**7. URGENT BUSINESS APPROVED BY THE CHAIRS**

To consider any 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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## JOINT STRATEGIC COMMISSIONING BOARD

Tuesday, 4 December 2018

Present: Councillor Chris Jones (Co-Chair)  
Dr Sue Wells (Co-Chair)

Mr	Simon	Banks
Ms	Sylvia	Cheater
Dr	Paula	Cowan
Mr	Paul	Edwards
Ms	Nesta	Hawker
Ms	Lorna	Quigley
Ms	Linda	Roberts
Dr	Sian	Stokes
Mr	Michael	Treharne
Ms	Julie	Webster
Mr	Alan	Whittle

Councillor Stuart Whittingham

Apologies Councillor B Mooney

### 25 CHANGE OF VENUE

Dr Sue Wells apologised that the meeting had been moved from Birkenhead Town Hall to Wallasey Town Hall. She informed that this had been necessary as it was very cold in Birkenhead Town Hall as the central heating was not working.

### 26 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor B Mooney.

### 27 MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST

No declarations of interest were received.

### 28 MINUTES

Subject to the following amendments, the Minutes of the meeting of the Joint Strategic Commissioning Board held on 4 December 2018 were confirmed as a correct record:

Julie Webster be added to the list of members in attendance; and

Sylvia Cheater and Alan Whittle be added to the list of members who had sent their apologies for absence.

29 **WIRRAL HEALTH AND CARE COMMISSIONING POOLED FUND FINANCE REPORT**

Michael Treharne introduced a report that described the arrangements that had been put in place to support effective integrated commissioning. The report set out the key issues in respect of:

- the expenditure areas that are included in the 2018/19 shared pooled fund (live) and those expenditure areas in shadow form for 2018/19; and
- the current and future risk and gain share arrangements.

Members noted that the approach to integrated commissioning, the business case and the proposed integrated arrangements for Wirral Health and Care Commissioning (WHaCC) had been well documented via Wirral NHS CCG Governing Body Board meetings on 2 May 2017 and 5 December 2017, and via Wirral Council's Cabinet meetings on 27 March 2017 and 27 November 2017.

The following key features of integration were outlined as essential to success:

- Pooling resources, intelligence and planning capacity.
- Delivering the Right Care in the Right Place at the Right Time.
- Managing demand and reducing the cost of care.
- Clear accountability and governance arrangements.
- Resilience and flexibility to emerging issues in service delivery.

Mr Treharne reported that Healthy Wirral had been established as the core programme for delivery of key transformational programmes of health and care. WHaCC was the system lead for the delivery of this programme through the Healthy Wirral Partners Board. The financial challenge for the CCG and Council would continue, regardless of integration. The key for Wirral would be to ensure that integration of commissioning was seen as an opportunity to help to improve outcomes for people to make more effective use of the resources available (making the most of the "Wirral pound",) rather than the financial challenges being seen as a barrier to integration. The risks and mitigations associated with integration would continue to be monitored and updated in the months to come.

The total fund contributed to the commissioning pool in 2018/19 amount to £130.4m, as per the table below:

<b>Description</b>	<b>£m</b>
Adult Social care	39.7
Public Health	13.0
Children and Young People	2.0
CCG	22.0
Better Care Fund	53.7
	<b>130.4</b>

The total funds making up to the shadow pool in 2018/19 amounted to £531.2m as per the table below:

<b>Description</b>	<b>£m</b>
Adult Social Care	50.2
CCG	481.0
	<b>531.2</b>

The budgets illustrated within the shadow pool comprised all other budgets within the Adult Social Care and CCG areas which were not formally pooled in 2018/19.

Mr Treharne informed that a proposal regarding the arrangements for the 2019/2020 Financial Year would be presented to the Joint Strategic Commissioning Board in due course.

Over time, services which were currently out of scope for WHaCC could potentially be included within the pooled funding arrangements (e.g. further Children's Services). The risks of adding these services to the pooled fund arrangement would need to be assessed and mitigated, prior to any decision to expand the pool further.

A full breakdown of the pool's composition was set out in the report along with the current forecast.

Members noted that at 31 October 2018, the CCG had a developing year-end pressure of £1.1m spread across all areas of the live pool which formed part of the CCG's overall net unmitigated risks currently reported to NHS England. Formally, the CCG was reporting a forecast out-turn in line with plan spread across both the live and shadow pools.

It was reported that following the Chancellor's announcement of an additional £240m for Councils in 2018/19 to assist with winter pressures, Wirral Council had received confirmation that its share would be £1.8m. This would be fully used in-year to assist with improving the capacity of the domiciliary care market and to maximise independence and wellbeing.

Also included within the report were full details of the 2018/19 financial risks and challenges. Members noted that the CCG had submitted a Formal Recovery Plan to NHS England, which had now been approved. It had described how the £1.1m identified cost pressures within the pool for 2018/19 would be mitigated.

Further mitigations were currently being developed by the CCG. As part of its directions from NHS England, a turnaround Director had recently been appointed with a remit to look at all expenditure lines across the entire CCG, to identify any further efficiency opportunities with a view to addressing the overall level of risk that was currently unmitigated.

Mr Treharne reported that the Council's savings were on track to be delivered in full by the end of the year. Any slippage would be mitigated through over-achievement of other savings, as well as the identification new savings options and one-off actions. Any savings delivered above and beyond the savings target of £1.5m would contribute directly to the bottom line of the pooled fund and would be eligible to be shared between partners as described in the section 75.

**RESOLVED:**

**That the financial position of the live and shadow pools, as at 31 October 2018, be noted.**

30 **HEALTHY WIRRAL UPDATE**

Simon Banks introduced a report that informed the Joint Strategic Commissioning Board that, in common with all health and care systems across Cheshire and Merseyside, Wirral was expected to establish and implement its plans to achieve the best possible health and wellbeing outcomes for its population within the funding available to the system. The 'Healthy Wirral' Programme was seen as the prime system-wide programme to deliver sustainable and affordable long-term changes to the way that the health and wellbeing of the Wirral population was supported. Appended to the report was a summary of the Healthy Wirral Programme Work Streams.

Members noted that the Healthy Wirral Programme had identified a mission of 'Better Health and Wellbeing in Wirral by working together' with the clearly stated aim to enable all people in Wirral to live longer and healthier lives by taking simple steps to improve their own health and wellbeing. Mr Banks informed that by achieving this, the very best health and social care services could be provided when people really needed them, as close to home as possible and delivering this aim required the Wirral partners to rise to four key challenges:

- Acting as One.

- Clinical Sustainability.
- Improving Population Health.
- Financial Sustainability.

Mr Banks outlined the key actions that had been undertaken to date and set out the proposed next steps to progress the Healthy Wirral Programme.

The Joint Strategic Commissioning Board noted that the Healthy Wirral Programme continued to make good progress in the following priority areas:

- Work Stream Composition and Leadership.
- Programme Requirements.
- Programme Support.
- Workforce Support.
- Leadership Development.
- Mersey Internal Audit Authority Support to the Programme.
- Primary Care Network Development.
- Working with Cheshire and Merseyside Health and Care Partnership.

Mr Banks answered Members questions on his report as appropriate and informed that delivering the right care at the right time meant the Clinical Commissioning Group and the local authority had a statutory duty to do this in a managed and strategic way. He informed that the Joint Strategic Commissioning Board would continue to receive Healthy Wirral updates.

**RESOLVED:**

**That the content of the report be noted.**

31 **TRANSFORMING CARE PROGRAMME - UPDATE**

The Assistant Director of Health and Care Outcomes presented a report that described the approach that was being taken by Wirral Health and Care Commissioning, to the commissioning of care and support services for people with a learning disability and/or autism in Wirral. He informed that a similar report had been provided for consideration at a meeting of the Health and Wellbeing Board.

The Joint Strategic Commissioning Board noted that Wirral had put in place a programme of work to achieve a greater range of support options for people with a learning disability. This would increase choice and control and would improve wellbeing and independence for people.

It was reported that the national Transforming Care Programme had been developed to ensure that people were not inappropriately supported in specialist hospital placements for people with a learning disability or autism, when they could effectively be supported in a non-clinical environment such

as their own homes, natural communities, specialist residential care and closer to home.

Members noted that both the Council and NHS Wirral Clinical Commissioning Group (CCG) had budget pressures and recognised that services could be more effectively commissioned to enable independence. A broader range of support options were required in order to provide the right type of services to meet a broader set of support needs within the budget available.

The report described the commissioning approach that would provide a broader range of support services to meet the needs of people with a learning disability and that would contribute towards the delivery of the Wirral Plan pledges.

Members commented on the report and this included the following:

- The Council was working closely with NHS providers to ensure people had the right level of support in place and that discharges were monitored and progressed.
- An immense amount of work had gone into the Transforming Care Programme.
- The work that had been carried out was positive and forward thinking.
- Pooled funding was very important and helped the two organisations to work properly in partnership providing the right service for the right people.
- A whole range of excellent projects were ongoing.
- There was further work to do in respect of people with complex needs this involved identifying and planning the services needed.
- The transition between children's services and adult services was a key area for consideration.
- This excellent work was a good illustration of why the two organisations were working together as commissioners.

**RESOLVED:**

**That the content of the report be noted.**

32 **PROPOSED PUBLIC HEALTH COMMISSIONING INTENTIONS 2019-2020**

The Acting Director for Health and Wellbeing presented a report seeking the Joint Strategic Commissioning Board's agreement to progress the proposed commissioning intentions for public health services for the period 2019-2010. The proposal set out in the report linked to the delivery of the Wirral 2020 Plan and the statutory responsibilities of the Council in respect of its public health functions. The Joint Strategic Commissioning Board noted that the proposed actions affected all wards within the borough and the decisions requested

were key decisions. Appended to the report at Appendix 1 were the Public Health Contracts by Provider 2019/20 (including Commissioning Intentions).

The proposed commissioning intentions for public health services in 2019/20 were summarised in a Table in the report as follows:

**Summary of Commissioning Plans 2019/20**

<b>Action</b>	<b>Financial Value (£)</b>	<b>Number of Contracts</b>
Contracts subject to no changes	5,100,833	16
Contracts being retendered in-year	14,441,262	10
Contracts subject to evaluation and review	206,166	4
<b>TOTAL</b>	<b>19,748,261</b>	<b>30</b>

The Joint Strategic Commissioning Board noted that there were sixteen contracts (with a value of £5,100,833) which would not be subject to any change during 2019/20. This was because the contracts were in term or were being extended for a further year. All extensions complied with the Council's Contract Procedure Rules and were allowed as part of the contractual terms and conditions. The service specification for these contracts would be reviewed and renegotiated with providers as part of the 2019/20 contract negotiations and any changes to the specifications e.g. performance metrics, were designed to ensure that contracts reflected the Board's commissioning intentions and maximised performance in terms of outcomes and value for money.

It was reported that several contracts would be retendered during the 2019/2020 financial year and it was anticipated that the new contracts would be operational by April 2020. Contracts would also need to deliver social value outcomes. Current contracts for these services would continue during the re-commissioning process so that there was no loss of service to local people. Services to be recommissioned during 2019/2020 were as follows:

- Integrated Drug and Alcohol Treatment Services
- The Healthy Child Programme 0-19
- The Community Connectors Programme
- Weight Management Services

It was noted that it was necessary to recommission these services to comply with the Public Contract Regulations and the Council's Contract Procedure Rules. The value of the proposed contracts would be above the relevant European Union threshold and the supplier selection process would be conducted in accordance with The Public Contract Regulations 2015 and the Council's Contract Procedure Rules.

The Joint Strategic Commissioning Board noted that services to be retendered, the proposed contract length and the maximum budget allocation were as follows:

**Services to be retendered in 2019/20**

<b>Service</b>	<b>Current Contract Termination Date</b>	<b>Proposed Contract Length</b>	<b>Proposed Maximum Budget Envelope (£)</b>
Integrated drug and alcohol treatment services	31 January 2020	5 years plus 2 further 1 year extensions	42,000,000 (6,000,000 per annum)
Healthy Child Programme	31 January 2020	5 years plus 2 further 1 year extensions	47,206,131 (6,743,733 per annum)
Community Connectors	31 January 2020	3 years plus 2 further 1 year extensions	2,310,000 (200,000 per annum)
Tier two weight management services	31 March 2020	3 years	600,000 (200,000 per annum)

The differences in contract duration were noted and it was reported that the more established programmes because of their value needed a decent contract length. The workload was being managed and this may need to be given consideration at a future date.

Reference was made to the Drug and Alcohol Contract. Members were aware that there was a significant problem with alcohol dependency and related ill health and it was considered that going forward it would be important to get more people to engage with these services.

The Joint Strategic Commissioning Board noted that the specifications for the retendered services would be based on local insight and engagement with local people and stakeholders, identified need as referenced by the Joint Strategic Needs Assessment and evidence-based practice. This would provide an opportunity to reconsider the funding and delivery model, enabling the release of cost savings and the refocussing of service delivery considering current developments and the healthcare needs of service users.

Also, there were four contracts to be evaluated and reviewed during 2019/20 with a value of £206,166. The outcomes of the review and evaluation would determine future commissioning intentions. (Appendix 1 to the report refers.)

The Joint Strategic Commissioning Board's attention was drawn to the comprehensive engagement via four consultation exercises being planned to

inform the recommissioning of services set out in the report to ensure that local services were joined up and that the recommissioning would maximise outcomes for local people.

The Joint Strategic Commissioning board considered the financial implications noting that there was currently allocated funding for the services highlighted in the report. The value and availability of the Public Health grant for 2020 onwards was not yet known. The tendering exercises highlighted would provide the opportunity for more integrated and cost-effective models to be developed. However, there was a key risk, in terms of the Public Health grant and the Joint Strategic Commissioning Board would need to understand it and consider whether there would be a need to pool resources to keep services working.

Members were informed that the CCG would highlight the challenges around the budget, in the light of the frustration caused by the uncertainty post March 2020. This was a problem that all CCGs were facing so it was worth taking it up in force and it was agreed that this view would be feed back to the Health and Care Partnership. There was a whole range of key partners and GPs would be critical to engage with because of the issues this presented to front line staff.

It was reported that the NHS Wirral CCG Members were in support of the following recommendations: That

- (1) the recommissioning of the following contracts:
  - (a) the provision and delivery of an integrated drug and alcohol treatment service for an initial five-year contract term (2020-25) with the option of two further one-year extensions at a maximum budget of £42,000,000 (£6,000,000 per annum);
  - (b) the provision and delivery of the Healthy Child Programme for an initial five-year contract term (2020-25) with the option of two further one-year extensions at a maximum budget of £47,206,131 (£6,743,733 per annum);
  - (c) the provision and delivery of a Community Connectors Programme for an initial three-year contract term (2020-23) with the option of two further one-year extensions at a maximum budget of £2,310,000 (£462,000 per annum); and
  - (d) the provision and delivery of tier two weight management services for a three-year contract term (2019-22) at a maximum budget of £600,000 (£200,000 per annum).

- (2) to receive a report in the autumn of 2019 on the outcomes of the re-commissioning process to authorise the award of contracts following the tender evaluation process); and
- (3) the Schedule of Commissioning and Contracting activities for Public Health Services in 2019-20 as set out in Appendix 1 to the report.

**Wirral Borough Council's two Cabinet Members, sitting as a Committee of the Cabinet**

**RESOLVED: That**

- (1) the re-commissioning of the following contracts be agreed:
  - (a) the provision and delivery of an integrated drug and alcohol treatment service for an initial five-year contract term (2020-25) with the option of two further one-year extensions at a maximum budget of £42,000,000 (£6,000,000 per annum);
  - (b) the provision and delivery of the Healthy Child Programme for an initial five-year contract term (2020-25) with the option of two further one-year extensions at a maximum budget of £47,206,131 (£6,743,733 per annum);
  - (c) the provision and delivery of a Community Connectors Programme for an initial three-year contract term (2020-23) with the option of two further one-year extensions at a maximum budget of £2,310,000 (£462,000 per annum); and
  - (d) the provision and delivery of tier two weight management services for a three-year contract term (2019-22) at a maximum budget of £600,000 (£200,000 per annum).
- (2) a report on the outcomes of the re-commissioning process to authorise the award of contracts following the tender evaluation process be presented to the Joint Strategic Commissioning Board for consideration at a meeting in the autumn (2019);
- (3) the Schedule of Commissioning and Contracted activities for Public Health Services in 2019-20 as set out in Appendix 1 to the report be agreed.

**33 EXTRA CARE HOUSING DEVELOPMENT**

Simon Garner presented a report that informed that Extra Care Housing meant that older people and people with Learning Disabilities had choice and control to live as independently as possible as part of the community. Extra

Care was not simply about providing a home with the right support and care. Extra Care Housing provided a lifestyle and a place that was integrated in its community.

The Joint Strategic Commissioning Board noted that Extra Care Housing brought with it an improved quality of life for individuals compared to living in residential care. Along with improved benefits for residents, Extra Care Housing may deliver a financial benefit to local partners in the long run as it maximised the value people could get from housing benefit. The report set out what Extra Care Housing was, what the key national policy drivers were, what the needs of the population look like in Wirral and how the challenge was being approached in order to meet these needs.

The three strategies within the 2020 Plan that Extra Care Housing impacted on were: Ageing Well, All Age Disability and Good Quality Housing.

This matter affected all Wards within the Borough.

It was reported that there were alternatives to Extra Care such as community services, sheltered housing and residential care. However Extra Care provided an important alternative form of housing that enabled people to live independently.

The Joint Strategic Board agreed that this was a fantastic report. This was just the beginning and it would need to look beyond 2030 in terms of planning.

**RESOLVED:**

**That the report be noted.**

34 **WIRRAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2017-18**

Lorna Quigley presented the Wirral Safeguarding Children Board's (WCSB) Annual Report 2017-18. It set out how WCSB had responded to the need continually to improve safeguarding in the borough. It was noted that 2016-17 had seen the start of that improvement and 2017-18 had built on it. The report captured how the Board and each partner agency on it, had undertaken safeguarding that placed children and young people's wellbeing at its core.

The Joint Strategic Commissioning Board noted that the Annual Report included reports on the Board's crucial work in independent challenge and scrutiny, both key roles expressing the Board's statutory responsibilities. WCSB's core purpose was to ensure, and where necessary to require improvement in, the effectiveness of Wirral-wide, all-agency safeguarding for children, young people and their families. The report focused on WCSB's

delivery of its priorities, capturing and reporting organisations' activities and ensuring they made positive differences in children's lives.

The Annual Report recorded continued improvement of practice through the use of Wirral's new intervention, child protection and family support model, Supporting Families Enhancing Futures (SFEF), which had been co-designed by all Wirral partner bodies and was intended for use across the board in their work with children and young people. Its use sought to ensure the families with whom SFEF was used could be true partners with, as well as often vulnerable recipients of services.

It was reported that this was an opportunity to celebrate some of the work that had been carried out. It was the second year of the improvement journey and it was pleasing to see a number of initiatives in place. Teams had worked in a multi-agency way to ensure the additional work necessary had been completed in year 2. Children were now at the centre of decision-making and joint working had ensured that the WSCB was compliant with its statutory responsibilities in respect of safeguarding arrangements.

Reference was made to the poor communication around safeguarding which was frustrating. The different agencies had not been communicating well. The Joint Strategic Commissioning Board wanted this to be fixed as a priority. The Corporate Director for Children's Services informed that the structure and processes were now in place and it was expected; now there was stability, that there would be an improvement in communications.

The Joint Strategic Commissioning Boards attention was drawn to the Chair of the WSCB, Dr Maggie Atkinson's foreword where she had warned that the ongoing challenge of "doing still more with still less" was now a matter for grave concern to all who worked with children and young people. She had said that it was not alarmist to state that the borough may find that in the worst circumstances, there were now palpable and recorded threats to the safety and wellbeing of some children. Dr Atkinson had made no excuses for stating this, as an independent Chair who was charged with saying what must be said no matter how hard it was to hear. It was not the partner agencies at the WSCB table who were to seek a remedy to this but those who continued to impose unrealistic monetary limits on what the partners were funded to do. The Joint Strategic Commissioning Board turned its attention to future arrangements, noting that Wirral had not realised how bad things had got but noted that the WSCB had considered what could be replicated in respect of Adults Services in the Liverpool City Region and this had not been the right approach.

The WSCB would not be continuing in its present form and there would be new arrangements put in place for next year and these arrangements would include scrutiny. A peer challenge was required along with bench marking. Members looked forward to a different version of the Annual Report next year.

**RESOLVED:**

That the report be received.

35 **DATE OF NEXT MEETING**

**RESOLVED:**

That it be noted that the next meeting of the Joint Strategic Commissioning Board is scheduled to be held at 2pm on Tuesday, 5 February 2019 in the Council Chamber of Birkenhead Town Hall.

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**JOINT STRATEGIC COMMISSIONING BOARD**  
**Care and Support at Home Commission**

<b>Risk Please indicate</b>	<b>High Y</b>	<b>Medium N</b>	<b>Low N</b>
<b>Detail of Risk Description</b>	<i>A risk register was included as Appendix 2 in the report to Joint Strategic Commissioning Board on 21 August 2018. This is included as Appendix 1 to this report.</i>		

<b>Engagement taken place</b>	<b>Y</b>
<b>Public involvement taken place</b>	<b>N</b>
<b>Equality Analysis/Impact Assessment completed</b>	<b>Y</b>
<b>Quality Impact Assessment</b>	<b>N</b>
<b>Strategic Themes</b>	
To empower the people of Wirral to improve their physical, mental health and general wellbeing	<b>Y</b>
To reduce health inequalities across Wirral	<b>Y</b>
To adopt a health and wellbeing approach in the way services are both commissioned and provided	<b>Y</b>
To commission and contract for services that: <ul style="list-style-type: none"> <li>• Demonstrate improved person-centred outcomes</li> <li>• Are high quality and seamless for the person</li> <li>• Are safe and sustainable</li> <li>• Are evidenced based</li> <li>• Demonstrate value for money</li> </ul>	<b>Y</b>
To be known as one of the leading organisations in the Country	<b>Y</b>
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.	<b>Y</b>
Support people with Disabilities to live Independent lives (2020)	<b>Y</b>
Support Older people to live well (2020)	<b>Y</b>

## JOINT STRATEGIC COMMISSIONING BOARD

(Committee in Common)

<b>Meeting Date:</b>	<b>January 2019</b>
<b>Report Title:</b>	<b>Care and Support at Home Commission</b>
<b>Lead Officers:</b>	<b>Jayne Marshall and Iain Stewart</b>

### 1 INTRODUCTION / REPORT SUMMARY

- 1.1 We reported to the Joint Strategic Commissioning Board on 21 August 2018 to seek agreement for a joint commission for Care and Support at Home Services which includes domiciliary care, non-complex CHC and End of Life Care.
- 1.2 The joint Commission was agreed by the board in August 2018. A request was made to update the Board with a follow up report post award on the outcome of the Tender evaluation.
- 1.3 The Awards are as follows:

<b>Wallasey</b>	<b>West Wirral</b>
Premier Care - Primary Provider	Wirral Home Care Alliance - Primary provider
Wirral Home Care Alliance* - Secondary Provider	Haven Care - Secondary
<b>Birkenhead</b>	<b>South Wirral</b>
Premier Care - Primary Provider	Haven Care - Primary Provider
Wirral Home Care Alliance - Secondary Provider	Carewatch - Secondary provider

- Wirral Home Care Alliance is made up of 3 local providers, Community Caring, Professional Carers and Aspire

#### 1.4 **Peripheral Providers** - across the whole of Wirral

- Care Connect
- Castlerock Recruitment Group (CRG)
- ICARE GB
- ICARE Solutions
- Kare Plus
- Potens
- Prime Care
- Routes

## 2 **RECOMMENDATIONS**

2.1 That the Joint Strategic Commissioning Board (JSCB) note and comment on the actions taken as a result of the commissioning activity outlined in the minutes of the JSCB of 21 August 2018 (appendix 2).

- The Care and Support at Home contract is awarded as detailed in 1.3 and 1.4 of this report.
- Approve Implementation and roll out for the new contract, detailed below in section 3.
- That the procurement window be opened twice in year one then annually for the remainder of the contract for new Providers to come on the framework as a Peripheral Providers.
- JSCB approves the submission of a Wirral case study for The National Audit Office on the integrated commission.

## 3 **BACKGROUND INFORMATION**

3.1 The Care and Support at Home commission will support the continuation of the downward trend in long term residential and nursing placements by growing the community offer to the increasing population of older people allowing them to receive care whilst at home.

3.2 Domiciliary Care Services provide personal care for people living in their own homes and are currently independently regulated by the Care Quality Commission (CQC) under the Health and Social Care Act 2008 (Regulated Activities) regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. All of the current service provisions are commissioned through Independent Sector Providers.

3.3 The Care and Support at Home Service went out to open tender in September 2018, and was open for all Providers to formally tender and apply for the work. The new commission will take effect from 1 April 2019.

- 3.4 Between now and 1 April 2019, the implementation period will include;
- Trusted Assessor roll out across all Providers
  - Home First Redesign joint with Wirral Community Foundation Trust and the Care Market
  - Refined Hospital Discharge Pathway
  - Recruitment / Retention campaign for the Community Care Market
  - Training gap Analysis
  - Training all providers to deliver Reablement and Enhanced Care
  - Training Providers to become prescribers in Low level equipment
- 3.5 Work is underway with the CCG to streamline systems including “ADAM”, “Broadcare” (current CCG Systems), “Liquidlogic” and “ContrOCC” (current Council Systems) to facilitate a single systems pathway to support the new commission.
- 3.6 During the procurement process Wirral Council was approached by the National Audit Office to produce a case study on the Joint Commissioning approach taken, and the outcome.
- 3.7 At the 21 August, JSCB approval was given to progress the integrated commission for Care and Support at Home. This is a key project for the then newly formed (May 2018) Wirral Health and Care Commissioning Hub (WHCC).

## 4 OPTIONS CONSIDERED

4.1 The options considered at JSCB 21 August 2018 were;

- a) Not to go out to tender. (Contract and Procurement regulations require a tender process is undertaken). **NOT RECOMMENDED**
- b) We undertake independent commissions for Continuing Health Care, End of Life, Re-Ablement and Domiciliary Care. (This does not fit in with WHCC joint plan and current procurement timelines for both areas). **NOT RECOMMENDED**
- c) Jointly commission and transfer all clients from existing, to successful providers. This could potentially disrupt clients and impact as follows: ,
- d) TUPE issues
- e) Impact on market Sustainability, unsettling clients and providers
- f) impact on Wirral Community Foundation Trust (reviews undertaken as a result of transfer to new provider) **NOT RECOMMENDED**

- g) Jointly commission and enable existing providers to keep their existing caseload post-award. Successful providers to be able to keep existing caseload and take up new cases going forward - this will ensure minimum disruption for people who use services and also reduce the impact of review of the 1400 cases. **RECOMMENDED**

4.2 Option G above was the approved option for progression at the JSCB on 21 August 2018.

## 5 FINANCIAL IMPLICATIONS

- Pooled budget inclusion (estimated combined budget of £12m for the existing service provisions across WHCC).
- Currently 2 different systems ADAM for CCG and ContrOCC for Wirral Council - both currently tied into contractual arrangements.
- An aggregated rate of £15.60 has been agreed by WHCC.
- Collaborative working leading to cost savings in the implementation of changes imposed by external factors, such as National Minimum Wage, outcomes to tribunals, mileage costs.
- Social Care precept will not be available in the future to support increased rates.
- The commission will continue to support the established trend of reducing long term residential and nursing placements, releasing funds to meet demand for services due to the demographic growth.
- Introduction of an 'Open Book' contract management approach with finance officer oversight of this new approach. This will enable us to work collaboratively with providers on understanding the underlying costs of the service provision and support demand management increases.

## 6 ENGAGEMENT / CONSULTATION

The Council has engaged with providers over the past 18 months to ensure understanding of the WHCC view that Care and Support at Home Services in Wirral must be sustainable and effective in the longer term. Providers are aware of our statutory Care Act 2014 duty to have a vibrant, responsive and sustainable market offer. The local health and social care economy is supportive of this approach and there has already been a good local response to demand resulting in an improved pick up for cases waiting following local engagement.

## 7 LEGAL IMPLICATIONS

- Commissioning has been undertaken in accordance with the joint commissioning protocol which is in place in WHCC, within the section 75 agreement.
- Existing contractual relationships will be replaced with new contractual relationships.
- New contractual documentation will ensure that governance arrangements are adhered to and that contract management and monitoring are in place.
- Wirral Council contract procedure rules have been followed with full involvement from procurement on the commissioning process.

## 8 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

- A joint dashboard will be developed incorporating KPI's across the whole service scope; this will require Wirral Intelligence Service input.
- Financial Input is needed to implement Open Book Accounting and develop pooled budget arrangements. Both CCG and Wirral Council accountants will work with current providers to deliver this within 2 years of the contract start date (1 April 2019).

## 9 EQUALITY IMPLICATIONS

To be completed before contract start date.

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## APPENDICES

Appendix	Title
1.	Risk Register (co-produced with providers)
2.	Minutes of Joint Strategic Commissioning Board 21 August 2018

## BACKGROUND PAPERS

- Report to JSCB 21 August 2018
- Minutes of JSCB 21 August 2018
- Procurement Evaluation Matrix (*Exempt, by virtue of paragraph (3) of Part 1 of Schedule 12A of the Local Government Act, 1972.*)
- Award Notification Letter (*Exempt, by virtue of paragraph (3) of Part 1 of Schedule 12A of the Local Government Act, 1972.*)

## HISTORY

Meeting	Date
Joint Strategic Commissioning Board	21 August 2018

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## Wirral Care & Support at Home Risk Register

Risk Descriptor	Potential Consequence	Risk Assessment					Control / Mitigation Action Plan	Residual Risk					Risk Owner
		Probability	Impact			Risk Score		Probability	Impact			Risk Score	
			F	M	G				F	M	G		
Staff attraction and retention.	<ul style="list-style-type: none"> <li>Unmet needs</li> <li>Unable to meet contractual requirements.</li> <li>Strain on the hospital.</li> <li>Risk to service users.</li> <li>Strain on other services</li> </ul>	5	5	5	5	75	<ul style="list-style-type: none"> <li>Career progression programme.</li> <li>Pay increase-consistency.</li> <li>Mandated guaranteed contracted hours.</li> </ul>	4	5	5	5	60	
OBA	<ul style="list-style-type: none"> <li>Lack of transparency/trust.</li> <li>Risk-no gain.</li> <li>Complexity of own organisation not aware of process.</li> </ul>	3	3	3	3	27	<ul style="list-style-type: none"> <li>Not mandatory.</li> <li>Guaranteed hours for life of contract.</li> <li>Incentivised.</li> </ul>	2	2	2	2	12	
Business Process	<ul style="list-style-type: none"> <li>Current process remains fragmented.</li> <li>Missed communication.</li> <li>Different offer to different organisations/people.</li> <li>Unmanaged demand in capacity.</li> </ul>	3	3	3	3	27	<ul style="list-style-type: none"> <li>Reviewing existing process.</li> <li>Streamline.</li> <li>Consistent offer.</li> <li>Capacity v demand planning.</li> </ul>	2	2	2	2	12	
Page 23 Acute hospital admission/discharge	<ul style="list-style-type: none"> <li>Unsafe discharge.</li> <li>Reduced flow.</li> <li>Budget failure.</li> <li>Unable to meet demand.</li> <li>Reputation.</li> <li>Service breach.</li> </ul>	5	5	5	5	75	<ul style="list-style-type: none"> <li>Utilising technologies.</li> <li>Business processing.</li> <li>Partnering with 3<sup>rd</sup> sector.</li> <li>Brokerage process.</li> <li>Trusted assessor.</li> <li>Transparency.</li> </ul>	3	3	3	3	27	
Financial Sustainability	<ul style="list-style-type: none"> <li>Market failure.</li> <li>Rising budget.</li> <li>Service user's needs not met.</li> <li>Unemployment.</li> </ul>	3	5	4	4	65	<ul style="list-style-type: none"> <li>New model for Dom care.</li> <li>Budget controls-innovation.</li> <li>Use of technologies.</li> <li>Outcomes focused.</li> <li>Trusted assessor</li> <li>Collaboration/partnership working.</li> </ul>						
Lack of Technologies/Innovation	<ul style="list-style-type: none"> <li>Rising demand.</li> <li>Market efficiency.</li> <li>Collaboration-lack of financial impact.</li> </ul>	4	3	3	3	36	<ul style="list-style-type: none"> <li>Research-implement-review.</li> <li>Intelligence.</li> <li>Budget control.</li> <li>Partnership-open &amp; honest</li> </ul>						
Direct Payment	<ul style="list-style-type: none"> <li>Inappropriate use of money.</li> <li>None regulated staff (no DBS).</li> <li>Risk of abuse/neglect.</li> <li>Very little control.</li> </ul>	5	5	5	5	75	<ul style="list-style-type: none"> <li>Level personalised rates across the board.</li> <li>Monitoring/checks.</li> <li>Audits.</li> <li>Penalties in place.</li> <li>Enforcement.</li> </ul>	1	2	2	2	6	

### Risk Impact Scoring

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## Wirral Care & Support at Home Risk Register

Risk Descriptor	Potential Consequence	Risk Assessment					Control / Mitigation Action Plan	Residual Risk					Risk Owner
		Probability	Impact			Risk Score		Probability	Impact			Risk Score	
			F	M	G				F	M	G		
External Organisation impact on Dom care	<ul style="list-style-type: none"> <li>Failing to work collaboratively will lead to fail.</li> <li>Animosity between services.</li> <li>Waste of resources.</li> </ul>	4	5	5	5	75	<ul style="list-style-type: none"> <li>Workshops.</li> <li>Incentivise –shared gain/risk.</li> <li>Sharing resources.</li> <li>Shared data.</li> </ul>	1	4	4	4	12	
Length of Contract	<ul style="list-style-type: none"> <li>Uncertainty.</li> <li>Long term view-costings.</li> <li>Contract commitment.</li> <li>Sustainability/investments.</li> <li>Affordability.</li> <li>Recruitment.</li> <li>Uneasy workforce.</li> </ul>	3	4	4	4	36	<ul style="list-style-type: none"> <li>Longer term contract, allows opportunity to develop and invest more.</li> <li>Drive cost efficiencies.</li> <li>Procurement.</li> </ul>	1	1	1	1	3	
Culture	<ul style="list-style-type: none"> <li>Domiciliary care provision is wholly dependent on people for delivery.</li> <li>New ways of working are required to meet existing and emerging market challenges.</li> <li>People are naturally resistant to change.</li> <li>If people do not adapt to new ways of working the new delivery and commercial models will fail impacting on service standards and financial performance.</li> </ul>	5	5	5	5	75	<ul style="list-style-type: none"> <li>Leadership recognition and acknowledgement.</li> <li>Allocate resource to implement culture intervention.</li> <li>Implement cultural innovation program.</li> <li>Monitor impact.</li> </ul>	2	3	3	3	18	
Demand	<ul style="list-style-type: none"> <li>Unable to meet demand.</li> <li>Service user failure/safeguarding.</li> <li>Provider failure.</li> <li>Contractual implications.</li> <li>Over subscription.</li> </ul>	5	5	5	5	75	<ul style="list-style-type: none"> <li>Staff recruitment processes in place.</li> <li>Working together to cover market and demand – partnership.</li> <li>Collaborative working.</li> <li>Limit contracted providers we commission with.</li> <li>Training-upskill.</li> <li>Increase providers services-whole approach.</li> </ul>	2	2	2	2	12	
Legislative	<ul style="list-style-type: none"> <li>Increased costs to system.</li> <li>Recruitment impact.</li> <li>Provider sustainability.</li> </ul>	3	5	4	3	36	<ul style="list-style-type: none"> <li>Consider contingency.</li> <li>Budget if changes are expected.</li> <li>Providers integrated working for sharing functions to reduce cost impact.</li> </ul>	2	2	2	2	12	
Publicity & Reputation	<ul style="list-style-type: none"> <li>Negative publicity.</li> <li>Not represented correctly.</li> <li>Recruitment.</li> <li>Lack of confidence.</li> <li>Suspension.</li> </ul>	5	5	5	5	75	<ul style="list-style-type: none"> <li>Positive news stories.</li> <li>Real life positive outcomes.</li> <li>Schools/colleges involvement.</li> <li>Transparent approach.</li> <li>Communication.</li> </ul>	2	2	2	2	12	
Governance and Leadership should providers collaborate	<ul style="list-style-type: none"> <li>Project plan.</li> <li>CQC compliance.</li> <li>Lack of structure.</li> <li>Each organisation internal governance.</li> </ul>						<ul style="list-style-type: none"> <li>Establish a board.</li> <li>Identify lead representatives.</li> <li>MOU.</li> <li>Mutual agreement.</li> <li>'Professional' oversight.</li> </ul>						

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		Probability	Impact				Risk Score	Probability	Impact			Risk Score	
			F	M	G				F	M			G
	<ul style="list-style-type: none"> <li>QA framework</li> <li>Delegated authority.</li> <li>Legislative requirements.</li> </ul>					<ul style="list-style-type: none"> <li>Project plan.</li> <li>Discuss with CQC.</li> <li>Values.</li> </ul>							
Co-ordination of Transformation	<ul style="list-style-type: none"> <li>Not co-ordinated.</li> <li>Misses the culture change.</li> <li>Business process not aligned.</li> <li>Resilience to change.</li> <li>Business process.</li> <li>Technology.</li> <li>Budgetary impact.</li> </ul>					<ul style="list-style-type: none"> <li>Communication.</li> <li>Need to cover any provider who might pull out.</li> <li>Establish and agree the procurement.</li> <li>Establish partner project plan.</li> <li>Timescales.</li> <li>Whole system approach.</li> <li>Business process mapping.</li> </ul>							
Mobilisation/change to supply chain	<ul style="list-style-type: none"> <li>Negative impact on service user.</li> <li>Tupe risk.</li> <li>Workforce delivery.</li> <li>Impact on market.</li> <li>Sustainability.</li> <li>Legal issues.</li> </ul>					<ul style="list-style-type: none"> <li>Joint review.</li> <li>Establish a board.</li> <li>Comms strategy.</li> <li>Establish procurement model to legal framework.</li> <li>Timescales/project plan.</li> <li>Write and agree workforce plan.</li> </ul>							
Demand continues to grow unchecked	<ul style="list-style-type: none"> <li>Market unable to keep up with demand and service users' needs go unmet or not delivered to required service standards</li> <li>Commissioners budgets are exceeded</li> <li>Providers CQC ratings put at risk because of demand on the system</li> </ul>	5	5		25	Demand management strategy which is performance managed <ul style="list-style-type: none"> <li>Assets based approach</li> <li>Strengths based approach</li> <li>Signposting</li> <li>Developing community assets</li> <li>Developing 3<sup>rd</sup> sector assets</li> </ul> Objective – Zero growth year on year Target – Year on year demand reduction	2	4	8				
Market capacity	<ul style="list-style-type: none"> <li>Insufficient Providers in market who are convinced of viability of the local market in terms of making long term investments in their local business units</li> <li>Low levels of collaboration between existing Providers inhibiting realisation of potential cost savings and efficiency gains</li> </ul>	5	4		20	Develop procurement strategy for new framework based on; <ul style="list-style-type: none"> <li>Open and equity based engagement with supply chain to gain their input to what will represent a sustainable proposition for them pre- ITT</li> <li>Partnering based governance structure for new framework to;-                             <ul style="list-style-type: none"> <li>improve decision making via the input of the experience of all partners</li> <li>increase ownership and commitment</li> <li>facilitate collaboration</li> <li>embed continuous improvement in the operating culture</li> </ul> </li> <li>Open Book Accounting to be used as a base for the commercial management of the framework to:-                             <ul style="list-style-type: none"> <li>provide transparency to all partners</li> <li>to make all partners responsible for cost</li> <li>provide visibility on potential efficiency gains across both Commissioners and Providers business processes</li> <li>support value management throughout the life of the contract</li> <li>demonstrate public accountability for expenditure against the Wirral £</li> </ul> </li> </ul> Partnership Board and Governance structure to performance management and benefit report on the impact of collaboration	2	3	6				

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		Probability	Impact				Risk Score	Probability	Impact			Risk Score	
			F	M	G				F	M			G
	<ul style="list-style-type: none"> <li>Market unable secure and retain sufficient resource to keep up with demand and service users' needs to unmet or not delivered to required service standards</li> <li>Not being able to meet specialist provision for CHC &amp; End of Life</li> </ul>					Develop a Wirral wide ATTRACT – RETAIN - DEVELOP strategy for care workers. Key elements to include:- <ul style="list-style-type: none"> <li>Develop a career path for care workers</li> <li>Identify savings that can be directed to improving care worker T&amp;C's</li> <li>Comm's strategy to improve profile of care worker role and attractiveness as a career</li> <li>Care worker recruitment and retention incorporated as a KPI in framework incentivisation model</li> <li>Meeting with current provider of this provision</li> <li>Detailed specification on service requirements</li> </ul>							
Utilisation	<ul style="list-style-type: none"> <li>Provider Partners having secured capacity are then unable to optimise utilisation leading to financial loss</li> </ul>	3	2		6	<ul style="list-style-type: none"> <li>Improved demand forecasts from Commissioners developed collaboratively with Provider Partners providing clarity on base loads and seasonal variation</li> <li>Based on forecasts guaranteed hours offered to Provider partners for annual or seasonal base loads</li> <li>Penalty payments for Providers failing to meet guaranteed hours commitment</li> <li>Annual workload allocation to Provider Partners determined by Partnership Board based on historical performance against KPI's</li> </ul>	1	2	2				
Page 26 Provider Partner Sustainability	<ul style="list-style-type: none"> <li>ITT thought not to be commercially viable then the potential exists for insufficient bidders or inappropriate bidders</li> <li>Provider Partners cannot make the framework commercially viable throughout life of framework</li> <li>Cost to Commissioners of either scenario above in terms of:                             <ul style="list-style-type: none"> <li>Impact on statutory duties</li> <li>Impact on service users</li> <li>Cost of change</li> </ul> </li> </ul>	4	5		20	<ul style="list-style-type: none"> <li>Market engagement exercise pre-ITT</li> <li>Utilisation of Open Book Accounting and proactive Risk Management during the life of the contract</li> </ul>	3	3	9				
Changes to Legislation / Regulation / Service Standards	<ul style="list-style-type: none"> <li>If not addressed in the new contract the Provider will be exposed to changes in legislation that might impact on their costs and viability</li> <li>Providers will therefore have to price that risk</li> <li>The pricing of the risk will most likely either be excessive, leading to avoidably high delivery costs to Commissioners; or they will under-price put at jeopardy their sustainability as a Provider over the life of the</li> </ul>	4	5		20	<ul style="list-style-type: none"> <li>Exclude risk in contract terms and include transparent process based on open book accounting principles for calculating impact of change</li> <li>Commissioners to build contingency for such changes into overall budget on the basis of open book accounting principles</li> </ul>	0	0	0				

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## Wirral Care & Support at Home Risk Register

Risk Descriptor	Potential Consequence	Risk Assessment				Control / Mitigation Action Plan	Residual Risk				Risk Owner		
		Probability	Impact				Risk Score	Probability	Impact			Risk Score	
			F	M	G				F	M			G
	contract leading to withdrawal, impact on service delivery and reputational and cost of change impact on the Commissioners												
Inflation	<ul style="list-style-type: none"> <li>The pricing of the risk will most likely either be excessive, leading to avoidably high delivery costs to Commissioners; or they will under-price put at jeopardy their sustainability as a Provider over the life of the contract leading to withdrawal, impact on service delivery and reputational and cost of change impact on the Commissioners</li> </ul>	3	3		12	<ul style="list-style-type: none"> <li>Exclude risk in contract terms and include transparent process based on open book accounting principles for calculating impact of change</li> <li>Commissioners to build contingency for such changes into overall budget on the basis of open book accounting principles</li> </ul>	0	0	0				

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# JOINT STRATEGIC COMMISSIONING BOARD

Tuesday, 21 August 2018

Present: Councillor Chris Jones (Co-Chair)  
Dr S Wells (Co-Chair)

Mr Simon Banks  
Dr Paula Cowan  
Mr Paul Edwards  
Ms Nesta Hawker  
Ms Sylvia Cheater  
Ms Linda Roberts  
Mr Alan Whittle

Councillors Bernie Mooney  
Paul Stuart (in place of Stuart  
Whittingham)

## 9 APOLOGIES FOR ABSENCE

Apologies for absence were received from Michael Treharne, Lorna Quigley and Councillor Stuart Whittingham.

## 10 DECISION MAKING ARRANGEMENTS

It was reported that Wirral Council's Cabinet had delegated authority to make decisions to its Cabinet Committee. However, the NHS Wirral Clinical Commissioning Group (CCG) had not delegated authority to its Committee to make decisions. Therefore, the CCG's Committee would agree recommendations at this meeting to report to the next meeting of the CCG scheduled for 11 September 2018, for decision.

### RESOLVED:

**That the decision making arrangements be noted.**

## 11 MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST

Councillor Chris Jones declared a personal interest in Item No. 5 on the agenda – All Age Disability and Mental Health by virtue of her employment with the Cheshire and Wirral Partnership NHS Foundation Trust.

12 **MINUTES**

Subject to Paula Cowan being referred to as Dr Paula Cowan, the Minutes of the meeting of the Joint Strategic Commissioning Board held on 19 June 2018 be confirmed as a correct record.

13 **COMMISSIONING AND TRANSFORMATION STRATEGY**

Nesta Hawker introduced a report informing Members that the Commissioning and Transformation Strategy shared the high level plans and commissioning priorities of Wirral Health and Care Commissioning (WHaCC) up to 2021. WHaCC would lead on the development of place based care on Wirral. This model was that local people who accessed care would have seamless care pathways and that there would be more focus on enabling people to remain well, without the need of help from traditional formal services.

Members noted that the focus would be on people and place, not on organisations. The transformation of service delivery was expected to reduce the need for high cost acute care and improve health and wellbeing, reducing the need for long term care. The aim was to improve the outcomes for the people of Wirral and also to deliver sustainable services, both clinically and financially. It was reported that place based care was being developed in response to the challenges that the Wirral health and care system faced. These included constrained funding, increasing demand, fragmentation of services and the need to deliver better health, better care and better value for the people of Wirral.

The ambition to provide services at the most appropriate local level had led to the development of the 51 – 9 – 4 – 1 model. This footprint had been developed on population needs and the nine neighbourhoods as outlined in the Strategy would be the focal delivery point for care which would be ‘wrapped around’ the person. Therefore, the neighbourhood’s development was the priority for 2018/19. These neighbourhood teams would have an integrated workforce spanning primary, secondary, mental health and social care and importantly community and voluntary groups.

To achieve this ambition for WHaCC to commission on a place based care basis a gradual approach to this new way of commissioning would be adopted with the phasing in based upon segments of the population. Due to the demographic of Wirral the first priority would be older people with a focus on frailty. Members were made aware that the aim was to develop a prospectus which would outline the outcomes expected for the frailty population on Wirral. This would be co-produced with both the public and stakeholders.

The Strategy was appended to the report and was intended to share the plans for the development of place based commissioning. It outlined the vision of

how it would move to commission on popular based health and care outcomes.

Members were informed that the single commissioning strategy had been developed in partnership with stakeholders from across the health and care system. A key intention of bringing together the Local Authority and CCG Commissioning was to have a single approach to commissioning health and care services, therefore, separate strategies were not in line with the key aims and no other options had been considered.

Councillor Bernie Mooney declared a personal interest in this item of business by virtue of her employment with Age UK.

Members considered the documentation in detail, noted it had been presented to the Health and Wellbeing Board and commented and asked questions on the following:

- Commissioning intentions going forward over the next 2 – 3 years.
- Joined up preventative work.
- Outcomes that were different from that of the last Strategy – better and transformational.
- Work of Age UK – frailty and loneliness of the older population.
- Engagement and consultation, working with staff, Public Health colleagues and a whole host of people.
- Primary work streams reflected in the commissioning intentions described within the Strategy.
- Collaboration at neighbourhood level.
- A system of personalised care for local communities, targeted where needed. Ensuring that people were able to access voluntary sector and know what was available in their local communities.
- Monitoring what was available and whether people's needs were met.
- Place based care must provide people with what they wanted and needed. Urgent needs must be met in an appropriate and timely fashion.
- Lots of engagement with the providers and work had been going on through the neighbourhood teams for a considerable period of time.

**The NHS Wirral CCG Members RECOMMENDED (to the CCG):**

**That the revised Commissioning and Transformation Strategy be adopted.**

**Wirral Borough Council's three Cabinet Members, sitting as a Committee of the Cabinet**

**RESOLVED:**

**That the revised Commissioning and Transformation Strategy be adopted.**

**14 ALL AGE DISABILITY AND MENTAL HEALTH**

Jason Oxley, the Assistant Director Health and Care Outcomes introduced a report that informed that integrated assessment, case management and support planning processes for children and adults with disabilities and adults with mental health needs, with Cheshire and Wirral Partnership NHS Trust (CWP) would improve support for the most vulnerable people in Wirral. Those who had a disability or a mental health need.

Appended to the report were the following appendices:

Appendix	Title
A	All Age Disability and Mental Health Service Full Business Case
B	Merseyside Pension Fund Actuarial Evaluation
C	All Age Disability and Mental Health Service Contract (Draft)
D	All Age Disability and Mental Health Service Specification
E	All Age Disability and Mental health Service Due Diligence Report
F	All Age Disability and Mental Health Strategy
G	Survey results

Members noted that Social Care Services played an important role in enabling vulnerable people to maximise their independence, to take an active part in their communities and to keep well in Wirral. The inter-dependency between health and care systems had become increasingly clear over recent years. Nationally, Councils were being faced with increasing demand on Social Care Services which presented as a challenge to meet within the available resources. Local Authorities and NHS providers were increasingly working to integrate social care and health services locally to provide both sustainability and a better experience for people who used these services.

People with disabilities and their families had informed that they had experienced difficulty in navigating between different services and between health and care organisations, had found it difficult to maintain communication with all the different people involved in their support and had not always had joined up planning for adulthood.

Members were informed that this service was in line with the All Age Disability Strategy and feedback received from people that needed support from services. A Wirral resident had informed that

“The main issue is to break down the barriers between organisations and ensure that everyone in each of the organisations understands what the others do” (ref Survey Results Appendix F).

The service aimed to ensure that the Council and NHS partners used the collective resources to provide better and more joined up support to people with disabilities or a mental health need. This followed the successful implementation of a fully integrated service for older people which was now provided by Wirral Community NHS Foundation Trust on behalf of the Council and under a similar agreement.

It was reported that the following key features of the all age service were essential to success:

- Bringing health and social care staff together to provide integrated, coordinated support to people.
- Delivering the Right Care in the Right Place at the Right Time.
- Supporting young people with complex needs into adulthood.
- Clear accountability and governance arrangements.
- Resilience and flexibility to emerging issues in service delivery.

The Council’s Cabinet (March 2016) had approved the establishment of a Transformation Programme with the development of an All Age Disability and Mental Health service. On 6 November 2017, the Cabinet approved the Full Business Case (Appendix A) and the development of an integrated All Age Disability and Mental Health service by a formal partnership arrangement with CWP. The Cabinet also approved estimated one off set up costs and for the final arrangements to be presented for sign off in spring 2018.

Further development of the service specification was required in relation to the delegated functions for children and young people and, therefore, the final arrangements were being presented for sign off in summer 2018.

The CWP approved the business case and final arrangements on 25 July 2018.

Governance arrangements had changed with the development of Wirral Health and Care Commissioning as a Strategic Partnership. Therefore, a Leader Decision on the final arrangements had been sought to approve the final arrangements and for a report to be submitted to the Joint Strategic Commissioning Board to endorse this decision.

It was reported that careful consideration had been given to a range of other alternative delivery models. These had included retaining and developing the services within the Council, the setting up of a community interest company to provide the services and developing an informal partnership with a public sector provider to provide the services differently.

These options were also detailed within the Full Business Case (Appendix A to the report). However, the agreed service model provided the opportunity for achieving the benefits required and to develop Place Based Care.

Members considered the documentation in detail and made comments and asked questions on the following:

- This initiative was in the best interests of families and children.
- Not all of the Council's statutory duties had been transferred over. It was complicated to transfer children to the adult services and both Directors retained their statutory duties. This was clarified and it was noted that decision making remained firmly within the Council.
- Consultation had begun with the Trade Unions in December 2017 and all staff involved in the transfer had been consulted. The Trade Unions were supportive of the principles and the reasons it was being done. Some changes had been made as a direct result of the consultation exercise.
- Wirral was now in a unique place. Services were now more person-centred to ensure no one 'fell through the cracks'.
- This was primarily the Council's statutory duty but CCG Members could make comment but endorsement was a matter for the Cabinet Committee.

**The NHS Wirral CCG Members RECOMMENDED (to their Council colleagues):**

**That**

- (1) the decision to approve the final arrangements be endorsed;**
- (2) the final arrangements for creating an All Age Disability and Mental Health Service be noted;**
- (3) the staff transfer on 19 August 2018 be noted; and**
- (4) the delegation of Wirral Borough Council's statutory duties to CWP, as detailed in the contract and service specification be noted.**

**Wirral Borough Council's three Cabinet Members, sitting as a Committee of the Cabinet subsequently**

**RESOLVED: That**

- (1) the decision to approve the final arrangements be endorsed;**

- (2) the final arrangements for creating an All Age Disability and Mental Health Service be noted;
- (3) the staff transfer on 19 August 2018 be noted; and
- (4) the delegation of Wirral Borough Council's statutory duties to CWP, as detailed in the contract and service specification be noted.

15 **CARE AND SUPPORT AT HOME COMMISSION**

Jacqueline Evans, Assistant Director – Integrated Commissioning Programme and Iain Stuart, Assistant Director, Primary Care introduced a report that set out plans related to improving the sustainability of the care market in Wirral via a joint commission for care at home services led by Wirral Health and Care Commissioning (WHCC).

Appended to the report were the following appendices:

Appendix	Title
1	Lessons Learned Log
2	Risk Register (co-produced with providers)
3	Stradia Workshops
4	Procurement Timetable

It was proposed to jointly commission and enable existing providers to keep their existing caseload post-award. Successful providers would be able to keep existing caseload and take up new cases going forward and Members were told that this would ensure minimum disruption for people who used services and would also reduce the impact of a review of the 1,400 cases.

Members were informed that this approach aimed to ensure that services were delivered in the right place and at the right time and that individual personal outcomes could be improved for vulnerable people that required personal care and support.

It was noted that the commission would support the continuation of the downward trend in long term residential and nursing placements by growing the community offer to the increasing population of older people, allowing them to receive care whilst at home.

Domiciliary Care Services provided personal care for people living in their own homes and were currently independently regulated by the Care Quality Commission (CQC) under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. All of the current service provisions were commissions provided through the independent sector.

Members noted that the service would go out to open tender in September 2018 and would be open for all providers to formally tender and apply for the work, with an intention for the new service to commence in April 2019. The commission would include:

- Reablement
- Domiciliary Care Services
- Complex/Continuing Health Care
- End of Life Care

Members also noted that these services would form part of a newly designed integrated pathway for care at home with 'home first' also included. There would be an enhanced focus on hospital admission avoidance, an improved hospital discharge offer, behaviour change and self-care. The service specification outlined the vision for the delivery of these services, the key features of the service and the outcomes it was expected to achieve.

The new model would incorporate:

- An Outcomes focused approach
- A 'top to bottom' service (complex to community involvement)
- Electronic care monitoring
- Electronic care planning
- Social Value (the evaluation criteria will be based on 20%)
- Wirral based – providers to demonstrate a previous history of working in Wirral using a locally sourced workforce and keeping the Wirral £ in Wirral
- Trusted Assessor model
- Open Book Accounting – better value for money and a clearer understanding of Provider costs to enable us to have a dynamic financial approach
- Payment delivery against 'actuals'
- Community / Third sector engagement
- Deliver a balanced and equitable care market
- A match to the Wirral '50,9,4,1' model for placed base care, supporting the Healthy Wirral Outcomes
- Tele monitoring

Members noted that the Wirral 2020 Plan objectives supported by this approach included Older People Live Well and People with Disabilities Live Independently.

In addition there was a specific work programme under Healthy Wirral to improve care market sustainability; this approach was part of the programme plan for improvement.

The Wirral 2020 Plan also included a target to support local businesses to thrive and do well. Therefore, the commission would commit to partly evaluate on Social Value 20% as per the Council's new social value policy, with the aim of supporting and attracting business to remain on Wirral to support the local economy and deliver a sustainable local offer.

Other options considered included:

- Not to go out to tender. However, Contract and Procurement Regulations required a tender process be undertaken.
- Undertake independent commissions for Continuing Health Care, End of Life, Reablement and Domiciliary Care. However, this did not fit in with the WHCC joint plan and current procurement timelines for both areas.
- Jointly commission and transfer all clients from existing, to successful providers. However, this could potentially disrupt clients and impact as follows:
  - TUPE issue
  - Market sustainability, unsettling clients and providers.
  - Wirral Community Foundation Trust – reviews undertaken as a result of a transfer to new provider.

Members considered the documentation in detail making comments and asking questions on the following:

- It was important to grow the offer in the local community in order to keep people at home as long as possible. It was imperative to integrate into the nine neighbourhoods. The commission would include an integrated pathway, agencies would be all joined up so that patients and clients could access care and this would assist the hospital discharge process.
- Workshops had been held with domiciliary care providers. Costs of providing care had been explored. Issues that had arisen included the length of contracts, sustainability and open book accounting. Providing contracts for five years or more would help with the staffing element and demonstrate that this was the right approach.
- This was about keeping people safe, providing continuity of cover, working with a Wirral wide system, inviting carer options, offering roles beyond domiciliary care and providing jobs and the economic benefits they bring to the local community.
- The Council's 20/20 Plan enforced the social value component.
- Wirral had a positive and independent workforce.
- Providers had worked to show value for money, how they would keep people safe and they aspired to a minimum waiting list with an integrated pooled budget in place.

- There were a number of pilot exercises in operation currently and since last summer the waiting list for domiciliary care had decreased from 86 to 36. It was hoped to reduce it further by the autumn to below 25. Creative ideas were being sought to assist this aspiration.
- Officers were confident that the procurement process would ensure that everything would be in place by April 2019 as there had been ongoing consultations and engagement for months.
- Between now and February 2018 it was important that checks and balances were included in the process as a safeguarding measure and updates would be provided for Members of both Committees via email.

**The NHS Wirral CCG Members RECOMMENDED (to the CCG): That**

- (1) **it allocates and sanction the use of WHCC pooled budget resources to fund the joint commissioning of this service;**
- (2) **it agrees to the development and deployment of a centralised system for commissioning, to enable the recording of Service delivery and the paying of Providers (subject to the contractual arrangements with the recording and payment system providers' (ContrOCC and ADAM) being able to accommodate such an arrangement;**
- (3) **it approves the proposed Care and Support at Home commission for the forward commissioning plan, and integrated governance arrangements; and**
- (4) **it approves the award post tender and a further report be brought back to Joint Strategic Commissioning Board for consideration at its meeting on 5 February 2019.**

**Wirral Borough Council's three Cabinet Members, sitting as a Committee of the Cabinet**

**RESOLVED: To**

- (1) **allocate and sanction the use of WHCC pooled budget resources to fund the joint commissioning of this service;**
- (2) **agree to the development and deployment of a centralised system for commissioning, to enable the recording of Service delivery and the paying of Providers (subject to the contractual arrangements with the recording and payment system providers' (ContrOCC and ADAM) being able to accommodate such an arrangement;**

- (3) approve the proposed Care and Support at Home commission for the forward commissioning plan, and integrated governance arrangements; and**
- (4) approve the award post tender and a further report be brought back to Joint Strategic Commissioning Board for consideration at its meeting on 5 February 2019.**

**16 DATE OF NEXT MEETING**

**RESOLVED:**

**That it be noted that the next meeting of the Joint Strategic Commissioning Board is scheduled for 2pm on Tuesday, 16 October 2018 in the Council Chamber of Birkenhead Town Hall.**

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**JOINT STRATEGIC COMMISSIONING BOARD**  
**Wirral Health and Care Commissioning Pooled Fund Arrangements**  
**for April 2019 to March 2020**

<b>Risk Please indicate</b>	<b>High N</b>	<b>Medium N</b>	<b>Low Y</b>
<b>Detail of Risk Description</b>	<i>Limited pooled fund arrangements reflecting elements of health and care pooled in 2018/19 minimise potential risk in relation to pooled health and care budgets.</i>		

<b>Engagement taken place</b>	<b>Y</b>
<b>Public involvement taken place</b>	<b>N</b>
<b>Equality Analysis/Impact Assessment completed</b>	<b>N</b>
<b>Quality Impact Assessment</b>	<b>N</b>
<b>Strategic Themes</b>	
To empower the people of Wirral to improve their physical, mental health and general wellbeing	<b>N</b>
To reduce health inequalities across Wirral	<b>N</b>
To adopt a health and wellbeing approach in the way services are both commissioned and provided	<b>Y</b>
To commission and contract for services that: <ul style="list-style-type: none"> <li>• Demonstrate improved person-centred outcomes</li> <li>• Are high quality and seamless for the patient</li> <li>• Are safe and sustainable</li> <li>• Are evidenced based</li> <li>• Demonstrate value for money</li> </ul>	<b>N</b>
To be known as one of the leading organisations in the Country	<b>N</b>
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.	<b>Y</b>

# JOINT STRATEGIC COMMISSIONING BOARD

(Committee in Common)

<b>Meeting Date:</b>	<b>5 February 2019</b>
<b>Report Title:</b>	<b>Wirral Health and Care Commissioning Pooled Fund Arrangements for April 2019 to March 2020</b>
<b>Lead Officer:</b>	<b>Graham Hodgkinson</b>

## 1 INTRODUCTION / REPORT SUMMARY

- 1.1 Wirral Health and Care Commissioning (WHaCC) has been in operation since May 2018. WHaCC is the formal strategic commissioning partnership working on behalf of Wirral Council and NHS Wirral Clinical Commissioning Group (CCG), created following agreement to progress into a formal partnership by Wirral Council's Cabinet in November 2017 and NHS Wirral Clinical Commissioning Group (CCG) in December 2017.
- 1.2 This report presents proposed arrangements for pooled fund resources in 2019 to 2020, they will be based upon continuing with arrangements that are currently in place for 2018 to 2019. It is proposed that the pooled budget scope is not extended to include additional schemes or areas during 2019, in order to enable joint arrangements to continue without increasing financial risk.
- 1.3 There is a commitment to review the effectiveness of Better Care Fund (BCF) schemes early in 2019/20 and the financial value in the pool may change slightly due to changes in allocation, inflationary pressures etc. However, the key proposal is that the scope and range of services covered remains the same.
- 1.4 The Section 75 pooled fund agreement sets out the detail of budget areas that are being pooled in 2019. There is a mandatory legal requirement to have a Section 75 agreement in place to draw down the elements of the pool relating to the Better Care Fund.

## 2 RECOMMENDATIONS

- 2.1 It is recommended that the Joint Strategic Commissioning Board endorses the action of not increasing the scope of pooled funds for 2019 to 2020 in order to continue mitigating financial risk.
- 2.2 It is recommended that the Director of Care and Health is authorised to enter into the proposed Section 75 agreement for 2019/20 on behalf of the Council.

- 2.3 It is recommended that the Chief Officer of NHS Wirral Clinical Commissioning Group (CCG) is authorised to enter into the proposed Section 75 agreement for 2019/20 on behalf of the Council.

### **3 BACKGROUND INFORMATION**

- 3.1 Evidence of the benefits for integrated working arrangements and integrated commissioning have been debated alongside potential risks and concerns in detail in recent months. This has included a detailed scrutiny process, culminating in a Wirral Council decision to sign-off pooled fund arrangements for 2018/2019 as being in the best interests of the public of Wirral.
- 3.2 This report provides a proposal regarding the new agreements for 2019/2020 to support effective integrated commissioning. It is proposed that the scope of the pooled fund remains the same as in 2018/2019 with no further inflationary increases to funding. This is a key factor in mitigating against the potential risk that a larger pool could bring at this stage.
- 3.3 The following key features of integration have been outlined as essential to success;
- Pooling resources, intelligence and planning capacity.
  - Delivering the Right Care in the Right Place at the Right Time.
  - Managing demand and reducing the cost of care.
  - Clear accountability and governance arrangements.
  - Resilience and flexibility to emerging issues in service delivery.
- 3.4 In 2019 to 2020 Healthy Wirral remains as the key programme for the delivery of health and care. WHaCC is the system lead for the delivery of this programme through the Healthy Wirral Partners Board.
- 3.5 In order to lead and deliver Healthy Wirral, new governance arrangements have been put in place. These are in line with the intentions and requirements of Wirral Health and Care Commissioning and is shown as a Governance structure in the diagram shown at (Appendix 1). The structure is in 3 sections; integrated commissioning, partnerships and integrated provision. These are all important but for integrated commissioning the key governance arrangements relate to the role of the Joint Strategic Commissioning Board and the Health and Wellbeing Board, that has strategic oversight for the health and care system as a whole.
- 3.6 For 2019, the role of scrutiny in monitoring pooled fund arrangements will be strengthened with the Pooled Fund Executive Group providing a performance update to the Overview and Scrutiny Adult Care and Health Performance

Panel. The report will reflect the financial aspects of joint strategic commissioning.

### **Pooled Fund Executive Group;**

#### 3.7 The Pooled Fund Executive Group:

- Ensures effective day to day management of the pooled funds under the Section 75.
- Maintains an overview of the use of pooled fund and service delivery.
- Reports on performance of the pooled fund to Joint Strategic Commissioning Board, and to scrutiny performance committee in 2019.
- Is accountable for the delivery of objectives to the partners of the pooled fund.

### **Expenditure areas to be included in 2019/20**

#### 3.8 The areas of expenditure that are proposed to be included in the pooled funding and shadow arrangements are summarised in the table below: -

Description	£m
Adult Social Care	42.3
Public Health	12.7
Children & Young People	1.7
CCG*	23.8
Better Care Fund	55.7
	136.2

\*CCG figures for 19/20 are currently being worked up as part of the CCG Financial Planning process.

## **4 OTHER OPTIONS CONSIDERED**

4.1 During 2018 to 2019 the narrower scope of the pooled fund, where resources have been pooled around clear benefit to individuals and care packages has helped to mitigate against broader health and care system risk.

4.2 It was considered that at this stage broadening the scope of the pool to include all NHS Wirral Clinical Commissioning Group (CCG) and Wirral Council social care spending could potentially increase risk due to ongoing pressure in the health system. It has therefore been recommended not to increase the scope.

## 5 FINANCIAL IMPLICATIONS

- 5.1 Following consideration of risks and mitigating factors the Pooled Fund Executive Group, on behalf of Wirral Council and NHS Wirral Clinical Commissioning Group (CCG) have recommended to JSCB that the partnership should continue to limit the amount of resources pooled in order to reduce the level of risk that NHS Wirral Clinical Commissioning Group (CCG) and Wirral Council would potentially be exposed to should broader resources be pooled. The figures agreed for 2019/20 in respect of the pooled fund amount to £136.2m; the risk and gain share agreement and arrangement will continue on a 50/50 basis, given the identification of relative risks and opportunities and the need to show improved collaborative working particularly in respect of packages of care.
- 5.2 A full breakdown of the proposed pool's composition is given below

Area	Category	Budget
<b>Adult Social Care</b>	Community Care for Learning Disabilities (LD)	40.7
	Community Care for Mental Health (MH)	10.6
	LD/MH Customer and client receipts	(3.4)
	Income from LD/MH joint-funded packages	(6.5)
	Children with Disabilities	0.8
		<b>42.3</b>
<b>Public Health</b>	Stop smoking interventions	0.7
	Sexual health services	3.0
	Children's services	7.0
	Health checks	0.2
	Adult obesity	0.3
	Mental health	1.1
	Infection control	0.4
		<b>12.7</b>
<b>Children &amp; Young People</b>	Care packages	1.7
		<b>1.7</b>

Area	Category	Budget
<b>CCG</b>	Continuing Healthcare (CHC) – adult fully funded continuing care	4.2
	CHC – adult fully funded Personal Health Budgets (PHBs)	1.1
	Funded nursing care	0.8
	Learning disabilities	1.7
	Mental health	10.6
	Adult joint funded	4.1
	CHC – Adult joint funded PHBs	0.3
	CHC children’s continuing care	1.0
	Children’s PHBs	-
		<b>23.8</b>
<b>Better Care Fund</b>	Integrated services	20.1
	Adult social care services	28.7
	CCG services	2.0
	Disabled Facilities Grant (DFG)	3.9
	Innovation fund	0.6
	Known pressures & contingency	0.4
		<b>55.7</b>
		<b>136.2</b>

## 6 ENGAGEMENT / CONSULTATION

- 6.1 Since 2014, the Council has had a duty under the Care Act to promote Care and Health integration. Subsequently developing arrangements for integration has been debated, discussed and supported in a number of places to include;
- Public consultation for All Age Disability Services, where over 70% of people with disabilities and their carers supported integration.
  - Health and Wellbeing Board, the arrangements for the Better Care Fund are signed off.
  - The direction of travel for integrated commissioning, the business case and proposed integrated arrangements for Wirral Health and Care Commissioning (WHaCC) have been well documented via NHS Wirral Clinical Commissioning Group (CCG) Governing Body meetings on 2 May 2017 and 5 December 2017

and Wirral Council Cabinet meetings on 27 March 2017 and 27 November 2017.

- Wirral's Adult Care and Health Overview and Scrutiny Committee have received reports regarding integration on the following dates; Key Issues for Health and Care, Wednesday 28 June 2017. Better Care Fund 2-Year Plan 13 September 2017, Report of Workshop regarding All Age Disability and Mental Health Service (Joint with Children's scrutiny 2 August 2017), Report dated 13 September 2017. Place Based Care Arrangements, 28 November 2017. Health and Care Integration 30 January 2018, Integrated Social Care Transfer – 12-months on Staff perspectives 12 September 2018, Called-in Business – Wirral Health and Care Pooled Fund Arrangements 27 November 2018.
- Wirral Council debated the Section 75 Pooled Budget arrangements in response to a scrutiny call-in 10 December 2018 the arrangements were supported by a majority vote.

## 7 LEGAL IMPLICATIONS

7.1 Lawyers acting on behalf of Wirral Council and NHS Wirral CCG have been engaged in, and crucial to the production of the 2018/19 section 75 agreement. The agreement treats each party in an equivalent way, allowing appropriate protections and exit arrangements. The contract provides for the following protections for the Council and NHS Wirral CCG:

- a) Appropriate indemnities to protect the council in relation to the performance of the agreement;
- b) A requirement to maintain appropriate counter fraud and security management arrangements;
- c) Appropriate contract monitoring and performance mechanisms;
- d) A clear dispute resolution clause; and
- e) Force Majeure provision.

7.2 The contract allows for termination by either party on at least 12 months' notice provided the termination date cannot be earlier than 31 March 2020. Provisions are included to ensure service continuity/ succession following termination.

## 8 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

8.1 Currently there is no significant impact on resources, ICT, staffing and assets as a result of the integration agenda. As greater integration occurs, there are likely to be efficiency savings through economies of scale with appropriate sharing of posts and other assets.

## 9 EQUALITY IMPLICATIONS

9.1 There are no implications as it is not anticipated that the integration of commissioning functions will have an impact on equality. Rather, potential impacts on equality will come from commissioning decisions for which Equality Impact Assessments (EIA) will need to be produced.

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## APPENDICES

Appendix 1 - Wirral Health and Care System Governance

## BACKGROUND PAPERS

N/A

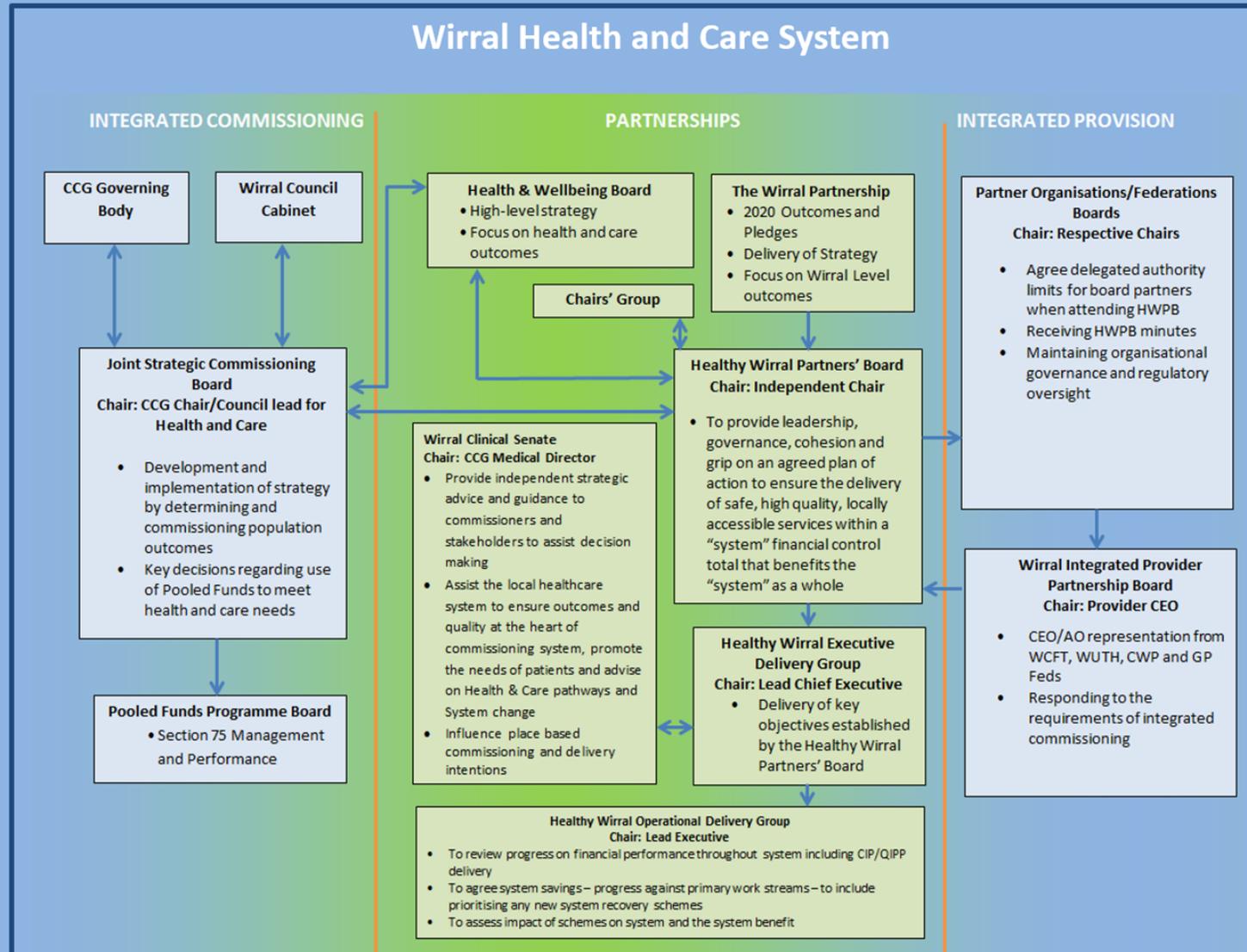
## HISTORY

Meeting	Date
NHS Wirral Clinical Commissioning Group (CCG) Governing Body Board	2 May 2017
NHS Wirral Clinical Commissioning Group (CCG) Governing Body Board	5 December 2017
Wirral Council Cabinet	27 March 2017
Wirral Council Cabinet	27 November 2017
Wirral Council Adult Care and Health Overview and Scrutiny Committee	28 June 2017
Wirral Council Adult Care and Health Overview and Scrutiny Committee	13 September 2017
Wirral Council Adult Care and Health Overview and Scrutiny Committee	2 August 2017
Wirral Council Adult Care and Health Overview and Scrutiny Committee	28 November 2017
Wirral Council Adult Care and Health Overview and Scrutiny Committee	30 January 2018
Wirral Council Adult Care and Health Overview and Scrutiny Committee	12 September 2018
Wirral Council Adult Care and Health Overview and Scrutiny Committee	27 November 2018

Wirral Council	10 December 2018
Joint Strategic Commissioning Board	19 June 2018
Joint Strategic Commissioning Board	16 October 2018
Joint Strategic Commissioning Board	4 December 2018

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## Wirral Health and Care System



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