



## Joint Strategic Commissioning Board

<b>Date:</b>	<b>Tuesday, 10 March 2020</b>
<b>Time:</b>	<b>2.00 p.m.</b>
<b>Venue:</b>	<b>Council Chamber - Wallasey Town Hall</b>

**Contact Officer:** Michael Jones  
**Tel:** 0151 691 8363  
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**Website:** www.wirral.gov.uk

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### AGENDA

1. **APOLOGIES FOR ABSENCE**
2. **MINUTES OF MEETING TUESDAY, 14 JANUARY 2020 OF JOINT STRATEGIC COMMISSIONING BOARD (Pages 1 - 4)**
3. **DECLARATIONS OF INTEREST**
4. **POOLED FUND FINANCE REPORT (Pages 5 - 12)**
5. **FEE SETTING FOR 2020/21. (Pages 13 - 28)**
6. **AWARD OF PUBLIC HEALTH CONTRACTS FOR THE ADULT TIER TWO WEIGHT MANAGEMENT SERVICE (Pages 29 - 34)**
7. **EXEMPT INFORMATION - EXCLUSION OF THE PRESS AND PUBLIC**

The following items 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 paragraph 3 of Part I of Schedule 12A (as amended) to that Act. The Public Interest test has been applied and favours exclusion.

## **8. AWARD OF PUBLIC HEALTH CONTRACTS FOR THE ADULT TIER TWO WEIGHT MANAGEMENT SERVICE - EXEMPT APPENDIX (Pages 35 - 36)**

### **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, 14 January 2020

Present: Councillor Chris Jones (Chair)  
Dr Lax Ariaraj  
Simon Banks  
Sylvia Cheater  
Dr Paula Cowan  
Simon Delaney  
Lesley Doherty  
Paul Edwards  
Nesta Hawker  
Graham Hodgkinson  
Dr Saket Jalan  
Councillor Julie McManus  
Lorna Quigley  
Dr J Sowery  
Dr Sian Stokes  
Michael Treharne  
Councillor Tom Usher  
Alan Whittle

41 **APOLOGIES FOR ABSENCE**

There were no apologies for absence.

42 **DECLARATIONS OF INTEREST**

There were no declarations of interests.

43 **MINUTES**

**Resolved -**

**That the minutes of the meeting of the Joint Strategic Commissioning Board held on 12 November 2019 be agreed as a correct record and signed by the Chair.**

44 **HEALTHY WIRRAL 5 YEAR STRATEGY**

The Chief Officer of Wirral Health and Care Commissioning and NHS Wirral Clinical Commissioning Group provided the update to the Board.

The 5 Year Strategy described ambitions and key strategic priorities to achieve the Healthy Wirral vision of enabling all people in Wirral to live longer and healthier lives. The report shared the draft strategy and noted suggested changes or developments.

The Appendix was a high-level summary for the following years on developing neighbourhoods, families, planned and unplanned care, mental health and learning disabilities. There would be further work on medication optimisation to avoid waste and maximise the benefit from them.

Members commented on the link with the Wirral Plan. The Plan has a focus on Housing, regeneration, transport and access to services, which will all have an impact on the Strategy.

**Resolved –**

**That the approach in the draft strategy be endorsed and the progression to completion and publication be supported.**

45 **POOLED FUND FINANCE REPORT**

The Chief Finance Officer, NHS Wirral CCG and Wirral Health & Care Commissioning, introduced this report which provided a description of the arrangements to support effective integrated commissioning. It set out the key issues in respect of:

- a) the expenditure areas that are included in the 2019/20 shared (“pooled”) fund
- b) the current and future risk and gain share arrangements.

Members noted that there was a forecasted balance in the current financial year.

**Resolved –**

**That this report, including the financial position at 31<sup>st</sup> October 2019, be noted.**

46 **WIRRAL HEALTH AND CARE COMMISSIONING BUSINESS PLAN - UPDATE**

The Director for (Adult) Care and Health presented the report which provided an update on the progress made against the 2019-20 Business Plan for Wirral Health and Care Commissioning (WHCC). The outcomes and targets related to the delivery of key areas of activity for WHCC and linked directly to the Healthy Wirral System Operating Plan 2019-20. The vast majority of the activity had been delivered against the plan, however there were three targets that had not been delivered, concerning: Development and agreement to an

integrated procurement policy; Development and agreement to a single contract management policy and process; and Improvement in the reduction of numbers of long stay patients in both the community and acute trust. Mitigating actions have been identified and these were set out in the report.

Members questioned the lack of clinical support or NHS providers such as the clinical senate, although they were reassured that relationships were developing and CCG commissioning officers had been driving it so far.

**Resolved – That**

- (1) the update on the significant progress made against the priorities that were agreed on 28 May 2019 be noted.**
- (2) the update of significant progress since 28 May 2019 including the mitigating actions against the targets rated red be noted.**
- (3) it be noted that Mitigating actions have been identified to bring delivery back on track.**

47

**WIRRAL OLDER PEOPLE OUTCOMES BASELINE 2019**

The Director of Commissioning for Wirral CCG presented this report. Through Wirral Health and Care Commissioning (WH&CC), Wirral Council aligned its strategic priorities with the key health needs and health outcomes that needed to be delivered around better care and better health. WH&CCs priority was to focus on older people, and the document provided high level baseline data against the first Wirral-wide outcomes framework for older people. Proposed adult and older people population priorities going forward were alcohol and falls, both of which were above the national average in the Wirral.

Officers were thanked for the work. The longer-term plan was to extend the focus from older people to adults and then to young people.

**Resolved: That the contents of this report be noted.**

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**JOINT STRATEGIC COMMISSIONING BOARD**  
**Pooled Fund Finance Report**

Risk Please indicate	High N	Medium Y	Low N
<b>Detail of Risk Description</b>	This report deals with how risks are being mitigated against arrangements that have been put in place for integrated commissioning. All commissioning activity is subject to appropriate consultation, engagement and impact assessment.		

<b>Engagement taken place</b>	<b>N</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>	
<b><i>Working as One, Acting as One</i></b> – we will work together with all partners for the benefit of the people of Wirral.	<b>Y</b>
<b><i>Listening to the views of local people</i></b> – we are committed to working with local people to shape the health and care in Wirral.	<b>Y</b>
<b><i>Improving the health of local communities and people</i></b> – Wirral has many diverse communities and needs. We recognise this diversity and will help people live healthier lives, wherever they live.	<b>Y</b>
<b><i>Caring for local people in the longer term</i></b> – we will focus on having high quality and safe services, with the best staff to support the future as well as the present.	<b>Y</b>
<b><i>Getting the most out of what we have to spend</i></b> – we will always seek to get the best value out of the money we receive.	<b>Y</b>

# JOINT STRATEGIC COMMISSIONING BOARD

(Committee in Common)

<b>Meeting Date:</b>	<b>10 March 2020</b>
<b>Report Title:</b>	<b>Pooled Fund Finance Report</b>
<b>Lead Officer:</b>	<b>Interim Chief Finance Officer, NHS Wirral CCG &amp; Wirral Health and Care Commissioning</b>

## 1 INTRODUCTION / REPORT SUMMARY

The report provides a description of the arrangements that have been put in place to support effective integrated commissioning. It sets out the key issues in respect of:

- a) the expenditure areas that are included in the 2019/20 shared (“pooled”) fund
- b) the current and future risk and gain share arrangements.

## 2 RECOMMENDATIONS

- 2.1 That the report, including the financial position at 30 November 2019, be noted.

## 3 BACKGROUND INFORMATION

- 3.1 The background to the formation of the pooled fund is contained in previous months’ reports. It was agreed by the Group that the services contained within the Pooled Fund in 2018/19 would continue in their current guise for 2019/20, with no new services being added.
- 3.2 The financial challenges experienced by NHS Wirral Clinical Commissioning Group (CCG) and Wirral Council will continue throughout 2019/20, despite integration. The key for Wirral will be to ensure that integration of commissioning is seen as an opportunity to help to transform provision 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. Financial benefits from integration will flow as a result of more efficient commissioning and the increased health and wellbeing of Wirral residents.
- 3.3 The risks and mitigations associated with integration will continue to be monitored and updated in the months to come.

#### 4. 2019/20 POOL

4.1 The fund contributed to the commissioning pool in 2019/20 is proposed below and totals £141.3m.

Description	£m
Adult Social Care	43.4
Public Health	12.7
Children & Young People	1.8
CCG	24.6
Better Care Fund	58.9
	<b>141.3</b>

4.2 A full breakdown of the 2019/20 pool's composition is given below and overleaf, together with the current forecast:

Area	Category	Budget	Forecast (£m)	Variance
<b>Adult Social Care</b>	Community Care for learning disabilities	41.7	42.1	(0.4)
	Community Care for mental health	11.8	11.6	0.2
	Children with Disabilities	1.1	1.2	(0.1)
	LD/MH Customer and client receipts	(3.7)	(3.5)	(0.2)
	Income from joint-funded packages	(7.6)	(7.8)	0.2
		<b>43.4</b>	<b>43.6</b>	<b>(0.2)</b>
<b>Public Health</b>	Stop smoking interventions	0.7	0.7	-
	Sexual health services	3.0	3.0	-
	Children's services	7.1	7.1	-
	Health checks	0.3	0.3	-
	Adult obesity	0.2	0.2	-
	Mental health	1.1	1.1	-
	Infection control	0.2	0.2	-
		<b>12.7</b>	<b>12.7</b>	<b>-</b>

Area	Category	Budget	Forecast (£m)	Variance
<b>CCG</b>	CHC – adult continuing care	3.5	3.5	-
	CHC – adult Personal Health Budgets	1.9	1.9	-
	Funded nursing care	0.8	0.8	-
	Learning disabilities	2.0	2.0	-
	Mental health	11.5	11.5	-
	Adult joint funded	3.3	3.3	-
	CHC – Adult joint funded PHBs	0.9	0.9	-
	CHC children’s continuing care	0.8	0.8	-
	Children’s PHBs	-	-	-
		<b>24.6</b>	<b>24.6</b>	<b>-</b>
<b>Children &amp; Young People</b>	Care packages	1.8	1.9	(0.1)
		<b>1.8</b>	<b>1.9</b>	<b>(0.1)</b>
<b>Better Care Fund</b>	Integrated services	21.5	21.3	0.2
	Adult social care services	30.2	30.1	0.1
	CCG services	2.0	2.0	-
	DFG	4.2	4.2	-
	Innovation fund	0.5	0.5	-
	Known pressures & contingency	0.6	0.6	-
		<b>58.9</b>	<b>58.6</b>	<b>0.3</b>
		<b>141.3</b>	<b>141.3</b>	<b>-</b>

- 4.3 The overall pooled fund is forecast to balance to budget at year-end.
- 4.3.1 The forecast to Adult Care & Health and Children & Young People is the same as reported in the previous period. A high-level review of costs has been undertaken and there are not understood to be any material exceptions from the position reported in Period 7.
- 4.3.2 There are immaterial variances within the Better Care Fund, which is still forecast to be in surplus at year-end by £0.3m.
- 4.4 CCG and Public Health budgets are forecast to balance at year-end. Any budget surplus on Public Health services will remain ringfenced under the terms of the Public Health grant and must be spent in accordance with the terms of the grant condition.

## 5. 2019/20 Forecast – Known Pressures

- 5.1 Various 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
<b>Adult Social Care</b>	
Demographic growth pressures	1.3
Fee rate increases	1.2
	<b>2.5</b>
<b>CCG</b>	
Demographic growth pressures	1.5
QIPP relating to pooled fund	0.5
	<b>2.0</b>
	<b>4.5</b>

- 5.2 Work is ongoing to quantify the mitigation identified against these pressures. The Council savings identified against its £2.5m known pressures is included as Appendix 1 to this report. The savings plans of £678k yet to be identified is an improvement of £21k from Month 7.

## 6. ENGAGEMENT / CONSULTATION

- 6.1 Documents and discussions in respect of the integration agenda and associated financial risks have been presented and taken place at a variety of Local Authority and CCG meetings.

## 7. LEGAL IMPLICATIONS

- 7.1 The Local Authority and CCG lawyers have been engaged in, and crucial to the production of the section 75 agreement, and the relevant legal implications are identified within that document.
- 7.2 The current Section 75 Agreement ceases on 31 March 2020. As a result, the Officers and Executives will develop a new Agreement which will be recommended to the Council and Governing Body for approval.

## 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 assets etc.

## 9. EQUALITY IMPLICATIONS

- 9.1 No implications have been identified because 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 EIA's will need to be produced.

## 10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 The content and/or recommendations contained within this report are expected to have no impact on emissions of CO2.

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## BACKGROUND PAPERS

## HISTORY

Meeting	Date
Joint Strategic Commissioning Board	14 January 2020
Joint Strategic Commissioning Board	12 November 2019
Joint Strategic Commissioning Board	10 September 2019
Joint Strategic Commissioning Board	9 July 2019
Joint Strategic Commissioning Board	28 May 2019
Joint Strategic Commissioning Board	2 April 2019
Joint Strategic Commissioning Board	5 February 2019
Joint Strategic Commissioning Board	4 December 2018
Joint Strategic Commissioning Board	16 October 2018
Joint Strategic Commissioning Board	21 August 2018
Joint Strategic Commissioning Board	19 June 2018

## Appendix 1

### Adult Social Care Savings Plans

Project Title	Target (£)	Achieved (£)	Balance (£)
Complex Care - CHC	1,000,000	-	1,000,000
MH Support Living Reviews	200,000	89,750	110,250
LD Supported Living Reviews	376,000	376,679	(679)
Residential Reviews	137,000	31,867	105,433
Joint Funded Cases	-	616,499	(616,499)
Pensby Road – Extra Care	72,300	90,373	(18,073)
Mersey Gardens – Extra Care	36,200	26,936	9,264
<b>Total Savings Plans Identified to Date</b>	<b>1,821,800</b>	<b>1,232,104</b>	<b>589,696</b>
Savings Plans Yet to be Identified / Contingency	678,200	-	678,200
<b>Grand Total</b>	<b>2,500,000</b>	<b>1,232,104</b>	<b>1,267,896</b>



**JOINT STRATEGIC COMMISSIONING BOARD**  
**Fee Setting for 2020/21**

<b>Risk Please indicate</b>	<b>High</b>	<b>Medium Y</b>	<b>Low</b>
<b>Detail of Risk Description</b>	Provider fee setting is part of the Council's requirement to deliver a responsive and sustainable social care market.		

<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>	
<b><i>Working as One, Acting as One</i></b> – we will work together with all partners for the benefit of the people of Wirral.	<b>Y</b>
<b><i>Listening to the views of local people</i></b> – we are committed to working with local people to shape the health and care in Wirral.	<b>N</b>
<b><i>Improving the health of local communities and people</i></b> – Wirral has many diverse communities and needs. We recognise this diversity and will help people live healthier lives, wherever they live.	<b>Y</b>
<b><i>Caring for local people in the longer term</i></b> – we will focus on having high quality and safe services, with the best staff to support the future as well as the present.	<b>Y</b>
<b><i>Getting the most out of what we have to spend</i></b> – we will always seek to get the best value out of the money we receive.	<b>Y</b>

## JOINT STRATEGIC COMMISSIONING BOARD

(Committee in Common)

<b>Meeting Date:</b>	<b>10 March 2020</b>
<b>Report Title:</b>	<b>Fee Setting for 2020/21</b>
<b>Lead Officer:</b>	<b>Assistant Director, Integrated Commissioning</b>

### INTRODUCTION / REPORT SUMMARY

- To report the outcome of consultation with care providers with regard to the proposed 2020-21 fee rates for services provided for adults and older people in Wirral.
- To satisfy the Council's requirement to deliver a responsive and sustainable social care market, with a quality of care that reflects our local expectations.
- Proposals are made within the context of continuing significant financial pressures for both providers and the Council. The Council has given due regard to local market pressures and providers' actual costs of care, as well as its own financial circumstances.
- The consultation covers services provided on behalf of Wirral Adult Care and Health and NHS Wirral Clinical Commissioning Group (CCG) as part of its joint commissioning arrangements as Wirral Health and Care Commissioning.
- The report covers the following sectors: Residential and Nursing, Supported Living, Extra Care, Domiciliary Care, Direct Payments and Intermediate (Transfer to Assess) Service.
- The following pledges are linked to (and supported by) the recommended increases:
  - Older People Live Well
  - People with disabilities live independently
  - Young People are ready for work and adulthood
  - Wirral is a place where employers want to invest, and businesses thrive
  - Greater job opportunities in Wirral Council
  - Thriving small businesses
  - Workforce skills meet business needs
- The report includes a set of numbered appendices providing the detail for each sector.

## RECOMMENDATIONS

- The members of Cabinet Committee approve the proposed rates and fees recommended by officers within the report. To take effect from 1 April 2020, the CCG notes the decision made by the Council.

## SUPPORTING INFORMATION

### 1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The Council has a statutory duty to maintain and support a local market to deliver care and support. The work undertaken by officers has taken into account legal requirements and core standards of care and has provided a clear evidence base for the proposed fee increase.
- 1.2 The Council has a duty to commission a range of high quality, appropriate services, offering people choice. There is a duty to ensure the market is responsive and sustainable; looking after the care market as a whole and ensuring continuity of care.
- 1.3 The proposed fee rates take account of both pressures and the recent volatility in the care sector, driven by increasing difficulty experienced by providers in recruiting and retaining staff.
- 1.4 2020-21 benchmarking data is not yet available from the North West Finance Group however, for reference, we have included the 2019-20 benchmarking data in Appendix 2.
- 1.5 Provider views have been thoroughly considered in relation to their full range of costs and legislative and national requirements. Providers were offered a range of different ways in which to give their feedback to the Council, including feedback via a conversation on the Provider Portal, dedicated email correspondence and/or 1:1 meeting. The views expressed during this consultation period have been taken into consideration within the fee rates proposed.
- 1.6 A full list of provider feedback and explanation of the consideration the department has given to these points is attached in Appendix 1.

### 2.0 OTHER OPTIONS CONSIDERED

Not applicable to the report.

### 3.0 BACKGROUND INFORMATION

- 3.1 The commissioners' strategy is to set fees that stimulate a responsive and flexible marketplace, maintain capacity and ensure that a range of provision is available to meet local demands across the whole health and social care economy, including suitable provision for people with dementia. The approach to fee-setting for 2020/21 reflects the joint approach taken between the Council and Wirral Clinical Commissioning Group via Wirral Health and Care Commissioning.

- 3.2 Responsive and timely provision is required to support individuals appropriately in their community, avoiding and minimising the need for acute service and maximising outcomes for individuals. The Council is investing in the development of viable alternatives such as extra care housing and a range of reablement and community services to reduce and delay the need for long term care.
- 3.3 The rates and fees paid by the Council need to reflect both the requirements for providers to be able to meet quality and safety standards and enable the Council to maintain a stable market which can offer quality provision, whilst also ensuring best value for money and consideration of local factors.
- 3.4 Wirral Health and Care Commissioning is committed to improving the outcomes for older people and people with disabilities in Wirral, and minimising future demand within a sustainable budget.
- 3.5 A number of providers thanked the Council for the level of transparency within the fee models, giving them the ability to properly assess how the fee rate has been set. The Council was also praised for the early consultation which allows enough time to plan before implementation on 1 April 2020.

#### 4.0 FINANCIAL IMPLICATIONS

2020/21	Current 19/20	Proposed 20/21	Increase 19/20 to 20/21	Est. Pressure/Yr (£m)
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##### **Core Funded:**

Residential	471.00	484.00	2.8%	0.4
Residential EMI	525.00	540.00	2.9%	0.2
Nursing (excl. FNC)*	511.00	524.00	2.5%	0.2
Nursing EMI (excl. FNC)*	529.00	542.00	2.5%	0.2
Supported Living: Day Rate	15.00	15.55	3.7%	0.8
Supported Living: Night Rate	92.97	105.27	13.2%	0.1
Domiciliary Care	15.60	16.31	4.6%	0.7
Extra Care	13.12	13.60	3.7%	0.1
Direct Payments	12.06	12.70	5.3%	0.5

##### **Total Increase**

**3.2**

##### **Better Care Fund\*\*:**

Residential EMI T2A	605.00	620.00	2.5%	0.01
Nursing T2A	774.00	794.00	2.5%	0.09
Nursing EMI T2A	830.00	851.00	2.5%	0.00

##### **Total Increase**

**0.10**

\*NHS Funded Nursing Care (FNC) is paid in addition to the above fee rates for Nursing Care and Nursing EMI care. For 2019/20, the FNC rate is £165.56 per week. It is anticipated that the FNC rate may rise by approximately 4% for 2020/21.

\*\*Commissioners will factor in the intermediate (T2A) cost pressures as part of the Better Care Fund 20/21 priorities

- 4.1 The cost of implementing the revised fees from 1 April 2020 is £3.2m for the full year 2020/21. This will be accommodated within the overall budget setting for Adult Social Care which includes increased income from Social Support Grant and fully utilising the Social Care precept, as well as a range of efficiency proposals.
- 4.2 The proposed increases will ensure that providers are able to meet their statutory responsibilities, such as National Living Wage and employer workplace pension responsibilities.

## **5.0 LEGAL IMPLICATIONS**

- 5.1 Under the Care Act 2014 Local Authorities (LA's) have a duty to promote diversity (choice) and quality in the care and support provider market. The purpose is to produce a sustainable and diverse range of care and support providers to deliver good quality, innovative and cost-effective services and support to promote the well-being of every person with need of care and support. This requires LA's to identify those with care and support needs in their area, identify what needs require prioritising and then encouraging provider competition, while monitoring the quality of the services provided. In addition, LA's have a duty to assure provision.
- 5.2 In order to avoid challenge the Council must be able to demonstrate that the approach adopted in relation to the decision is open, fair and transparent. Provided that the Council has followed due process and given due regard to the actual costs of care and local factors, then the decision as to what fees it will pay to care home providers is a matter for the Council and it may take into account its financial circumstances in coming to that decision.
- 5.3 When considering the actual cost of care, fees have not been set mechanistically, but have given due regard to providers' costs, efficiencies and planned outcomes for people using services. Fee setting has taken into account the legitimate current and future costs as well as factors that may affect those costs (for example the National Living Wage) and not just the potential for improved performance and more cost-effective ways of working.

## **6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

- 6.1 Officers will continue to work with the sector to develop new care models for supported living.

## 7.0 RELEVANT RISKS

- 7.1 The Council has shared the fee models with providers. It has responded to the issues raised during the consultation period, reflecting on the proposed changes and stating the reasons for its decisions. Accordingly, the final proposal is reasonable and well considered.
- 7.2 The Council has maintained a considered balance between the cost of care, maximising the Wirral pound, whilst considering local factors, quality and meeting need.

## 8.0 ENGAGEMENT/CONSULTATION

- 8.1 The Council has undertaken a period of consultation and engagement with providers during January and February 2020.

Date	Actions/Details
<b>Friday 3 January – Friday 7 February</b> <b>Five- week formal consultation period</b>	Commencement of engagement re: fee proposal for 2020/21. Five-week engagement period up to 5pm 7 February.  Providers' engagement options: <ul style="list-style-type: none"> <li>• Feedback via a conversation on the Provider Portal.</li> <li>• Dedicated email: <a href="mailto:consultresnurs@wirral.gov.uk">consultresnurs@wirral.gov.uk</a></li> <li>• Request 1:1 meeting</li> </ul>
<b>Friday 7 February – Monday 24 February 2020</b>	Consideration of feedback received, and an opportunity to clarify points with Providers.
<b>10 March 2020</b>	The Council drafts its final position and proposal for Joint Strategic Commissioning Board (JSCB).
<b>1 April 2020</b>	New rates applied (subject to JSCB decision)

## 9.0 EQUALITY IMPLICATIONS

- 9.1 Equality impact Assessments have been carried out.

## 10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 The content and/or recommendations contained within this report are expected to have no impact on emissions of CO2 or greenhouse gases.

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## APPENDICES

Appendix 1 - Consideration of feedback from providers

Appendix 2 - Wirral's 2019/20 rates, benchmarked against other North West Councils' 2019/20 Rates

## BACKGROUND PAPERS

N/A

## HISTORY

Meeting	Date
Cabinet	27 March 2017
Cabinet	26 March 2018
Joint Strategic Commissioning Board	2 April 2019



## **CONSULTATION**

### **CONSIDERATION OF FEEDBACK FROM PROVIDERS**

The following aspects of the marketplace have been consulted with:

- Residential and nursing care
- Supported living
- Extra care
- Domiciliary Care
- Intermediate (Transfer to Assess) Service

Feedback and comments were received from the following number of providers:

- Residential and nursing care: 11
- Supported living: 13
- Domiciliary Care: 3

In total, 27 providers responded to the consultation.

Some providers sent multiple comments; therefore, the actual number of responses in the table (overleaf) does not agree to the above breakdown of providers who responded.

A number of providers thanked the Council for the level of transparency within the fee models, giving them the ability to properly assess how the fee rate has been set. The Council was also praised for the early consultation which allows enough time to plan before implementation on the 1 April 20.

Ref	Comment	Qty	Response
<b>1</b>	<b>Residential/Nursing</b>		
1.1	The National Minimum Wage (NMW) and National Living Wage (NLW) have increased after the consultation started.	10	The increases in the NMW/ NLW have been reflected in the updated Residential and Nursing model which was distributed on 17 Jan 20.
1.2	The updated Residential and Nursing model uses the National Minimum Wage for employees under 25 and the National Living Wages for employees over 25. This two-tier approach had not been used previously and is not applied in providers pay scales.	3	The Council's fee model reflects the Government's band system for the national minimum wage for under and over 25s.
1.3	The average NI rate used in the model is insufficient.	2	The NI rate offered is an average rate applied to gross pay and is in line with expectation of the UKHCA report on the "A Minimum Price for Homecare".
1.4	The pay differential between care support workers and managerial employees is shrinking due to the use of differing uplift rates (6.2% for Support workers and only 1.4% for Managers)	2	Care Support Worker pay is increased in line with NMW/ NLW. Managers pay is increased in line with inflation. This is considered to a reasonable allowance.
1.5	The model uses a pay rate for Management and Admin which is not reflective of the amount which needs to be paid by providers.	3	The pay rates used within the 'Management Allowance' figure, which include managerial and admin posts, is derived from current market data and are considered to be a reasonable allowance.
1.6	The cover allowance for training is insufficient.	1	The council believes that an allowance of 4 days per year for training, per employee, is fair.
1.7	Recruitment challenges have resulted in higher agency costs		The rate offered includes the assumption that agency staff are employed at an hourly rate twice as expensive as that of care staff. This is considered to be a reasonable allowance.
1.8	We employ more staff than your model allows	2	The Council recognises that there will be variance in the marketplace in terms of the staffing structure employed, with some homes employing more staff than others. The fee model assumes that 27 full-time equivalent staff are employed in a typical 37-bed unit and the Council considers this to be a reasonable allowance
1.9	The total rate offered is insufficient	6	The Council's fee model complies with the requirement to give consideration to providers' actual costs of care and provides sufficiently for each provider to fulfil its legal duty to pay the NLW.
1.10	No allowance has been made for the ancillary costs of activities, e.g. licenses, materials, bedding, etc.	1	The fee model contains an allowance for non-staff expenses, including ancillary activities costs.
1.11	Cost of fabric, utilities, services and decoration are different to what is provided for in the model.	1	The treatment of these aspects in the model is based on care home figures from the Royal Institute of Chartered Surveyors. This is considered to be a fair allowance and consistent with the approach taken in the model in previous years

1.12	The number of care hours per resident are not representative of the actual position in care homes.	1	The care hours in the model allows for between 18.5 and 23.0 hours of direct care per resident per week, which is based on a data collection exercise undertaken with local care homes. This is believed to be a fair allowance.
1.13	The Return on Activity (ROA) offered in the model is below the market average.	1	The ROA has been calculated by applying return on capital and activity percentages suggested by CBRE's UK Healthcare Property Trends. This represents the typical return on activity figure expected for a modern, purpose built, fully compliant home and the Council considers this to be a fair allowance.
1.14	The model does not accurately reflect our central management overheads	2	The fee model has been calculated consistently over the past seven years and transparently demonstrates the consideration given to the actual cost of care.
1.15	How does the proposed fee rate compare to other Local Authorities?	1	Appendix 2 of this report shows the how Wirral Council's fee rates compare to neighbouring Local Authorities.
1.16	Government has pledged more money into social care so why are the fee rates so low.	2	The additional funding made available from the Social Care Precept has been fully used to increase providers' fee rates across all sectors.
<b>2</b>	<b>Supported Living</b>		
2.1	The National Minimum Wage (NMW) and National Living Wage (NLW) has increased.	12	The increase in the NLW/NMW has been reflected in the proposed model.
2.2	We pay our staff more than the NMW/ NLW wage, which the model does not provide for.	11	The Council's fee model complies with the requirement to give consideration to providers' actual costs of care and provides sufficiently for each provider to fulfil its legal duty to pay the National Living Wage.
2.3	The updated Supported Living model uses the National Minimum Wage for employees under 25 and the National Living Wages for employees over 25. This two-tier approach had not been used previously and is not applied in providers pay scales.	7	The Council's fee model reflects the Government's band system for the national minimum wage for under and over 25s.
2.4	The average NI rate used in the model is insufficient.	2	The NI rate offered is an average rate applied to gross pay and is in line with expectation of the UKHCA report on the "A Minimum Price for Homecare".
2.5	The pay differential between care support workers and managerial employees is shrinking due to the use of differing uplift rates (6.2% for Support workers and only 1.4% for Managers)	6	Care Support Worker pay is increased in line with NMW/ NLW. Managers pay is increased in line with inflation. This is considered to a reasonable allowance.
2.6	The model uses a pay rate for Managers which is not reflective of the amount which needs to be paid by providers.	3	The pay rates used for Managers is derived from current market data and are considered to be a reasonable allowance.
2.7	The model uses a pay rate for Administration which is not reflective of the amount which needs to be paid by providers.	1	The pay rates used for Admin worker is derived from current market data and are considered to be a reasonable allowance.

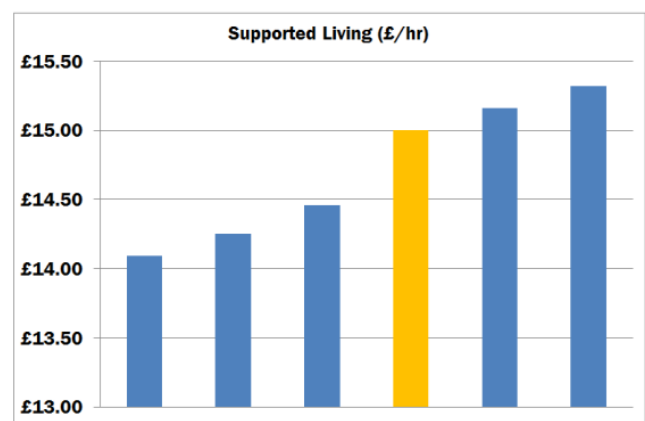
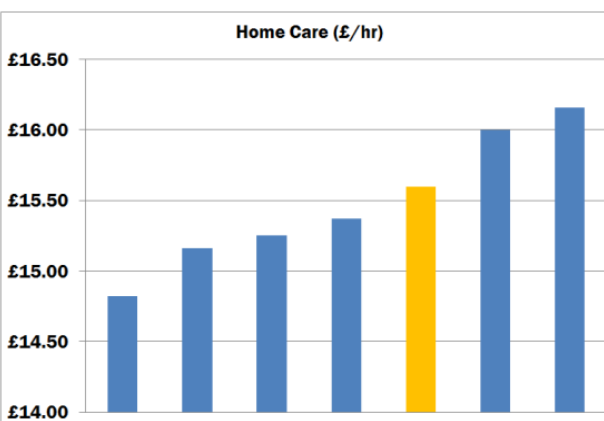
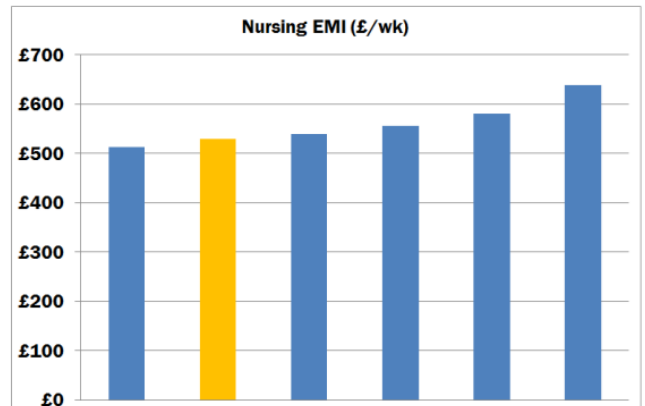
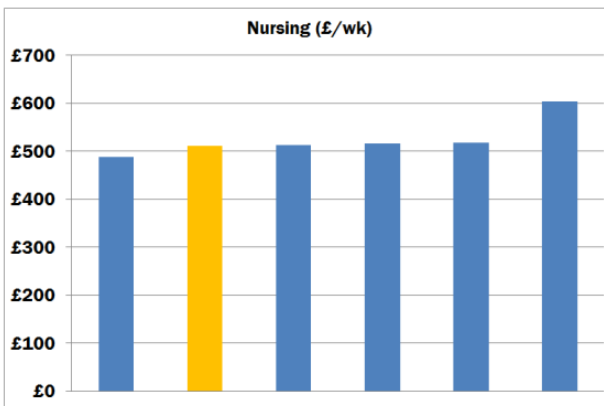
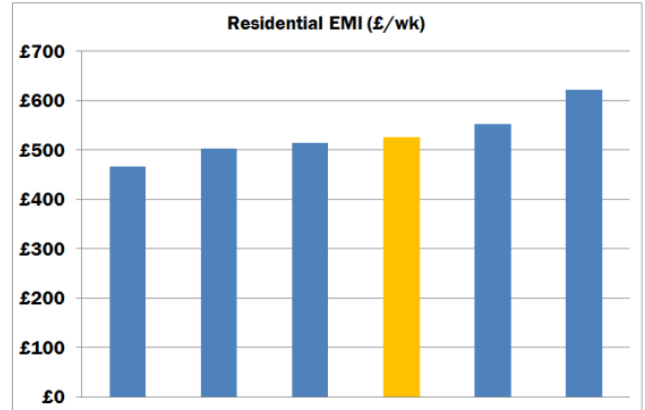
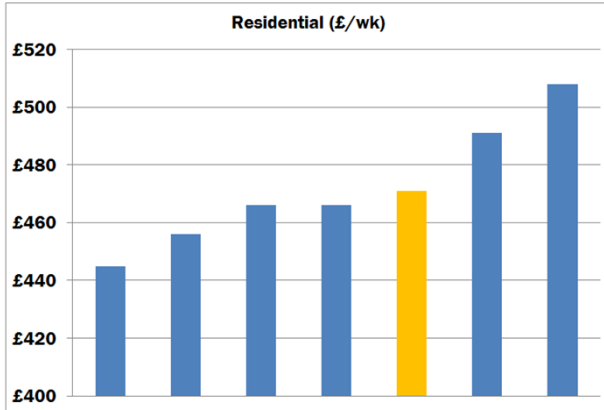
2.8	The assumption that Team Leaders cover 5% of direct care is not accurate. The cost of direct support should be 100% support workers.	2	The assumption that 5% of direct care is delivered by team managers was arrived at in 2017/18 through conversations with representatives from multiple large supported living providers. This is felt to be a fair allowance, although it is recognised that individual business practices may vary.
2.9	The ratio for managers to support workers of 1:10 is not accurate.	2	The assumed manager to care support worker ratio of 1:10 was arrived at through conversations with representatives from multiple large supported living providers. This is felt to be a fair allowance, although it is recognised that individual business practices may vary.
2.10	No allowance has been made for the ancillary costs of activities, e.g. licenses, materials, bedding, etc.	1	The fee model contains an allowance for non-staff costs, including ancillary activities costs.
2.11	The Apprenticeship Levy has not been factored into the model.	4	In the UKHCA November'17 briefing, no allowance is recommended as, in practice, most providers fall below the minimum threshold. Employers should be able to reclaim the cost of their levy by taking on and training apprentices, so the UKHCA's assumption is that the levy is cost neutral.
2.12	Agency costs are not included in the model	3	Agency costs are not accounted for directly but assumed to be picked up within the management and admin charge included in the model.
2.13	Recruitment and retention are an issue due to the hourly rate of pay for Care Support Worker being less than that of local supermarkets.	5	The Council's fee model complies with the requirement to give consideration to providers' actual costs of care and local factors and provides sufficiently for each provider to fulfil its legal duty to pay the National Living Wage
2.14	The hourly rate at paid for night-time should be the same as the day-time hourly rate. Can't understand the reason for the difference.	11	The Council's Supported Living rate provides sufficiently to meet providers' statutory responsibility to pay the NLW. However, in consideration of feedback we have increased the rate to factor in an element of annual leave and sickness. The Council still considers that the full range of management and admin functions are covered by the day-time rate.
2.15	The cover allowance for training is insufficient.	4	The council believes that an allowance of 4 days per year for training, per employee, is fair.
2.16	Sickness cover is understated	7	In consideration of feedback received, we have increased the sickness rate used in the fee model to 2%.
2.17	The cost allocated for managers is insufficient	1	The Council recognises that different staffing models will be employed by each organisation, but considers that the allowance given in the model, based on feedback from local supported living providers, is fair.
2.18	Are Wirral Council staff paid at pay at a rate and receive T&Cs similar to the expectations of this fee model?	2	The Council no longer directly employs staff to provide Adult Health and Care services.

2.19	The total rate offered is insufficient	6	The Council's fee model complies with the requirement to give consideration to providers' actual costs of care and provides sufficiently for each provider to fulfil its legal duty to pay the NLW.
<b>3</b>	<b>Domiciliary Care</b>		
3.1	The National Minimum Wage (NMW) and National Living Wage (NLW) has increased.	3	The increase in the NLW/NMW has been reflected in the proposed model.
3.2	Inflation has increased the cost of non-staffing expenditure items.	1	The non-staffing costs in the model have been increased to account for inflation.
3.3	Average Travel time costs are not correctly reflected in the fee model.	2	The Council's fee model was derived from open book accounting principles undertaken for implementation in 2019/20 and an inflationary increase has now been applied. As such, it complies with the requirement to give consideration to providers' actual costs of care and therefore, provides a fair and reasonable allowance.
3.4	Wage based on costs are not correctly reflected in the model.	1	The Council's fee model was derived from open book accounting principles undertaken for implementation in 2019/20 and an inflationary increase has now been applied. As such, it complies with the requirement to give consideration to providers' actual costs of care and therefore, provides a fair and reasonable allowance.
3.5	The increasing costs of deploying ECM systems aligned to payment rules paying on banded or minute by minute contact time are not reflected in the fee model.	1	The Council's fee model was derived from open book accounting principles undertaken for implementation in 2019/20 and an inflationary increase has now been applied. As such, it complies with the requirement to give consideration to providers' actual costs of care and therefore, provides a fair and reasonable allowance.  Commissioners are committed to working with providers to minimise system and processes impacts.
3.6	Increasing homecare acuity has resulted in continually evolving and higher cost training requirements whilst driving up provider insurance premiums	1	The Council's fee model was derived from open book accounting principles undertaken for implementation in 2019/20 and an inflationary increase has now been applied. As such, it complies with the requirement to give consideration to providers' actual costs of care and therefore, provides a fair and reasonable allowance.
3.7	Recruitment and retention are an issue due to the hourly rate of pay for Care Support Worker being less than that of local supermarkets.	2	The Council's fee model was derived from open book accounting principles undertaken for implementation in 2019/20 and an inflationary increase has now been applied. As such, it complies with the requirement to give consideration to providers' actual costs of care and therefore, provides a fair and reasonable allowance.
3.8	Need to take account of the latest UKHCA report and factor changes into your model.	1	The Council's fee model complies with the requirement to give consideration to providers' actual costs of care and provides sufficiently for each provider to fulfil its legal duty to pay the NLW.
3.9	The total rate offered is insufficient	3	The Council's fee model complies with the requirement to give consideration to providers' actual costs of care and provides sufficiently for each provider to fulfil its legal duty to pay the NLW.

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## APPENDIX 2

### WIRRAL'S 2019/20 RATES, BENCHMARKED AGAINST OTHER NORTH WEST COUNCILS' 2019/20 RATES



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**JOINT STRATEGIC COMMISSIONING BOARD**  
**Outcomes of Public Health Re-commissioning**

<b>Risk Please indicate</b>	High	<i>Medium Y</i>	Low
<b>Detail of Risk Description</b>	Please refer to section 5		

<b>Engagement taken place</b>	<b>Y</b>
<b>Public involvement taken place</b>	<b>Y</b>
<b>Equality Analysis/Impact Assessment completed</b>	<b>Y</b>
<b>Quality Impact Assessment</b>	<b>N</b>
<b>Strategic Themes</b>	
<b><i>Working as One, Acting as One</i></b> – we will work together with all partners for the benefit of the people of Wirral.	<b>Y</b>
<b><i>Listening to the views of local people</i></b> – we are committed to working with local people to shape the health and care in Wirral.	<b>Y</b>
<b><i>Improving the health of local communities and people</i></b> – Wirral has many diverse communities and needs. We recognise this diversity and will help people live healthier lives, wherever they live.	<b>Y</b>
<b><i>Caring for local people in the longer term</i></b> – we will focus on having high quality and safe services, with the best staff to support the future as well as the present.	<b>Y</b>
<b><i>Getting the most out of what we have to spend</i></b> – we will always seek to get the best value out of the money we receive.	<b>Y</b>

## JOINT STRATEGIC COMMISSIONING BOARD

(Committee in Common)

<b>Meeting Date:</b>	<b>10 March 2020</b>
<b>Report Title:</b>	<b>Outcomes of Public Health Re-commissioning Process: Tier 2 Weight Management Service</b>
<b>Lead Officer:</b>	<b>Director for Health and Wellbeing (DPH)</b>

### INTRODUCTION / REPORT SUMMARY

- This report is to inform the Joint Strategic Commissioning Board (JSCB) of the outcome of the re-commissioning process for the Tier 2 Weight Management Service for Wirral and request authorisation to award contracts to successful bidders following the tender evaluation process.
- On 4 December 2018, the Joint Strategic Commissioning Board authorised officers to commence the re-commissioning processes for the Tier 2 Weight Management Service. It was necessary to re-commission this service to comply with the Public Contract Regulations and Wirral Council Contract Procedure Rules. These processes have now concluded, the tenders received have been evaluated according to Council procurement rules.
- The proposed actions affect all wards within the borough and the decisions requested are key decisions.

### RECOMMENDATIONS

- That members of the Cabinet Committee consider the recommendations in the appendices to this report relating to the outcomes of the re-commissioning processes for Tier 2 weight management services, and authorise the award of contract.

## SUPPORTING INFORMATION

### 1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 On 4 December 2018, the Joint Strategic Commissioning Board authorised officers to commence the re-commissioning processes for the Tier 2 Weight Management Service. Re-commissioning the service ensures compliance with Public Contract Regulations and Wirral Council Contract Procedure Rules. These processes have now concluded. Contracts cannot be awarded until authorisation is received from the Cabinet Committee.

### 2.0 OTHER OPTIONS CONSIDERED

- 2.1 No other options have been considered.

### 3.0 BACKGROUND INFORMATION

- 3.1 Wirral weight management services are commissioned by Wirral Council (Tier 2) and NHS Wirral CCG (Tier 3 and Tier 4). Between December 2018 and March 2019, a joint review was undertaken by partners within Wirral Health and Care Commissioning to explore how pathways between Tier 2 and Tier 3 weight management services could be improved. Following this review and scoping exercise, commissioners have restructured the current weight management pathway to improve links between Tier 2 and Tier 3 services. Changes to the weight management pathway should lead to an improved weight management offer for Wirral residents which is more cost efficient whilst demonstrating better outcomes for patients. Services will be closely monitored during the first 12 months of service delivery to evaluate the impact of the pathway redesign.
- 3.2 The specification for the Tier 2 weight management service was developed from the findings of the joint review; informed by insight and engagement with local people and stakeholders and identified need as referenced by the Joint Strategic Needs Assessment and evidence-based practice. This has provided an opportunity to reconsider funding and delivery models, and the refocusing of service delivery for the benefit of service users.
- 3.3 The service was procured via an accreditation process; any willing provider that could evidence how they would meet the requirements of the service specification and agreed to the financial tariffs would be awarded with a contract to deliver the service.

- 3.4 It is anticipated that the new contracts for the Tier 2 weight management service will be operational by 1 June 2020. Current contracts for these services will continue during the re-commissioning process so that there is no loss of service to local people.
- 3.5 It has been necessary to re-commission this service to comply with Public Contract Regulations and Wirral Council Contract Procedure Rules. The supplier selection process has been conducted in accordance with The Public Contract Regulations 2015 and Wirral Council Contract Procedure Rules.

#### **4.0 FINANCIAL IMPLICATIONS**

- 4.1 There is currently allocated funding for the services highlighted. The value and availability of the Public Health grant for 2020 onwards is not yet known. The re-commissioning exercise has provided the opportunity for more integrated and cost-effective models to be developed.

#### **5.0 LEGAL IMPLICATIONS**

- 5.1 It is necessary to ensure the proposed procurement complies with the Public Contract Regulations 2015 and Wirral Council Contract Procedure rules.
- 5.2 Wirral Council's Standing Financial Procedure Rules have been followed.

#### **6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

- 6.1 Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) is not applicable.

#### **7.0 RELEVANT RISKS**

- 7.1 There is always a risk of disruption to service provision during service redesign, re-commissioning and commencement of new services. In order to mitigate against this and minimise disruption, adequate time to plan for and implement the mobilisation of new services has been built into the procurement process between contract award and commencement.
- 7.2 The procurement process is subject to scrutiny and at risk of legal challenge. Particular regard is given to Contract Procedure Rules and relevant legislation at all stages of the process and the Public Health team works closely with the Procurement team to ensure compliance.

- 7.3 In the current challenging financial climate, the impact of any future reductions in budget or policy implications on the amount of funding available for Public Health activity and services is unknown. The value and availability of the Public Health grant for 2020 onwards is not yet known. It is important to acknowledge that the council will need to review all financial allocations in order to achieve a balanced budget over the next few years. Therefore, there is a risk associated with commitment to contracts for three years, in advance of funding settlements. This will be mitigated by the insertion of appropriate termination clauses in relevant contracts.

## 8.0 ENGAGEMENT/CONSULTATION

- 8.1 Stakeholder engagement was undertaken between January and March 2019 as part of the weight management pathway review and to inform the development of the service specification. This includes:

- **Public/ service user questionnaire** (via survey monkey and paper copies made available). A total of 529 people completed the questionnaire in full (644 partially completed). The survey was promoted via Wirral View, Council internet and intranet, Wirral Council and NHS Wirral CCG social media accounts. Paper copies were made available to service users within the current Tier 2 and Tier 3 weight management providers and to service users at Wirral Change.
- **Professional questionnaire** (via survey monkey). A total of 55 health and care professionals completed the questionnaire. The questionnaire was promoted by NHS Wirral CCG via the Primary Care Bulletin and to communication leads at Wirral Community Health and Care NHS Foundation Trust and Wirral University Teaching Hospital NHS Foundation Trust for inclusion in staff bulletins.

## 9.0 EQUALITY IMPLICATIONS

- 9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision or activity.

Impact review is attached – <https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments/equality-impact-assessments-2017-2>

## 10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 The content and/or recommendations contained within this report are expected to have no impact on emissions of CO2.

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## APPENDICES

Appendix 1 - **(EXEMPT)**: Recommended Contractual Award – Outcome Tender (Accreditation Exercise). Tier 2 Weight Management Service

## BACKGROUND PAPERS

Proposed Public Health Commissioning Intentions 2019-2020: A report by the Acting Director of Health and Wellbeing, submitted to Joint Strategic Commissioning Board on 4 December 2018: -  
<http://democracy.wirral.gov.uk/documents/s50054414/Proposed%20PH%20Commissioning%20Intentions%20041218%20FINAL.pdf>

## HISTORY

Meeting	Date
Joint Strategic Commissioning Board	4 December 2018

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

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