

JOINT STRATEGIC COMMISSIONING BOARD

Tuesday, 21 August 2018

Present:

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

Councillors Chris Jones
Bernie Mooney
Paul Stuart in place
of Stuart
Whittingham

9 **APOLOGIES FOR ABSENCE**

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

10 **DECISION MAKING ARRANGEMENTS**

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

RESOLVED:

That the decision making arrangements be noted.

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

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

12 **MINUTES**

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

13 **COMMISSIONING AND TRANSFORMATION STRATEGY**

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

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

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

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

The Strategy was appended to the report and was intended to share the plans for the development of place based commissioning. It outlined the vision of how it would move to commission on popular based health and care outcomes.

Members were informed that the single commissioning strategy had been developed in partnership with stakeholders from across the health and care

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

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

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

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

The NHS Wirral Members RECOMMENDED (to the CCG):

That the revised Commissioning and Transformation Strategy be adopted.

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

RESOLVED:

That the revised Commissioning and Transformation Strategy be adopted.

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

Appended to the report were the following appendices:

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

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

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

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

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

The service aimed to ensure that the Council and NHS partners used the collective resources to provide better and more joined up support to people with disabilities or a mental health need. This followed the successful

implementation of a fully integrated service for older people which was now provided by Wirral Community NHS Foundation Trust on behalf of the Council and under a similar agreement.

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

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

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

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

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

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

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

These options were also detailed within the Full Business Case (Appendix A to the report). However, the agreed service model provided the opportunity for achieving the benefits required and to develop Place Based Care. Members considered the documentation in detail and made comments and asked questions on the following:

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

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

That

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

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

RESOLVED: That

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

CARE AND SUPPORT AT HOME COMMISSION

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

Appended to the report were the following appendices:

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

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

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

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

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

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

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

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

The new model would incorporate:

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

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

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

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

Other options considered included:

- Not to go out to tender. However, Contract and Procurement Regulations required a tender process be undertaken.

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

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

- It was important to grow the offer in the local community in order to keep people at home as long as possible. It was imperative to integrate into the nine neighbourhoods. The commission would include an integrated pathway, agencies would be all joined up so that patients and clients could access care and this would assist the hospital discharge process.
- Workshops had been held with domiciliary care providers. Costs of providing care had been explored. Issues that had arisen included the length of contracts, sustainability and open book accounting. Providing contracts for five years or more would help with the staffing element and demonstrate that this was the right approach.
- This was about keeping people safe, providing continuity of cover, working with a Wirral wide system, inviting carer options, offering roles beyond domiciliary care and providing jobs and the economic benefits they bring to the local community.
- The Council's 20/20 Plan enforced the social value component.
- Wirral had a positive and independent workforce.
- Providers had worked to show value for money, how they would keep people safe and they aspired to a minimum waiting list with an integrated pooled budget in place.
- There were a number of pilot exercises in operation currently and since last summer the waiting list for domiciliary care had decreased from 86 to 36. It was hoped to reduce it further by the autumn to below 25. Creative ideas were being sought to assist this aspiration.
- Officers were confident that the procurement process would ensure that everything would be in place by April 2019 as there had been ongoing consultations and engagement for months.
- Between now and February 2018 it was important that checks and balances were included in the process as a safeguarding measure and updates would be provided for Members of both Committees via email.

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

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

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

RESOLVED: To

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

16 **DATE OF NEXT MEETING**

RESOLVED:

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