

**Wirral Metropolitan Borough Council  
Community Based Care Services Framework Contract**

**Partnering Workshop  
26<sup>th</sup> February 2018**

# Domestic Arrangements

- **Fire Alarm**
- **Fire Exits**
- **Toilets**
- **Breaks**
  - 10:30 – 10:45 Coffee break
  - 12:30 – 13:15 Lunch
  - 14:45 – 15:00 Coffee Break
- **Finish Time** – target 16:30, 17:00 cut-off
- **Mutual Respect**

# Partnering Workshop

## 26<sup>th</sup> February 2018

### **Our Objectives**

- **Workshop Context**
- **Do we want to move forward on the basis of a partnering philosophy**
- **If we do why?**
- **Identify conditionality**
- **Map a contract delivery structure**
- **Map a governance structure**
- **Explore issues around the form of contract to be used**
- **ITT Assessment criteria**
- **Anything else?**

# Workshop Context

# Wirral's Strategic Intent

**To develop a procurement strategy, in consultation with key stakeholders, based on a contractual, commercial and delivery model that is fit for the future and meets the needs of the people of the Wirral for the long term.**

# Stradia's Involvement

## Role

- To facilitate
- To lend experience
- To assist
- Not to decide

## Outputs

- Stakeholder interviews, September 2017
- Stakeholder Workshop, 18<sup>th</sup> & 19<sup>th</sup> October 2018
- Phase 1 Close Out Report & Action Plan

## Future Commitments

- Partnering Workshop, 26<sup>th</sup> February 2018
- Open Book Accounting Workshop, 7<sup>th</sup> March 2018
- Risk Management Workshop, 17<sup>th</sup> April 2018
- Technical Support, ongoing

# Wirral Domiciliary Care Strategic Objectives

- 1. Deliver a whole health system approach**
- 2. To improve the health, wellbeing and independence of the people of the Wirral**
- 3. To increase market capacity via a system wide programme to attract, retain and develop care workers in the Wirral**
  - 1. Caring as a profession**
  - 2. Job fulfilment**
  - 3. Empowering the care worker**
  - 4. Rewarding/incentivising**
  - 5. Developing / upskilling**
- 4. Working together in a motivating environment to deliver continuous improvement**

# Wirral Domiciliary Care Strategic Objectives

- 5. Managing stakeholder relationships through collaboration and effective communication**
- 6. Sustainability – adaptability to changing circumstances/need of all stakeholders, financially affordable, delivers progressive improvement in outcomes for all stakeholders**
  - measurable outcomes?
  - foreseeability (forward look) – how far?
  - speed and extent of change?
- 7. Social Value – Create social value for the people of Wirral by impacting positively on the local economy, environment and communities.**
  - Community based services
  - Third Sector offer
  - Health & wellbeing improvements
  - Outcome based/social prescribing
  - Intelligent kindness



# Phase 1 Action Plan

	Action	Who	When
5.1	What will be the minimum CQC rating acceptable for prospective bidders? What will happen if a Provider falls below this standard during the life of the contract?		
5.2	A culture change programme needs designing and implementing.		
5.3	Open book accounting training needs sourcing for representatives of other stakeholder organisations beyond the Council		
5.4	Form of contract to be used needs determining.		
5.5	A decision is needed on whether incentivization will be incorporated into the contract and if so a model developing and then socializing with Council Executives and Councilors'		
5.6	Consideration needs to be given to resource availability to undertake all of the work required pre-bid and during tender evaluation.		
5.7	Tender evaluation criteria need developing to match Council's strategic intent and local market conditions		
5.8	Terms of reference for Trusted Assessor and Outcome Based Commissioning need developing in line with Council's strategic intent		
5.9	A decision needs to be made as to whether the open book principle will apply to themselves as well as their supply chain partners. If it is to then the Council will need to work out their costs associated with community care provision		
5.10	A decision as to whether the ITT will call for Providers to move toward a set of standard systems and process over the life of the contract in order to improve service quality and deliver efficiencies		
5.11	If the new contract is to be developed under a 'whole system' approach then strategic alignment will have to be sought with STP and Accountable Care Strategies.		

	Action	Who	When
5.12	Once the operational and commercial models have been agreed a review of end to end business processes should be undertaken to ensure alignment with the new contractual model.		
5.13	Review market position statement in line with the institute of public care market shaping tool kit.		
5.14	Confirm if extra care and Third sector in scope.		
5.15	Develop an agreed local career pathway with community care providers and NHS trusts.		
5.16	Confirm procurement strategy.		
5.17	Facilitate partnering arrangements.		
5.19	Governance arrangements / establish project team.		
5.20	Research dynamic purchasing system/ brokerage decision.		
5.21	Capitated budget and payment mechanism model.		
5.22	Develop a suite of KPI'S and outcomes.		
5.23	Risk and gain share agreement.		
5.24	Review value chain with domiciliary care stakeholders.		
5.25	Establish a risk register.		
5.26	Confirm regulatory obligations.		
5.27	Confirm zones. Zone 1 CH 41, 42, 43 Zone 2 CH 44, 45, 46 Zone 3 CH 60, 62, 63 Zone 4 CH 47,48,49,61		
5.28	Open book 'auditing' development.		
5.29	Trusted assessor.		
5.30	Business process mapping.		
5.31	Specification and contract.		
5.32	Quality framework.		

# Pilot updates

Donna Locke

Commissioning Lead

Feb 2018

# Trusted Assessor Pilot

- 3 month pilot Feb 2018 - April 2018
  - Wirral Council
  - Wirral NHS Community Foundation Trust
  - Professional Carers & Premier Care
- Trusted assessment to make adjustments to packages of care via review
- Business Process - Liquidlogic
- Memorandum of understanding

# The aims of the pilot are to:

- Improve the customer journey within domiciliary care
- Improve the flow and capacity of domiciliary care
- Reduce the current transactional requirement and facilitate an efficient business process
- Create capacity within the domiciliary care sector.
- Develop and Improve relationships within the market to support moves towards placed based commissioning

# Buurtzorg

- Neighbourhood care
- Pilot for nurse led Domiciliary care in the home.
- Self-managing team.
- Area for pilot identified as Wallasey CH44/45.
- WCFT to go live April.
- Professional carer's and Premier care are providers involved and will wrap around this model

# Enhanced Dom Care

- Routes healthcare-nurse led service.
- Large complex packages /hospital discharges/challenging behaviours.
- Pilot to start beginning of April.

# Value Stream Analysis

- 'Deep Dive' Value Stream Analysis (VSA) to explore, understand and inform the transformation of how we care for Frail & Elderly/Housebound patients on the Wirral
- The aim is to create a shared vision with clear outcomes identified that can be achieved through integration across stakeholders supported by innovation, technology and new ways of working.

# Value Stream Analysis

- Information gathering exercise with health professionals (survey, telephone interviews, meetings)
- Information gathering exercise with domiciliary care providers (survey, telephone interviews, meetings)
- 9 public events planned with the National Development Team for Inclusion to gathering information and support place based care
- Focused dialogue with faith leaders
- 3rd Sector focus group
- Sharing communications with GP practices about domiciliary care providers and encouraging relationship building
- Raising profile of home care and developing opportunities around infrastructure and workforce



# The Workshop Environment We Need To Succeed

Openness

Safety

Confidence

Mutual  
Respect

Leadership

Collaboration

Value Based

# The OK Corral

I'm not OK, You're OK	I'm OK, You're OK
I'm not OK, You're not OK	I'm OK, You're not OK

# Group Exercise 1

## Garden Cane

### **Objective**

Lower the cane to ankle level in the quickest time possible

### **Rules**

The cane must rest on top of one finger from each hand of each team member

Those fingers must remain in contact with the cane at all times

Each attempt must start from eye level

5 Minute Practice then competition between groups

# Group Exercise 2

## What happens if we maintain the status quo?

*'if we keep on doing what we have always done and behave the way we always have....'*

- **Four Groups**
  - **Providers**
  - **Council**
  - **Trusts/CCG**
  - **3<sup>rd</sup> Sector**
- **Document on your flipcharts likely outcomes if we continue to do as we have always done**
  - **Unallocated care packages, providers withdrawing, etc, etc**

# Partnering Principles

*Principle ~ 'fundamental truth or proposition serving as the foundation for belief or action'*

# #1 – Partnering, textbook definitions

***The interfacing of different organisations e.g., social services departments, the NHS, and the voluntary sector to achieve a common aim. The goal is one of independent and equal partners collaborating within a common framework.***

*Segen's Medical Dictionary*

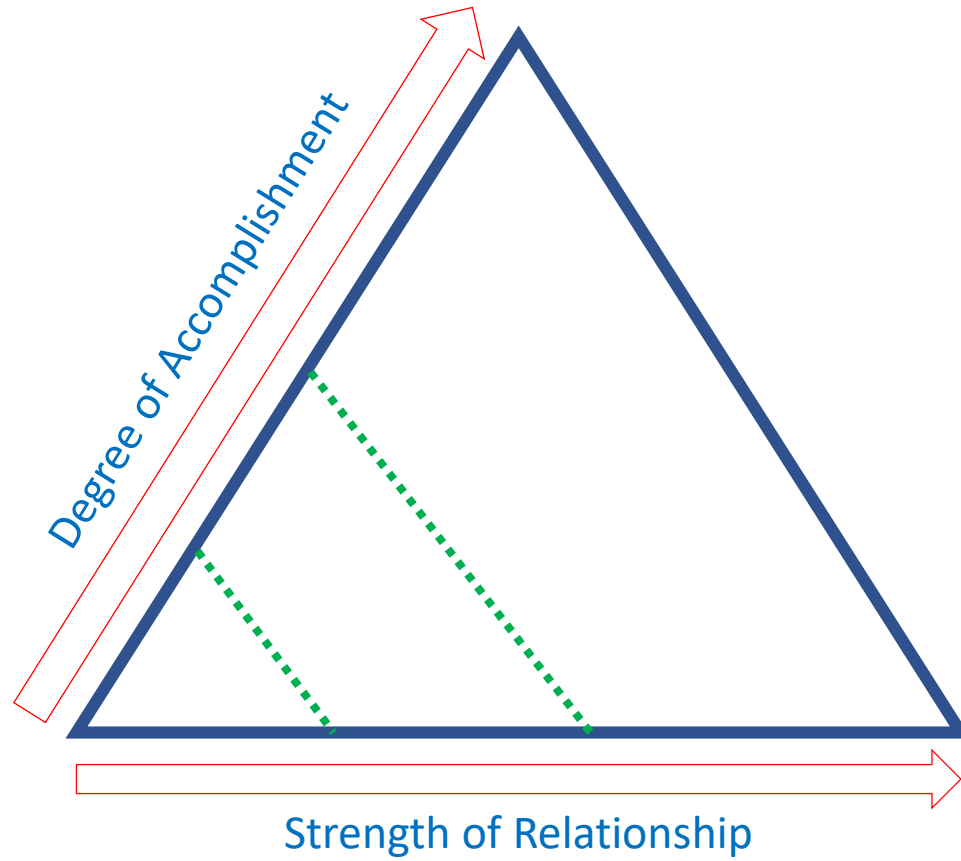
***Partnering is a management approach used by two or more organisations to achieve specific business objectives by maximising the effectiveness of each participant's resources. The approach is based on mutual objectives, an agreed method of problem resolution and an active search for continuous measurable improvements.***

*Trusting the Team – Best Practice Guide to Partnering in Construction.  
Centre for Strategic Studies in Construction*

# #2 - Partnering & Partnership

Partnering	Partnership
<ul style="list-style-type: none"><li>➤ A 'philosophy'</li><li>➤ A way of working together</li><li>➤ A culture</li></ul>	<ul style="list-style-type: none"><li>➤ A legal entity</li><li>➤ A contractual arrangement</li><li>➤ Contract terms</li></ul>
<ul style="list-style-type: none"><li>➤ About relationships</li><li>➤ About why</li><li>➤ About outcomes</li></ul>	<ul style="list-style-type: none"><li>➤ About a contract</li><li>➤ About what and how</li><li>➤ About outputs</li></ul>
<ul style="list-style-type: none"><li>➤ Collaboration</li><li>➤ Continuous improvement</li></ul>	<ul style="list-style-type: none"><li>➤ Conditional collaboration</li><li>➤ Contractual obligations</li></ul>
<ul style="list-style-type: none"><li>➤ May start or evolve into a partnership</li></ul>	<ul style="list-style-type: none"><li>➤ May or may not evolve a partnering culture</li></ul>

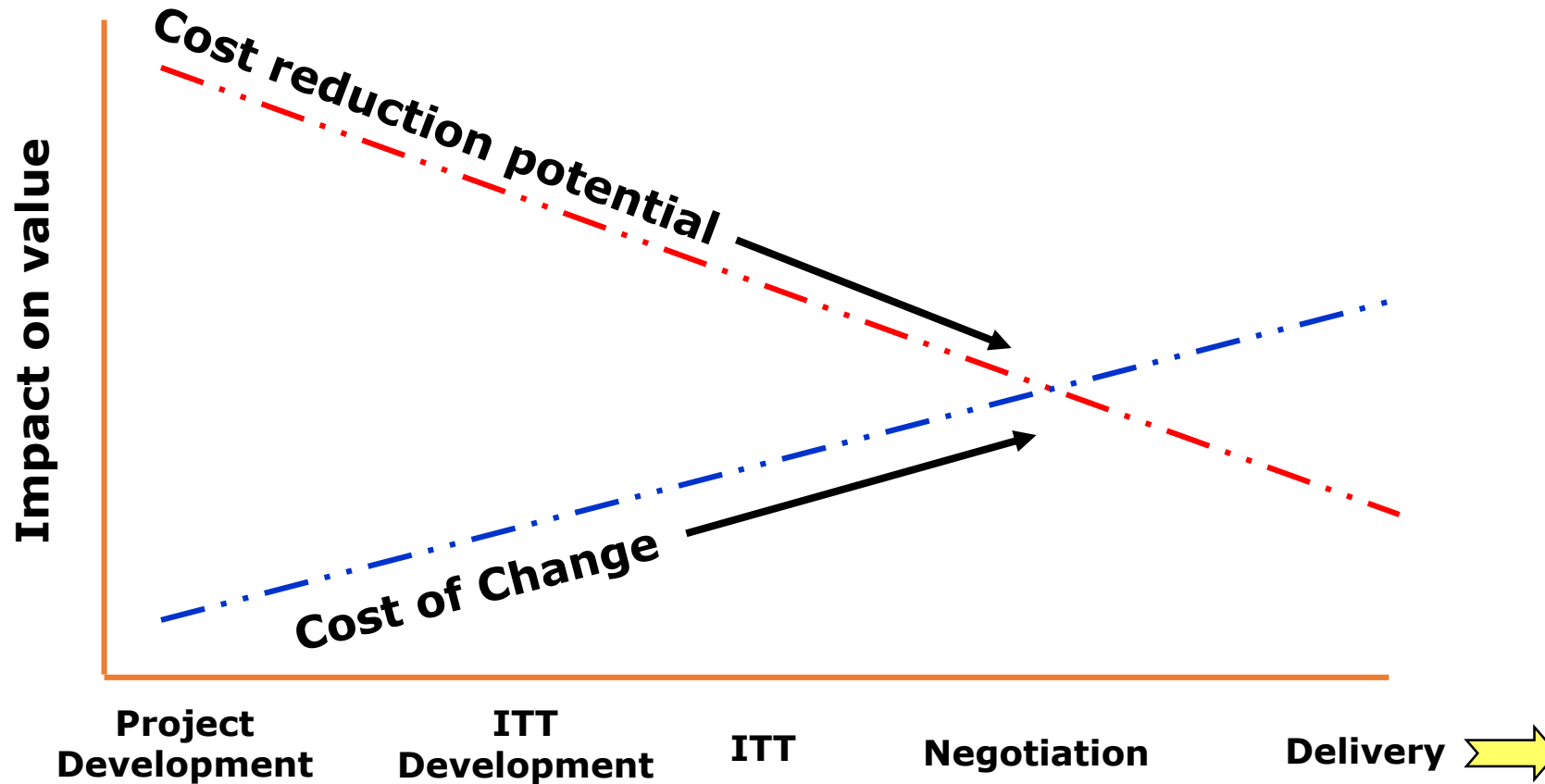
# #3 – Partnering, its about people and relationships



**The foundation of all accomplishment is relationship. Expand the relationship and the opportunity for accomplishment expands proportionately**



# #4 – Early Involvement



# #5 – Altruism & Partnering

*Altruism ~ a selfless concern for the wellbeing of others*

*Are we all altruists?*

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*Are we all altruists?*

*Reality ~ we are all conditional altruists*

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*Altruism ~ a selfless concern for the wellbeing of others*

*Are we all altruists?*

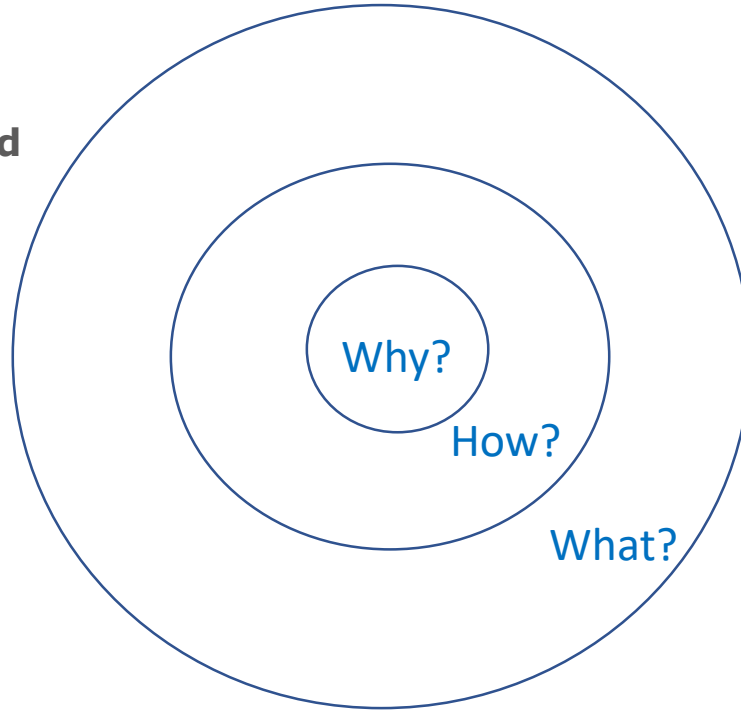
*Reality ~ we are all conditional altruists*

**We each need to believe that acting together will achieve more than acting alone**

# #6 – Knowing why promotes Believing, Inspiring

## Domiciliary Care

- **What**  
Provision of community based care to service users
- **How**  
Service delivered via front line carers managed by Service Providers contracted by commissioners via a framework agreement
- **Why?**



'The Golden Circle' – Simon Sinek

## Partnering

- **What**  
An operating culture founded on mutual respect, trust, belief, openness, honesty and integrity
- **How**  
Developing operating and commercial models based on delivering against mutually agreed objectives underpinned by a partnering based governance system
- **Why?**

**People do business with people they believe in, not necessarily those who have what they need**

**Do we want to move forward on the basis of a partnering philosophy?**

**What conditionality do we need to see in place?**

# Group Exercise 3

## The Red & Blue Game

Player No.	The Players		Observers / Reserves
	Commissioners	Providers	
<b>1</b>	Victoria Cassidy	Lisa Lawton	Hazel Murphy
<b>2</b>	Matt Gotts	Tina Taylor	Carley Peckham
<b>3</b>	Donna Locke	Gary Nagle	Louise Murphy
<b>4</b>	Kieth Sailes	Cheryl White	Suzanne Janvier
<b>5</b>	Norma Currie	Sharon Edwards	Hannah White
<b>6</b>	Simon Fillingham	Stephen Jaques	Shaun Brown
<b>7</b>	Sarah Quinn	Jay Lomax	
<b>8</b>	Sarah Alldis	Lorraine Williams	
<b>9</b>	Jayne Marshall	Bev Peers	
<b>10</b>	Jaqui Evans	David McGuinn	

# The Red & Blue Game

## The Rules

- There are two teams, 'WMBC' and 'The Providers' who will play ten rounds of competition
- In each round the nominated team member (in order of squad number) will come forward and vote either red or blue **Not revealing their vote until asked to do so**
- The scoring is as follows;-

Vote Cast		Score Achieved	
WMBC	The Providers	WMBC	The Providers
Red	Red	+3	+3
Red	Blue	-6	+6
Blue	Red	+6	-6
Blue	Blue	-3	-3

- When asked to vote do so by pulling the red or blue card out of your envelope



# The Red & Blue Game

Number 1 Rule **YOU MUST WIN**

**Two negative scores, both  
sides lose**

**A draw, both sides lose**

# The Red & Blue Game Score Card

Vote Cast		Score Achieved	
WMBC	Prov's	WMBC	Prov's
Red	Red	+3	+3
Red	Blue	-6	+6
Blue	Red	+6	-6
Blue	Blue	-3	-3

Round	Vote Cast		Score Achieved		Cumulative Score	
	WMBC	The Providers	WMBC	The Providers	WMBC	The Providers
1	red	red	+3	+3	+3	+3
2	blue	blue	-3	-3	0	0
3	red	red	+3	+3	3	3
4	red	blue	-6	+6	-3	9
5	red	blue	-6	+6	-9	15
6	red	blue	-6	+6	-15	21
7	blue	blue	-3	-3	-18	18
8	blue	blue	-3	-3	-21	15
9	blue	red	+12	-12	-9	3
10	red	red	+6	+6	-3	9

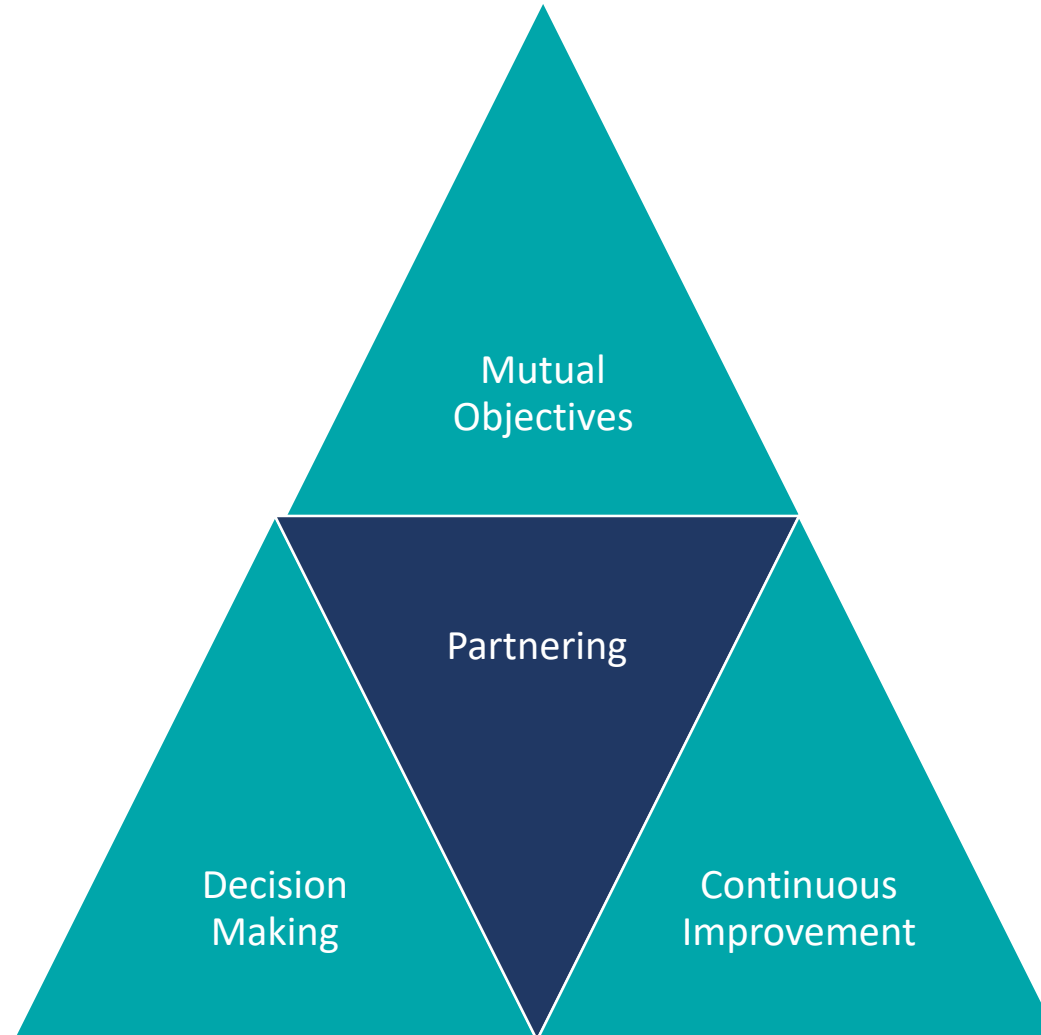
# Group Exercise 3

## Lessons Learned

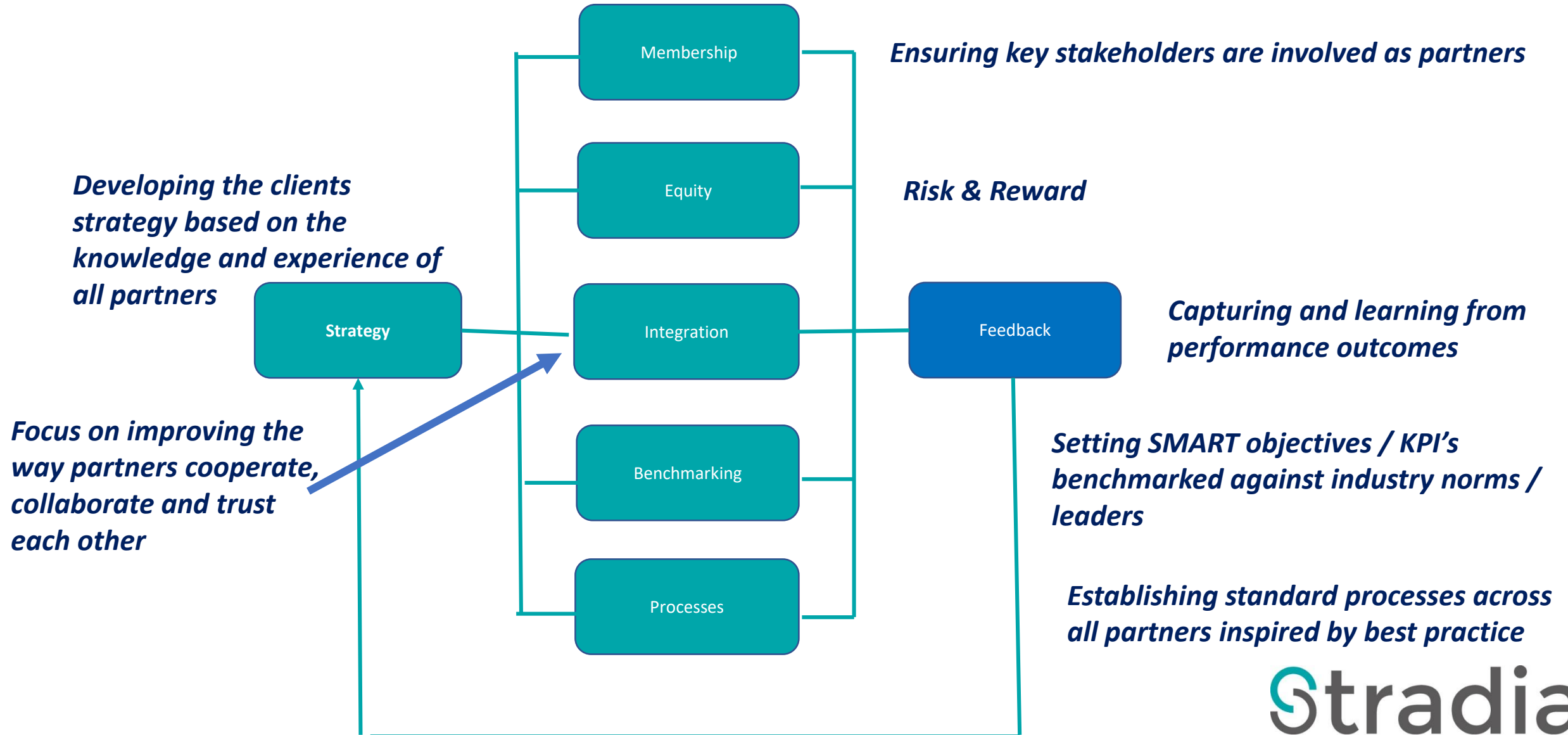
- **Define what win looks like**
- **Analyse and develop shared understanding of the rules**
- **Have a strategy**
- **Don't be confined, push boundaries**
- **Think outside of the box**
- **Talk to each other, collaborate**
- **Don't panic**
- **Compromise, think of the big picture**
- **Adapt to changing circumstance, analyse data available to you, be agile**

# Partnering – The basics

# Partnering – The basics



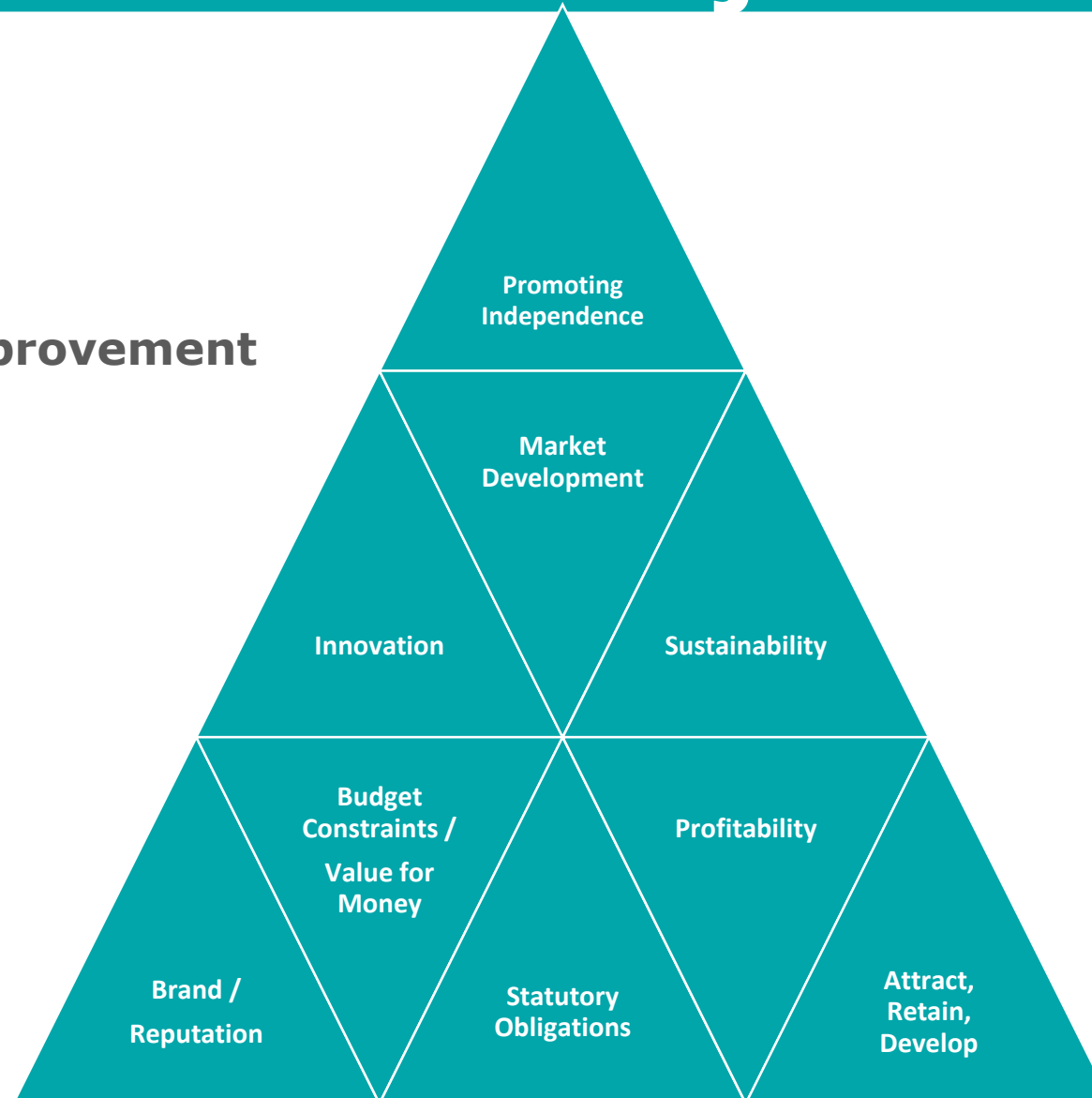
# Seven Pillars of Partnering



# Wirral Domiciliary Care Partnership

## Possible Mutual Objectives

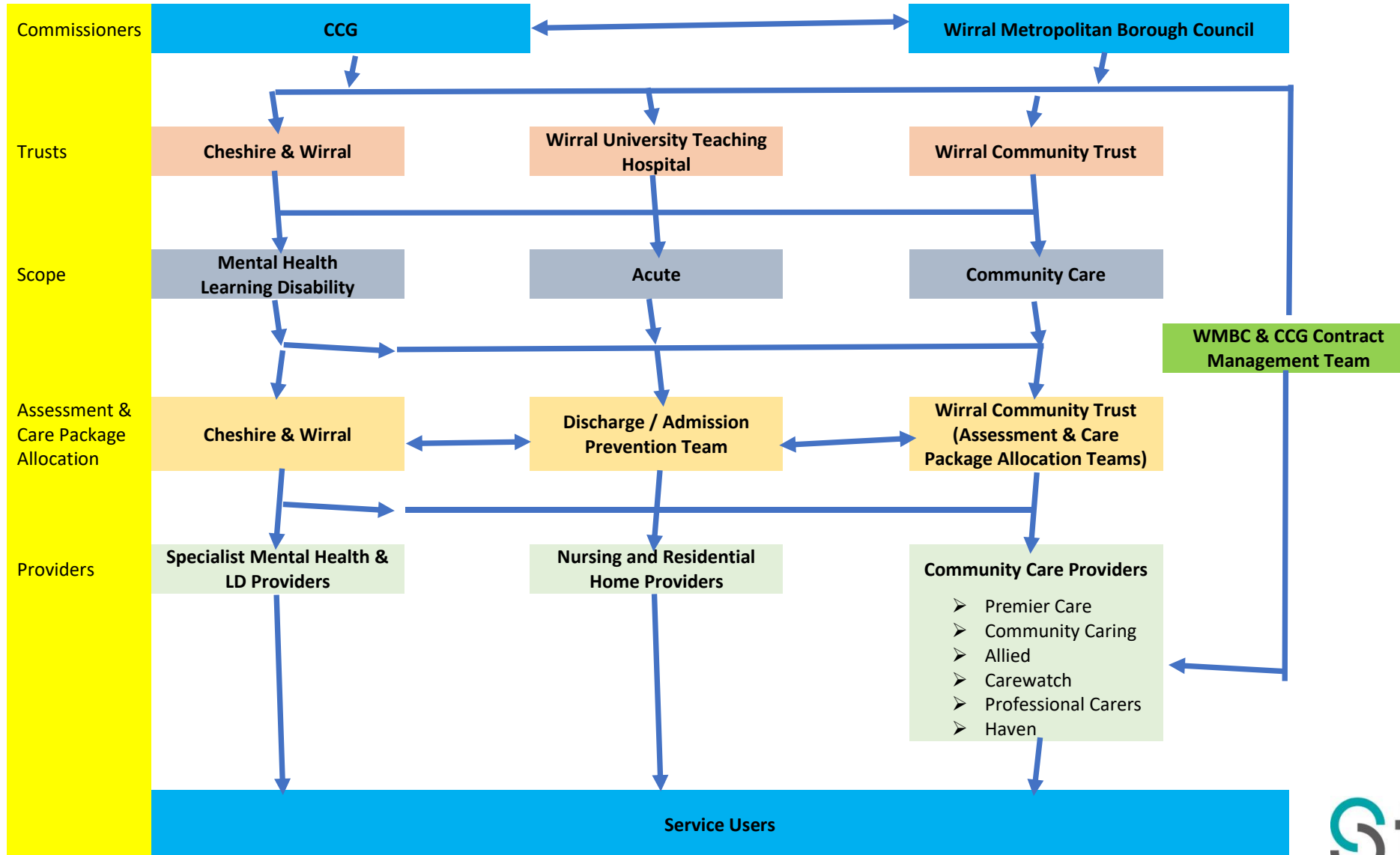
- Promoting independence
- Market Development
- Sustainability
- Innovation / continuous improvement
- Budget constraints
- Value for money
- Profitability
- Attract retain develop
- Statutory obligations
- Brand / reputation



# Contract Delivery Structure



# Existing High Level Delivery Model



# Delivery Model Considerations

- **Scope to be included?**
- **Volume business (more volume in theory more cost effective)?**
- **Understanding break even / investment points versus volume input**
- **Can there be one client body in terms of management, many in terms of operational interface?**
- **Market entry thresholds**
- **Impact on market development / sustainability**

# Deliver Model Client Side Considerations

Cheshire and Wirral  
Trust

Wirral University  
Teaching Hospital Trust

Wirral Community  
Trust

CCG

WMBC

Is there a single body that can represent all client stakeholders involved in domiciliary care provision?  
If not, is there a need for one?

Commissioners

Contract Management

Supply Chain

OR

Commissioners

Contract Management

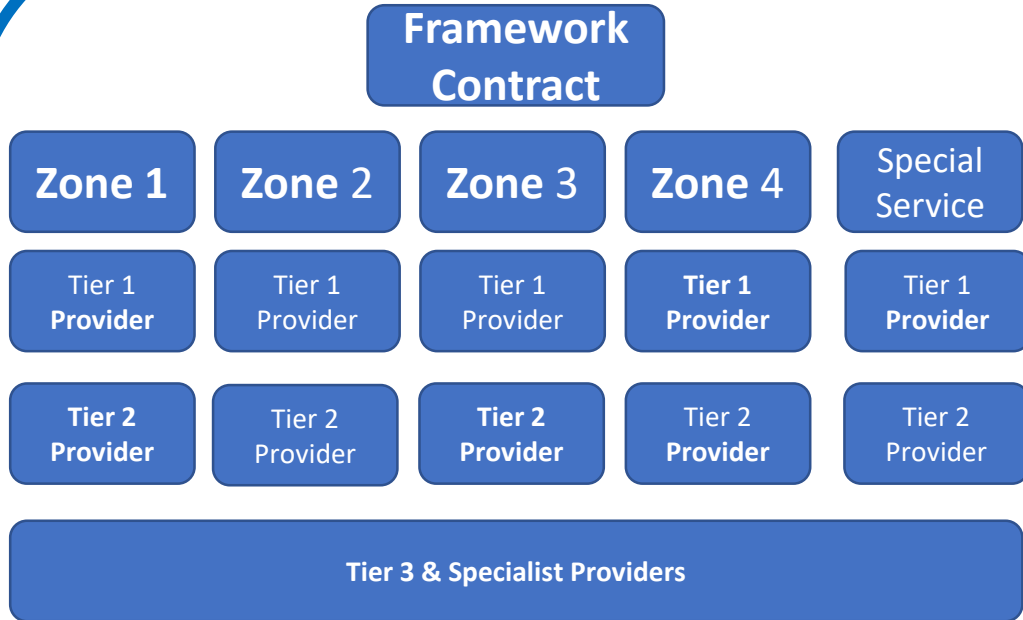
Supply Chain

Roles, responsibilities, accountabilities of  
Commissioning and Contract Management Functions

Stradia

# Delivery Model Supply Chain Side Considerations

## Existing Supply Chain Delivery Model



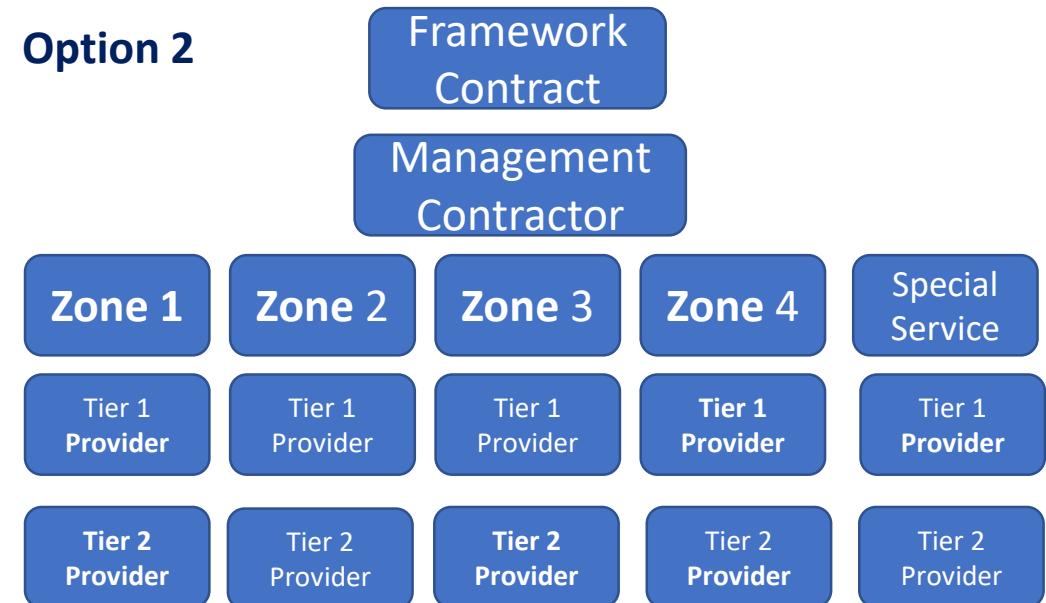
- **Are 4 zones economically viable?**
- **Is scope economically viable/optimal**
- **Market development / sustainability impact of tiered structure**
- **Buying power / overhead efficiency**

## Management Contractor Delivery Model

### Option 1

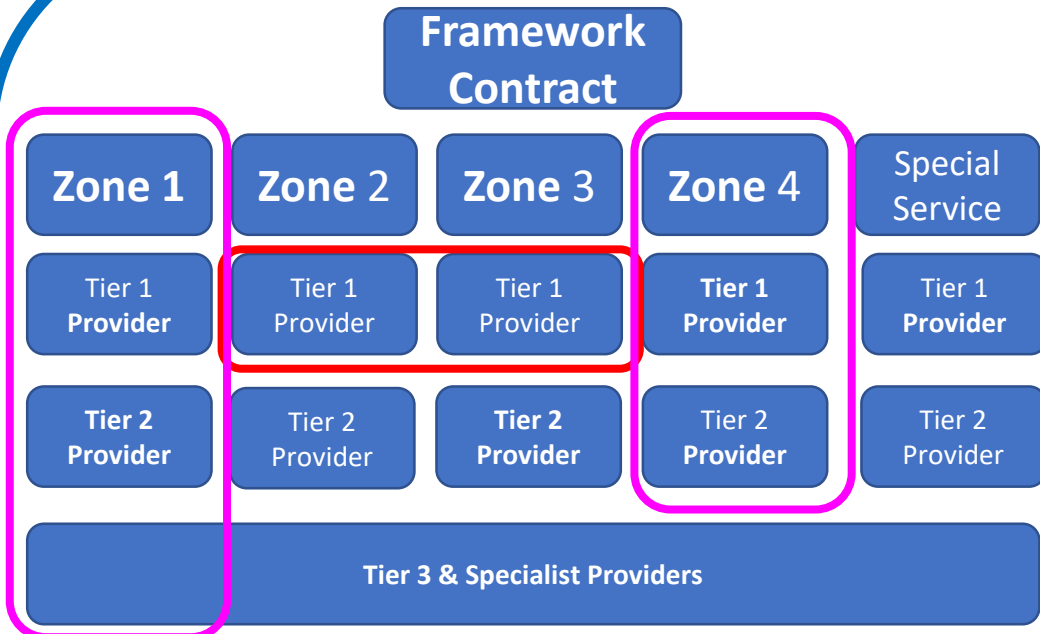


### Option 2



# Delivery Model Supply Chain Side Considerations

## Joint Venture Delivery Model

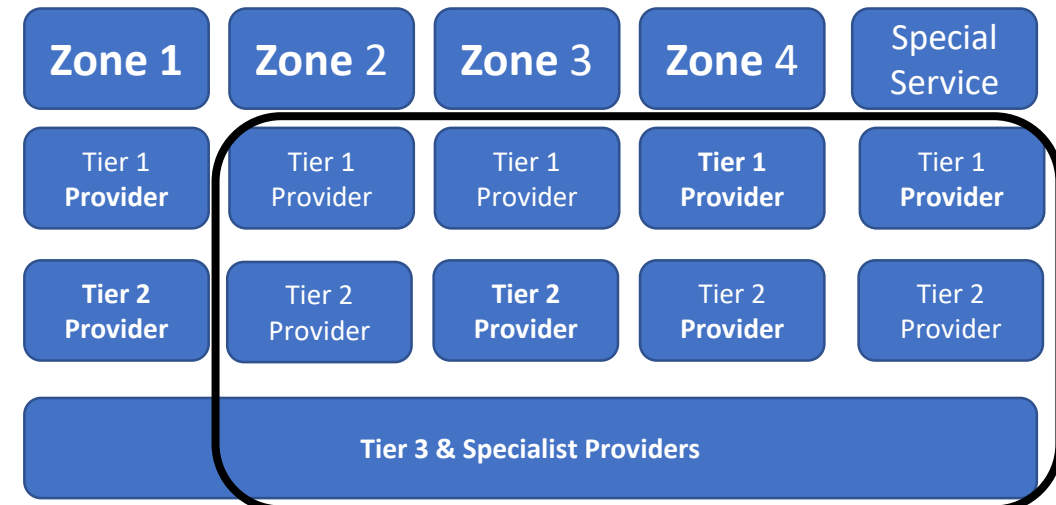


Horizontal  
integration JV

Vertical  
Integration JV

Horizontal &  
Vertical JV

## Framework Contract



- **Market development / sustainability**
- **Economies of scale**
- **Optimised skills utilisation**
- **Market entry thresholds / social value**
- **Joint & several**

# Delivery Model Supply Chain Side Considerations

## Alliance Delivery Model

Framework  
Contract

Partners = WMBC, CCG, WCT, Provider Partners

Each partner has a shareholding in the Alliance

Delivery structure built on best person for the job basis

Delivery Structure self manages

Zone 1

Zone 2

Zone 3

Zone 4

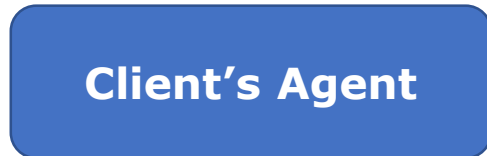
- **Alliance manages budget**
- **Suited to incentivisation**
- **Drives innovation**
- **Is the market mature enough as yet?**

# Governance Structure

# Possible Partnering Based Governance Structure



**One Client Body to represent all clients**



**Commissioners / Contract Management?**

## **PMT**

- **Governed by TOR**
- **Partnership wide performance management and reporting**
- **Optimising resource utilisation**
- **Economies of scale**
- **Promoting best practice**
- **'Do It Once' initiatives**



## **Board**

- **Governed by TOR**
- **Delivery against strategic objectives**
- **Partner Org' Commitment**
- **Strategy / Direction**
- **Resource Allocation**





# Form of Contract

# Form of Contract Considerations

**We are not looking to write a contract today.  
We are looking for ideas, conditions, themes  
we would like to see considered and ideally  
incorporated in the final form of contract**

# Form of Contract Considerations

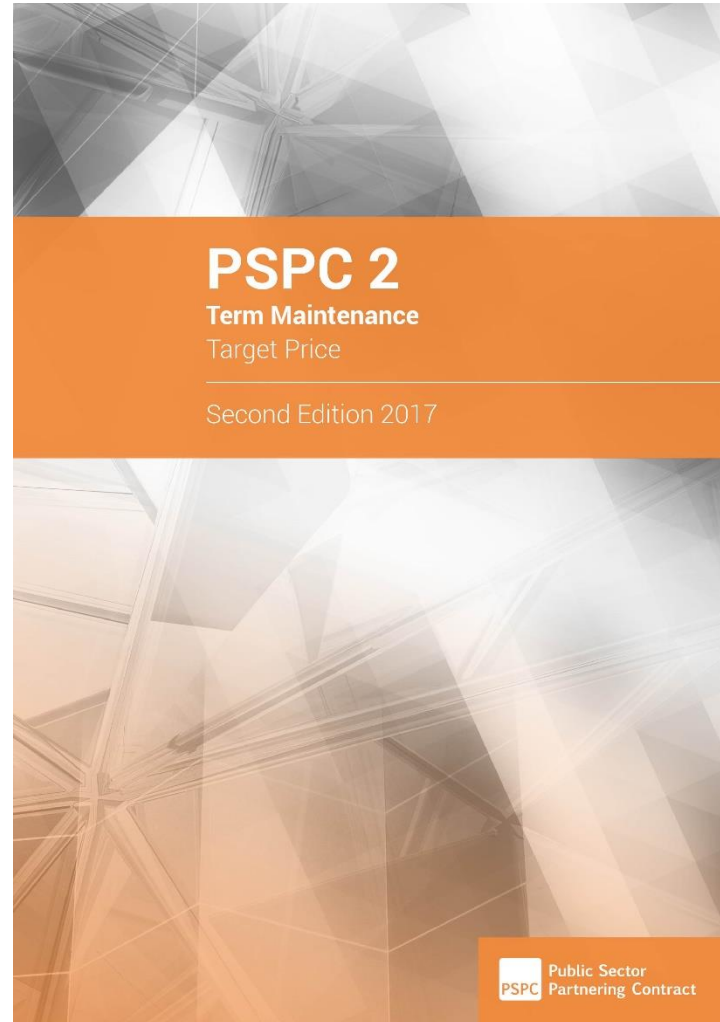
Standard form or bespoke?

**NHS**  
England



**NHS Standard Contract 2017/18 and  
2018/19 Particulars (Full Length)**

**Contract title/ref:**



**Stradia**

# Form of Contract Considerations

- **Not looking to write a contract today. We are looking for ideas, conditions, themes we would like to see considered and ideally incorporated in the final form of contract**
- **Standard form or bespoke**
- **Standard components of a contract**
  - **Start date and duration (what about transition arrangements?)**
  - **Scope**
  - **Specification**
  - **Quality Requirements**
  - **Governance structure**
  - **Contract Management and Reporting Requirements**
  - **Payment (rate or open book, time & task or incentivised)**
- **Framework / DSP**
- **Guaranteed hours in part?**
- **Contract duration**
- **Termination clauses**
- **KPI's**

# ITT Assessment Criteria

# ITT Assessment Criteria Considerations

- **Assessing to become a Provider Partner or assessing to become a JV partner**
- **CQC Rating**
- **Social Value**
- **Capacity**
- **Carer T&C's**
- **Attract, retain, develop track record**
- **Business Plan**
- **Culture**
- **Business systems and process (including QMS)**

# Partnering Workshop

## 26<sup>th</sup> February 2018

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- **Workshop Context**
- **Do we want to move forward on the basis of a partnering philosophy**
- **If we do why?**
- **Identify conditionality**
- **Map a contract delivery structure**
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- **Explore issues around the form of contract to be used**
- **ITT Assessment criteria**
- **Anything else?**

**Thank you for your input**  
**Safe journey home**

**See you at the Open Book Accounting**  
**Workshop**  
**7<sup>th</sup> March 2018**