



## JOINT STRATEGIC COMMISSIONING BOARD

### Care and Support at Home Commission

Risk Please indicate	High    Y	Medium Y/N	Low    N
Detail of Risk Description	<i>Complete the detail of any risk to the organisation</i>		

Engagement taken place	Y
Public involvement taken place	N
Equality Analysis/Impact Assessment completed	Y
Quality Impact Assessment	N
Strategic Themes	
To empower the people of Wirral to improve their physical, mental health and general wellbeing	Y
To reduce health inequalities across Wirral	Y
To adopt a health and wellbeing approach in the way services are both commissioned and provided	Y
To commission and contract for services that:	Y
<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>	
To be known as one of the leading organisations in the Country	Y
Provide systems leadership in shaping the Wirral Health and Social Care system so as to be fit for purpose both now and in five years' time.	Y
Support people with Disabilities to live Independent lives (2020)	Y
Support Older people to live well (2020)	Y

## **JOINT STRATEGIC COMMISSIONING BOARD**

**(Committee in Common)**

<b>Meeting Date:</b>	<b>21 August 2018</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**

This paper sets 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).

This approach aims to ensure that services are delivered in the right place and at the right time and that individual personal outcomes can be improved for vulnerable people that require personal care and support.

The 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.

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 commissions provided through the independent sector.

The service will go out to open tender in September 2018, and will be open for all providers to formally tender and apply for the work, with an intention for the new service to start April 2019 (Appendix 4 - procurement timetable).

The commission will include:

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

These services will form part of a newly designed integrated pathway for care at home with 'home first' also included. There will be an enhanced focus on hospital admission avoidance, an improved hospital discharge offer, behaviour change and self-care. The service specification outlines our vision for the delivery of these services, the key features of the service and the outcomes we expect it to achieve.



**Wirral  
Clinical Commissioning Group**



Wirral Health and Care Commissioning is a strategic partnership between NHS Wirral Clinical Commissioning Group and Wirral Council

The new model will 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

Wirral 2020 plan objectives supported by this approach include;  
Older People Live Well, and People with Disabilities Live Independently

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

The Wirral 2020 plan also includes a target to support local businesses to thrive and do well. Therefore, the commission will 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.

## 2 RECOMMENDATIONS

The Joint Strategic Commissioning Board is asked to

- Allocate and sanction the use of WHCC pooled budget resources to fund the joint commissioning of this service..
- 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.
- Approve the proposed Care and Support at Home commission for the forward commissioning plan, and integrated governance arrangements.

- Approve the award post tender and a further report will be brought back to JSCB on 5 February 2019.

### **3 BACKGROUND INFORMATION**

Domiciliary Care services were re-commissioned in 2014, the primary aim at this time was to consolidate the market and move from a fragmented approach with over 70 accredited care providers in the local market supporting 1,400 people. All of the current domiciliary care services are with the Independent sector and the commission will continue this arrangement.

The commission at that time enabled improvements in quality, consistency, capacity and capability. A reduced number of providers based on a tiered model, split into 4 geographical zones. These matched the constituency areas.

The re-commission of services was due again in 2017; however, between July and October 2016, 3 of the Domiciliary Care Tier 1 providers (Warren Care, Mears Care and Local Solutions) either had their contracts terminated with the Council, or handed them back as they weren't able to deliver against the contractual requirements.

Our contracted Tier 2 providers (who in the main were smaller Wirral based companies) worked together to support Wirral Council at this time and picked up the packages of care from the providers that withdrew. Providers went at financial risk to expand and pick up the gap in service provision, there were some initial quality concerns, but these have improved over time and recent inspections have indicated the market has recovered. This re-provision led to one provider being responsible for 30% of the current market which is a risk to the resilience of market sustainability, as we need a balanced care market to deliver consistently across Wirral.

Commissioners and contract managers worked with the care market to step up Tier 2 Providers to Tier 1, and 18-month contract awards were made to stabilise the market pre-tender. (Appendix 1 - Lessons Learned Log). The market is currently stabilised.

End of Life and CHC services are currently provided by one provider 'Aspire' across Wirral. This service covers people over the age of 18 years eligible for fully funded NHS CHC including End of Life fast-track cases, or those who have complex needs and are in receipt of a joint funded package of care that cannot be met by domiciliary care.

The Care at Home Commission will seek to implement an Open Book Accounting (OBA) approach to improve the understanding of the costs of the service. OBA is an agreed position to our approach and we have provided training for our incumbent providers so they have a clear understanding of what this is. The OBA approach will be reinforced post tender with successful providers. To enable a full take up of OBA, year one of the contract will be 'rate' based, with a view to move to OBA for year 2 of the contract and beyond.

Future work on OBA will include modelling to deliver efficiency against the contract and will include a view on incentivisation once costs are fully understood.

Full financial modelling is underway with relevant finance personnel to support the commission, with a view to introducing an 'aggregated' rate for the service provided. Initial modelling indicates as follows (this may change):

<b>a</b>	<b>b</b>	<b>c</b>	<b>d</b>	<b>e</b>	<b>f</b>
<b>Service</b>	<b>£ hr rate</b>	<b>Wkly hrs</b>	<b>Total cost per week @ Hourly Rate (a x b)</b>	<b>% of Total cost per week by Service (c)</b>	<b>Weighted Average / Aggregated rate per Service (a x d)</b>
Reablement	£ 16.84	1,381	£23,256	9.2%	£1.55
Dom Care	£ 14.80	14,442	£213,742	84.9%	£12.57
CHC & EoL	£ 15.73	*937	£14,739	5.9%	£0.93
		16,760	£251,731		£15.05

*\*Currently only reflecting block contracted hours, spot contracted hours to also be included*

Following extensive engagement with providers, consensus indicated a longer life contract would support sustained provision against commissioned specification, enabling provider investment and financial commitment.

Suggested contract term is 5 years (+3+1+1) 10 years in total this is to enable market investment for providers due to the aging population.

## 4 OPTIONS CONSIDERED

1. Not to go out to tender. (Contract and Procurement regulations require a tender process is undertaken). **NOT RECOMMENDED**
2. We undertake independent commissions for Continuing Health Care, End of Life, Reablement and Domiciliary Care. (This does not fit in with WHCC joint plan and current procurement timelines for both areas). **NOT RECOMMENDED**
3. Jointly commission and transfer all clients from existing, to successful providers. This could potentially disrupt clients and impact as follows:
  - TUPE issues
  - Impact on market Sustainability, unsettling clients and providers
  - impact on Wirral Community Foundation Trust (reviews undertaken as a result of transfer to new provider) **NOT RECOMMENDED**
4. 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**

## 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 & ContrOCC for Wirral Council - both currently tied into contractual arrangements.
- Aggregated rate at £15.05. There are potential financial benefits but also risk to the system if all providers not willing to tender for this rate, if not financially sustainable. Is there not also a risk that a provider will accept this rate and then not be able to perform – as has already happened? Risk is a further procurement, loss of service and expensive contingency measures.
- 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 Open Book Accounting and reporting on 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 12 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.

The Council have worked collaboratively with a company called Stradia to provide facilitation of stakeholder engagement; and to help inform the new model of Care and Support at Home in Wirral. A number of workshops have been held with providers in the following areas:

- **Procurement Model**
- **Partnering**
- **Risk Management** (Appendix 2 - risk register)
- **OBA**

As a result of these workshops, Providers engaged with the Chamber of Commerce and have shown a willingness to either collaborate together to form a partnership or to provide a sustainable local offer on Wirral. (Appendix 3 - workshops)

A pre-market engagement session will be held with 'Aspire' (current CCG provider) in August 2018 to help inform the scope of service in the specification due to the nature of the care provision for End of Life and Continuing Health Care and another pre-market engagement session will be offered to all providers early September 2018.

## **7 LEGAL IMPLICATIONS**

- Commissioning must take place in accordance with the Joint commissioning protocol which is in place in WHCC, within the section 75 agreement
- Existing contractual relationships will need to be revised/ replaced with new contractual relationships.

- New contractual documentation must ensure that governance arrangements are adhered to and that contractual management and monitoring are in place.

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

- A joint dashboard will be developed incorporating KPI's across the whole service scope; this will require Business Intelligence 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 year 2 of the contract.
- Procurement, Contracts and Commissioning across WHCC will work together to develop the service contract, specification and complete the procurement process.

## **9 EQUALITY IMPLICATIONS**

An Equality Impact Assessment will be completed pre-tender to support the commission.

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## **APPENDICES**

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

## **REFERENCE MATERIAL**

N/A

## **HISTORY**

N/A



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Clinical Commissioning Group



Wirral Health and Care Commissioning is a strategic partnership  
between NHS Wirral Clinical Commissioning Group and Wirral Council