

FULL BUSINESS CASE

The purpose of the Full Business Case (FBC) is to revisit and refine the Outline Business Case (OBC) analysis and assumptions, as well as presenting the findings of any formal procurement or partner selection process. Any contractual or legal arrangements must be documented as well as the detailed management arrangements for a successful delivery.

- 1. **Strategic** **Any new implications for the strategic case**
- 2. **Economic** **The preferred option providers and value for money**
- 3. **Commercial** **Findings of procurement processes/supplier engagement**
- 4. **Financial** **Analysis of financial implications**
- 5. **Management** **The comprehensive delivery plan including people, process, information, systems and assets**

Programme/Project Name:	All Age Disability and Mental Health Transformation Project
Programme/Project Sponsor:	Graham Hodkinson
Senior Business Lead	Jason Oxley, Elaina Quesada, Michael Murphy, Lynn Campbell
Programme Manager:	Jane Clayson
Project Manager/ Author of Full Business Case:	Ursula Bell
Programme/Project Board:	Customer Experience Transformation Programme Board
Financial Accountant:	Matt Gotts/Lesley West
Date of consideration by Senior Leadership Team (SLT) on:	12.09.17
Date of consideration by Transformation Portfolio Board:	11.09.17
Date of consideration by Cabinet/SLT:	18.09.17
Date of consideration by Cabinet:	02.10.17

DOCUMENT REVISION HISTORY			
Version	Name	Changes	Date
0.1	Ursula Bell	Draft Version for approval	23.08.17
0.2	Jason Oxley, Elaina Quesada, Michael Murphy, Lynn Campbell	Feedback from Senior Business Leads	25.08.17
0.3	Anne Quirk	Legal Input	31.08.17
0.4	Jane Clayson and Tim Games	Transformation Input	05.09.17
0.5	Jason Oxley	Feedback from Senior Business Lead	06.09.17

Section	Content	Page No.
Strategic Section		
1	Executive Summary	5
1.1	Recommendations	6
1.2	Introduction	7
1.3	What will be the direct benefits to residents who access the new service?	8
1.4	The Vision	8
1.5	Council Pledges	9
1.6	Key Drivers for Transformation	9
1.7	Core Project Deliverables	9
1.8	Wirral’s All Age Disability Strategy	10
1.9	All Age Disability Strategy Top Three Priorities	10
1.10	All Age Disability Partnership Board	10
1.11	Healthy Wirral	10
1.12	Accountable Care System	11
1.13	Key Health Partners	11
1.14	Strategic Outcomes	11
1.15	Scope of Service	12
1.15.1	Community Mental Health Team (Social Work team for Adults)	12
1.15.2	Integrated Disability Service (IDS) (Social Work Team for Adults)	12
1.15.3	Children with Disability Services (CWD)	12
1.16	Services not in Scope	13
1.16.1	Commissioned care and support services	13
1.16.2	Child and Adolescent Mental Health Service (CAMHS)	13
1.16.3	Special Educational Needs Disability (SEND) Services	13
1.16.4	Willow Tree Resource Centre Residential Respite Unit	13
1.16.5	Child Protection and Safeguarding Functions	13
1.17	Residents/Cohorts who access the service within scope	14
1.18	Operating Footprint	14
1.19	Case for Change	14
1.20	Why have separate pathways for Mental Health and Disability Services	15
1.21	All Age Disability Approach - Why integrate Children’s and Adults Services?	16
1.22	Mental Health Services	17
1.23	All Age Approach to Mental Health Services	18
1.24	Strategic Risks	18
Economic Section		
2.1	Reaching the Preferred Option	20
2.2	Key Project Phases to implement the All Age Disability and Mental Health Service	21
2.3	Critical Success Factors (CSF)	22
2.4	Preferred ADM	22
2.5	Wirral Cheshire and Wirral Partnership Trust (CWP) Organisational Overview	23
2.6	Advantages of Preferred Model	24

Commercial Section		
3	Commercialism	25
3.1	Local Authorities implementing All Age Disability Approaches	25
3.2	Why should the Council consider formally integrating Health and Social care Services?	25
3.3	Local Authorities integrating with Health Providers	26
3.3.1	Integration example - Trafford	26
3.3.2	Integration example - Salford	27
3.4	The Care Act 2014	27
3.5	Children and Families Act 2014	27
3.6	Personal Budgets	28
3.7	Legal Approach	28
3.8	Commissioning, Procurement, Contracting Approach	29
Financial Section		
4	Financial Expertise	30
4.1	Contract Value	30
4.2	Transformation Costs	30
4.3	Pension Liability	30
4.4	Staff Pay Awards	31
4.5	Support Costs	31
4.6	Financial Savings	31
4.7	VAT Liability	31
4.8	Transfer Costs	31
4.9	Table 1 – Estimate Spend Profile	32
4.10	The Integrated Commissioning Hub	33
4.11	Commissioner held Community Care Budget	33
Management Section		
5	Governance of the Project and Business Case Development	34
5.1	The Sponsor	34
5.2	Programme Manager	34
5.3	Senior Business Leads	35
5.4	The Project Board	35
5.6	Project Team	35
5.7	Project and Business Support	36
5.8	Overarching Principles for developing the New Operating Model	36
5.9	Stakeholders	37
5.9.1	Carers and Families	37
5.10	Stakeholder Engagement	38
5.10.1	Communications Plan	39
5.10.2	Stakeholder Survey	39
5.10.3	Dedicated Intranet Page	39
5.10.4	Staff Engagement	39
5.10.5	Staff Consultation	40

5.10.6	Trade Union	40
5.10.7	Service User Engagement	40
5.11	Scrutiny Workshop	41
5.12	Shared Ways of Working	41
5.13	Target Operating Model (TOM)	41
5.14	Practicalities Considerations of the Target Operating Model (TOM)	42
5.15	Aim of the Care Pathway	42
5.15.1	Care Pathway Principles Explained	42
5.15.2	How will Service Users know that the Care Pathway is working?	43
5.16	What will our Social Work Service look like?	43
5.17	Staffing Implications	44
5.18	Change in culture and reformed working practices	44
5.19	Benefits Realisation of the transfer of social care to CWP	44
5.19.1	Local Benefits of Integrated Working	44
5.19.2	Benefits of Improved Operating Model	45
5.19.3	Benefits from the new care pathways?	45
5.20	Overarching Outcomes for People with Disabilities and Mental Health problems across Wirral	46
5.21	What can Residents expect from the All Age Disability and Mental Health Service in Wirral from next April 2018?	47
5.22	Focusing on service users and families strengths and skills	48
5.23	Personalisation	48
5.24	Asset-based Community Development	49
5.25	Service Provision	49
5.26	Back office corporate support functions	49
5.27	Location of Services	50
5.28	Information Technology	50
5.28.1	Data Migration	50
5.29	Governance Framework	51
5.30	Framework and Contract Monitoring	51
5.31	Clinical Governance Quality and Professional Standards	51
5.32	A Partnership Governance Board	52
5.33	Next Steps	52
5.33.1	Transition and Mobilisation phase	52
5.33.2	Stabilisation phase	53
5.33.3	Development and transformation Phase	53
5.33.4	Post implementation review (PIR) and Project evaluation review (PER)	53
5.34	Contingency Plans	53
5.35	Future Resources Required	53
5.36	Project Timetable	53
5.37	Recommendations	55
Appendix 1	Legislation, Boards/Groups, Policies and Strategies that support the Project	56
Appendix 2	ADM Scoring	60

SECTION 1 - STRATEGIC

1 Executive Summary

The Full Business Case (FBC) seeks approval for the transfer of 128 Full Time Equivalent (FTE) staff currently assessed in scope from the Council's Children and Adult Social Care Services to Cheshire and Wirral Partnership Trust (CWP); Annual contract value of £5.19m (gross staff budget only) for the delivery of social care assessment, care co-ordination, care planning and support services.

This is the second proposal to further integrate health and social care services in Wirral; the Council completed a transfer of 208 FTE staff to Wirral Community Foundation Trust in June 2017.

People don't want health care or social care, they just want the best care available. The integration of Council and NHS health and social care professionals is a vital step in creating a truly joined up system that puts people with disabilities and mental health issues first.

Policy for 'All Age Disability Integration' and 'Health and Social Care Integration' provides the direction for change. The FBC presents the preferred option to develop arrangements with CWP, to align health and social care colleagues to enable integration, and improve the experience for residents who access the service. A more integrated health and care system will bring benefits to many people, as better joined up care and support means a real difference to people, and to carers supporting their loved ones.

There is a need to streamline services, improve accessibility, and ease the care journey for service users by reducing the complexity of pathways, and enabling services to be more responsive to individual needs. The service redesign will aim to bring improved value for money and financial efficiencies in the overall health system.

The vision is for an integrated and joined up health and social care service with one pathway into services, wrapped around the individual. The new service will provide greater flexibility while maintaining continued commitment to public service and wellbeing, developing a single provider for health and social care professionals.

The All Age Disability and Adults Mental Health Service will bring together services for children, young people and adults with disabilities and adults with mental health problems. The aim is to reshape teams that currently work separately across children and adults with a disability to become an All Age Disability Service, one that maximises the independence of children and young people in preparation for adult life and enables a seamless experience for disabled users in Wirral. This will ensure consistency, clarity and ultimately better quality services and support for people living in Wirral with a disability. A fully integrated service will be able to adapt and react more effectively to emerging local needs.

The future model of delivery will aim to provide the desired benefits to improve the current provision, whilst safeguarding resident's welfare, effectively managing demand for services, and enable long-term financial efficiencies to be achieved by the Council.

The Council want to move the emphasis away from 'fitting people into a service' towards empowering disabled people and their families to take control of the way in which they are supported in order to achieve their own

goals and develop inner strength and resilience. Having an integrated All Age Disability Service in Wirral will be a positive step, alleviating difficulties currently associated with transitioning from children's to adult disability services. This will ensure consistency and remove artificial 'age based' barriers, but will not dilute focus upon high quality, age appropriate services which recognise the distinct needs of disabled children, young people and adults.

It is acknowledged that children and adults have different support needs, requiring different approaches to support, which will steer the design process, bringing services together for residents of all ages, whilst ensuring appropriate safeguards and governance are in place. Supporting children, young people and adults requires different expertise and professional governance and the new service ensures residents of all ages are appropriately supported in line with relevant legislation, policy and governance.

The FBC seeks to ensure that health and social care resources across Wirral are deployed to maximum effect, to deliver positive outcomes for people with a disability or mental health problem, whilst optimising value for money. It also addresses the benefits of improved integration across disability and mental health pathways, improved transition between children and adults services, improved multi-agency and partnership working across health and social care to achieve an enhanced mental health and disability Services across Wirral.

The Council's Adult Mental Health Team has been co-located with colleagues from CWP for over 30 years, since the 1990's, and the Council will capitalise upon the existing links formed with CWP.

1.1 Recommendations

The FBC seeks agreement on the following recommendations:

1. Proceed with exploring the transfer of the identified Children and Adult Social Care staff, resources, delegations of functions as described within this FBC to take place on 1st April 2018 at an estimated annual payment to CWP of £5.19m (gross staff budget only).
2. Delegation of statutory duties of assessment and support planning functions to CWP for children, young people and adults with complex disabilities and mental health issues.
3. Approve the one-off transformation costs for the Council in 2017/18, estimated at £250,000.
4. Delegate authority to the Director for Adult Care and Health, Director of Children's Services, and Cabinet Portfolio Leads to commence Due Diligence and negotiations with CWP to achieve implementation of an integrated service.

1.2 Introduction

An Outline Business Case (OBC) to integrate the Council’s Mental Health Service and the Disability Teams across Children’s and Adult Services with Cheshire and Wirral Partnership Trust (CWP) was approved in July 2016, and the FBC provides further detail of the preferred model.

Outline Business Case - Governance Route	
Governing Strategic Group	Date of consideration
Strategic Leadership Team (SLT)	27th June, 2017
Customer Experience Transformation Programme Board	3rd July, 2017
Transformation Portfolio Board	10th July, 2017
Cabinet and SLT	24th July, 2017
Scrutiny Workshop	2 nd , August 2017

The design and features of the service recommended to be implemented in April 2018 will be jointly developed by experts by experience, people with lived experience, and professionals involved in commissioning and providing care.

The inter-dependency between health and care systems has become increasingly clear over years and national policy drivers are calling for greater collaboration across the public health and social care sector. The FBC sets out the preferred option to transform the Council’s Mental Health Service and the Disability Teams across Children’s and Adult Services by developing integrated pathways with CWP, driving forward integration and service efficiencies to improve the health and wellbeing of local residents.

The proposal is to implement an Alternative Delivery Model (ADM) for the Disability and Mental Health assessment and support planning functions completed by the dedicated social work teams, maintaining two pathways; first for ‘Mental Health Provision’ and secondly for ‘All Age Disability Provision’, with the Council retaining its statutory duties, whilst delivering its statutory duties differently by delegating its functions to CWP (which will entail a staff transfer) to create one local health and social care disability and mental health provider within the Borough.

Mental Health Services for adults are managed separately to Child and Adolescent Mental Health Services (CAMHS). CAMHS is not within scope of this project; CWP deliver CAMHS to residents commissioned by the Council and Clinical Commissioning Group (CCG). Improvements in Children’s Mental Health Services are being addressed through a nationally driven programme via the Local Transformation Plan (LTP) and the Future in Mind transformation programme that CCG are leading with Council colleagues and other key stakeholders to help deliver each area’s vision of improvement.

1.3 What will be the direct benefits to residents who access the new service from April 2018?

- Improved integration across disability pathway and mental health pathway
- Service Users and their families will be at the heart of service redesign
- Minimising transition between different services or providers
- Effective planning/ assessment across health and social care - firm links to education - aiding (EHC) planning
- Improved transition between children and adults services
- Improved assessment and care planning arrangements
- Improved continuity of care through all age approach
- Improving accessibility of services
- Improved multi-agency working
- Improved crisis management
- Improved integration
- Reduced duplication
- Earlier intervention
- More responsive

Various approaches will be developed to help the Council identify, monitor and ultimately achieve the benefits originally set out within the FBC.

The Council will measure the current in-house performance of the services and compare the performance of the new service managed by CWP within 2018/2019, analysing outcomes before and after the change management intervention to evaluate the true benefits achieved for residents.

The project will identify, monitor and manage benefits through a range of quantitative and qualitative methods such as producing key performance indicators.

1.4 The Vision

Wirral's vision is that everyone in the Borough, regardless of their age or personal challenges, can live a life that is as healthy, active and independent as possible, with the support from local communities. The evolution of the new All Age Disability and Mental Health Service will achieve better results for local people.

CWP will provide a flexible and responsive All Age Disability and Mental Health Service in partnership with communities and help communities help themselves.

The All Age Disability and Mental Health Service will achieve better outcomes for local people, and will help deliver the Council's pledges, strategies and shared vision to ensure that all residents have independent, safe and active lives.

CWP will offer people with disabilities and mental health needs a transformed personalised service and health and social care integrated pathway of support that meets their aspirations, wants and needs.

By promoting people's independence the aim of All Age Disability Service is to enable disabled children, young people and adults of all ages to enjoy a full and vibrant life we all aspire to.

Bringing together the responsibilities for health and social care services that support people with disabilities and mental health issues provides a tremendous opportunity to harness the expertise, energy and resources within Wirral to deliver excellent outcomes for disabled children, young people and adults.

1.5 Council Pledges

The All Age Disability and Mental Health Service will support the following Council Pledges:

- Children are ready for school
- Young people are ready for work and adulthood
- Vulnerable children reach their full potential
- People with disabilities live independently
- Wirral Residents live healthier lives
- Community Services are joined up and accessible
- Older People Live well

1.6 Key Drivers for Transformation

There are a range of key drivers for service development across Disability and Mental Health Services:

- National and local policy direction across health and social care provision
- Reduce service barriers related to age and eligibility criteria
- Improve outcomes for disabled people and people with mental health problems
- Improve quality and consistency
- Promote health and wellbeing
- Deliver fully integrated services for children, young people, adults, their carer's
- Improved multi-disciplinary support
- Optimise Value for Money - Create longer term financial efficiencies and reduce operating costs through the health/social care sector
- Create a sustainable flexible service that can adapt to changing needs and demands across Wirral
- Support local health and social care market, economy and providers operating across Wirral

Key legislation, programmes, policies, strategies and committees that impact and support the All Age Disability and Mental Health Service are detailed in **Appendix 1**.

1.7 Core Project Deliverables

Robust programme and project governance is in place to ensure appropriate leadership for decision making and recommendations. The Core Project Deliverables are:

- To improve outcomes for people with disabilities and mental health issues.
- To lead on the development of options for an integrated model for an All Age Disability and Mental Health Service.
- To identify staff and budgets in scope for a collection of services transformed into a single service and a joint financial and accountability structure.
- To develop an integrated staffing structure for an All Age Disability and Mental Health Service.
- To research similar programmes carried out by other areas and identify learning from their experience.
- To implement robust project infrastructure and governance, including core project documentation.
- To lead on the planning, implementation, and development of the project and supporting work streams.
- To engage with other statutory partners such as the CCG and Health Trusts to ensure the interfaces between the all age service and other related pathways are aligned and where possible integrated.
- To identify and map the current spend (commissioning budgets) and services for all cohorts of residents within scope for this project.

CONFIDENTIAL

- To map the current 'as is' offer and pathways in the separate children's and adult's teams across mental health and disability services.
- With existing service leads and other relevant stakeholders to lead on the design of an 'all age' end to end pathway for children, young people and adults that provides continuity of interventions throughout the life course.
- To work with the Lead Commissioners for Children's and Adult's services to align the financial and quality benefits to be achieved through the successful delivery of this project.

1.8 Wirral's All Age Disability Strategy

Wirral's All Age Disability Strategy covers a number of strategic themes of which an all age approach to disability forms a central part. The strategy aims to improve the link to young people and reinforces an all age approach. The Adults Mental Health Community Service, Adults Integrated Disability Service and Children's with Disability Social Work Services are working with families, communities and a wide range of organisations to ensure that a network of local support is in place and that people are at the centre of choosing the care that suits them. The Strategy details the plan to create an All Age Disability and Mental Health Service, and the project supports the implementation of this.

1.9 All Age Disability Strategy Top Three Priorities

The three priorities that are detailed within the Council's All Age Disability Strategy are:

- All people with disabilities are well and live healthy lives
- All young people and adults with disabilities have access to employment and are financially resilient
- All people with disabilities have choice and control over their lives

1.10 All Age Disability Partnership Board

The All Age Disability Strategy sets out the commitment to disabled children and adults and their families and representatives with the aim of enabling everyone to have a much richer and more fulfilled life. The All Age Disability Partnership Board will continue to be the key forum to monitor progress against implementing the All Age Disability Strategy, and oversee developments around the All Age Disability Service. Other key Boards that will support the work of the project are detailed within **Appendix 1**.

1.11 Healthy Wirral

The Healthy Wirral Programme aims to transform the way health and wellbeing services are designed and delivered in Wirral, by putting people at the centre of everything. The programme is jointly sponsored by Wirral Clinical Commissioning Group and Wirral Council, in partnership with CWP and other Wirral healthcare organisations.

Healthy Wirral is all about:

- Right choices-supporting smarter, healthier choices
- Right chances-helping everyone in Wirral to have the best start in life and access to the right services for them
- Right time-supporting everyone right through their lives and making sure they can access support when they need to
- Right care-working as one big team across Wirral, and using technology to help people be more independent.
- Right place-bringing services into people's homes and communities
- Right partnerships-working together for and with our community

1.12 Accountable Care Systems (ACS)

The FBC will maintain a strategic fit with the local health agenda for the development of Accountable Care Systems (ACS) within Wirral. Partners on Wirral are working together to develop accountable care arrangements. Accountable care involves closer working of partner health organisations. Integrating health and social care is a positive step towards creating accountable care arrangements on Wirral. National steer around ACS will mean that an ACS will be in place by 2018-19 in Wirral. Wirral CCG, in conjunction with key partners are encouraged to continue to strengthen the culture of collaboration and partnership working which will lead to the ultimate development of a single health and care system for Wirral, the achievement of which will require a single pooled budget. This will require the establishment of appropriate governance arrangements with clear lines of responsibility and accountability and robust pathways minimising duplication. Opportunities should be taken to achieve incremental steps towards achieving an Accountable Care System by 2018-19. The population scope for ACS will include both Adults and Children. The All Age Disability and Mental Health Transformation Project will be aligned with developments currently happening around ACS in Wirral.

1.13 Key Health Partners

The Council and CWP will work in collaboration with other health providers, residents and other community assets. The system-wide ambition is coupled with a clear focus on local people and place based services.

- Clinical Commissioning Group (CCG)
- Wirral Community NHS Foundation Trust
- Wirral University Teaching Hospital NHS Foundation Trust
- GP's
- Other Health Providers/Trust(s) - based across Merseyside, Cheshire, Liverpool City Region, Northwest

1.14 Strategic Outcomes

The All Age Disability and Mental Health Service will deliver the following strategic outcomes:

- Provide a high quality social work function completing assessments, support plans, and coordinating care for children, young people and adults across Wirral
- Delivering the Right Care in the Right Place at the Right Time
- Improve the quality of life and health and wellbeing of local people across Wirral
- Deliver quality responsive services within the available budget
- Meet the statutory duties of the Council
- Resilience and flexibility to emerging issues in service delivery
- Manage demand in line with demographic change
- Improve children's experience of transition into adulthood
- Enhance inter-agency relationships with professionals across Wirral
- Partnership working to improve outcomes for children, young people, adults and their families
- Seamless service; reducing barriers around service eligibility criteria's for children, young people and adults
- Pool resources and improving service capacity
- Deploy resources efficiently across Wirral
- Align service delivery models in line with national policy, direction and best practise

Information from monitoring activities conducted by CWP will be shared regularly with the Council. Contract monitoring meetings will take place to review and discuss the delivery, performance and outcomes achieved by the new service.

1.15 Scope of Service

The All Age Disability and Mental Health Service covers a number of areas of provision as detailed in the table below, impacting upon approximately **128 FTE staff members**, across three service areas within the Delivery Division of the Council across Children and Adults Social Care:

Team	Staff Budget	Total Staff Employed	FTE Ratio	Current Vacancies	Provision/Function
Community Mental Health Service (Adults)	£3.09m	70	63	9	Assessment, Care Co-ordination, Care Planning, Support Service, Discharge of Statutory duty under Mental Health Act and Mental Capacity Act Legislation.
Integrated Disability Service (Adults)	£1.04m	25	23	4	Assessment, Care Management, Care Planning, Care Coordination, Back Office/Team Support, Continuing Health Care Reviews.
Children with Disability Services	£1.06m	28	24	5	Assessment, Care Management, Care Planning, Care Co-ordination, Support Service, Back Office/Team Support.

128 Full Time Ratio of Staff within scope is calculated from 110 FTE staff across the three teams, plus the 18 Full Time Vacancies.

1.15.1 Community Mental Health Team (Social Work team for Adults)

The Community Mental Health Team is co-located, working directly in partnership with Cheshire and Wirral Partnership NHS Foundation Trust (CWP). The staff employed by the Council’s Community Mental Health Service, are based within seven smaller teams as follows: Community Mental Health Team – Birkenhead, Community Mental Health Team – Wallasey and West Wirral, Older People Community Mental Health Team – Wirral-wide, Early Onset Cognitive Assessment Team, Early Intervention Team, Crisis and Home Treatment Team, and Emergency Duty Team. Mental Health professionals from both CWP and the Council have worked very closely and onsite together since the 1990’s.

1.15.2 Integrated Disability Service (IDS) (Social Work Team for Adults)

The Integrated Disability Service supports people with a range disabilities and complex needs. The Service is due to relocate into the Millennium Centre in 2017/2018 to be co-located with the Children with Disability Social Work Team. The staff employed by the IDS are based within the following smaller teams: Integrated Disability Service, Transitions Team, Continuing Health Care (CHC) Specialist Review Team and Back-Office Team Support.

1.15.3 Children with Disability Services (CWD) (Social Work Team for Children’s)

There are staff within scope of this service, from the Children with Disability Services, Transitions Team CYPD and Children with Disability Family Support Team. The Service is due to relocate into the Millennium Centre in 2017/2018 to be co-located with the (IDS).

1.16 Services Not in Scope

1.16.1 Commissioned care and support services

Commissioned care and support services, such as supported living services or specialist care home placements, delivered across Wirral for people with a disability and mental health problem are not within direct scope of this project. The Council is working in partnership with the CCG to form a pooled budget arrangement which will jointly commission future health and social care services.

1.16.2 Child and Adolescent Mental Health Service (CAMHS)

Child and Adolescent Mental Health Services (CAMHS) are jointly commissioned by the Council and CCG and delivered by CWP. The CAMHS Service is structured into several teams: Wirral Learning Disability CAMHS, Wirral 0-13 CAMHS, Wirral 14-18 CAMHS. The relationship between children's and adult mental health services are key, ensuring that the pathways transition from children's services to adult mental health services can be navigated safely, considering the impact of different eligibility criteria to access services depending on age, enabling a safe recovery for the individuals from their mental health problems. Public health commission a variety of emotional health and wellbeing services that complement the offer around mental health for children. It was agreed that All Age Disability and Adults Mental Health Transformation Project would consider services delivered in-house; therefore CAMHS is not within scope of this project.

As CAMHS is already delivered by CWP, once the Council's Adult Mental Health Provision is transferred in April 2018 then developments will be made to ensure transition from children's and adult mental health services is improved.

1.16.3 Special Educational Needs Disability (SEND) Services

It is acknowledged the importance of Special Educational Needs Disability (SEND) Services working closely with the disability teams. SEND Services are not within scope of this project.

1.16.4 Willow Tree Resource Centre Residential Respite Unit

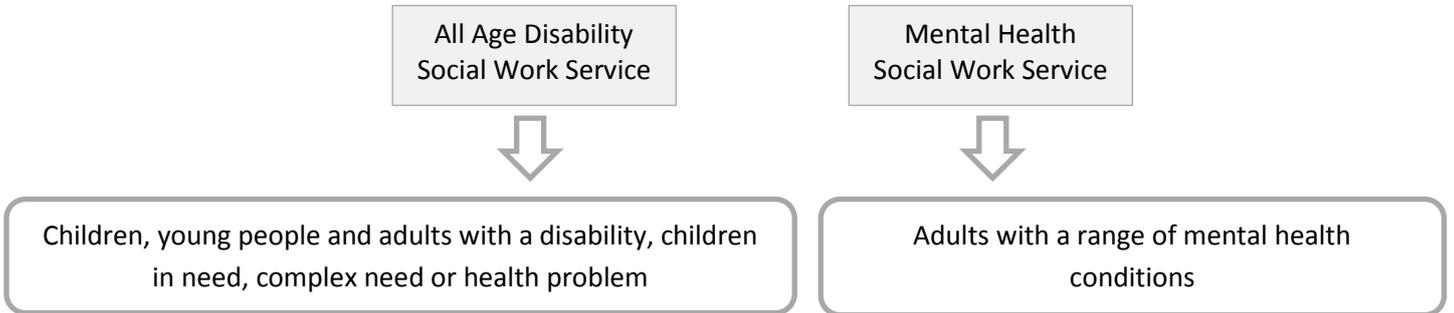
The Strategic Commissioning Manager for Children, Young People and Families is currently conducting a 'short breaks' market service review for internal and external short breaks provision for children and young people across Wirral. Due to the ongoing Short Breaks Market Review it has been agreed that Willow Tree Resource Centre Residential Respite Unit would not be included within scope of this project.

1.16.5 Child Protection and Safeguarding Functions

Currently the Social Workers within the Children with Disability Team carry out safeguarding and child protection functions for all the children within the same family. It has been agreed that from April 2018, the safeguarding and child protection functions will remain in-house and managed by the Council, working in partnership with CWP. Therefore the Council will not be transferring Child Protection and Safeguarding responsibility for children for whom we have a statutory responsibility who are not disabled; this would cover family members of a disabled child that we were involved with. The Council will not be transferring full responsibility for a disabled child where there are child protection issues or with whom we are working with in care proceedings or prior to care proceedings under a public law outline (PLO) arrangement. Within the new Model from April 2018, when child protection concerns are identified relating to a disabled child receiving service these will require co-working between the Council and the CWP. Co-working arrangements will be developed over the next six months.

1.17 Residents/Cohorts who access the services within scope

The following cohorts of residents will access the services:



1.18 Operating Footprint

The service will operate across the local footprint across Wirral. Place-based planning is the right way to manage scarce resources at a system-wide level.

1.19 Case for Change

The FBC introduces the Council’s intentions to transform the Council’s Social Work assessment, support, and care planning function creating opportunities to better meet the needs of people living with a disability, whether they are infants, children, young people or adults, through improved health and social care integration. National strategy and policy driving integration across all age service provision and amalgamations across health and social care services requires Wirral to take a more radical shift in how we operate.

We know that the current climate, in particular the national economic situation, has created challenges for us. We have acknowledged these pressures and have developed the FBC to implement a new All Age Disability and Mental Health Service delivered by CWP from April 2018 that is both fit for the future and committed to delivering the outcomes that disabled people and their families tell us they want.

The Council and CWP support the same group of service users and it is the intention is to streamline services to enable residents to only have to tell their story once. The key aim of the All Age Disability and Mental Health Service is to ensure the best start in life, promoting mental health, physical health and resilience throughout life by implementing a more flexible and personalised approach with fewer age barriers for people with a disability. The current split between adults and children’s services and health and social care hinders our collective ability to deliver effectively for people with a disability and mental health condition throughout their lives.

The revised integrated health and social delivery model will see disabled children supported through one clear pathway, with a joined-up approach based around the family from birth to independence. It will also ensure that disabled residents have one coherent pathway of support, which keeps them safe and has clear accountability. The critical stage of transition from child to adulthood, often the most difficult time in a disabled person’s life, will be better supported.

A separate pathway will be developed for children into adulthood for those residents with mental health support needs. One service will include professionals working in partnerships across two pathways for ‘Mental Health’ and ‘Disability’ that will enable a gateway into both services ensuring those people with disabilities and mental health problems can benefit from service redesign.

The transformation of the service will bring improvement to transition for young people to adult hood, removing barriers so that disabled people are well supported and can enjoy life. We want people living with disabilities and mental health issues to be independent and equal in society, and have choice and control over their own lives. Integration, personalisation, choice and control will be at the heart of the service reform.

The All Age Disability and Mental Health Service aims to drive a more co-ordinated and integrated approach across the Borough, ensuring more joined up services across the persons lifespan and across organisations.

Improved capability is needed to respond to rising demand for services, increasing expectation of service users, achieve better outcomes, improve partnership working and to meet national health and social care policy, legislative changes, and reducing budgets.

The rationale for bringing Children's and Adults Disability and Mental Health Social Work Services together was to create a seamless, holistic All Age Integrated Assessment, Health, Care Planning and Support Service:

- Putting the service user at the centre of service provision.
- Enabling Residents to experience a person-centred assessment and care plan which considered all areas of support. This is to benefit young people with a lifelong disability or mental health needs who currently experience separate assessments in children's and adults' services.
- To align and integrate assessment and planning with the NHS which takes a whole view of a disabled person's life.
- Enabling Residents to be central to the development of a lifelong plan of support that's right for them and enables them to achieve their goals.
- For residents to have increased choice and control with regard to the support they receive and a personal budget to back up their choices.
- To enhance and address the perceived problems in transition for young people into adulthood.
- Enabling residents to access an integrated assessment and support plan service across health and social care.
- To improve performance and increase confidence in the delivery of efficiencies.
- To enable the Council to comply with legislative and policy changes across the Health and Social Care Services for children, young people and adults.
- Join up the delivery across partners to improve service user experience particularly during the transition from childhood to adulthood.

1.20 Why have Separate Pathways for Mental Health and Disability Services

- Currently the Mental Health and the Disabilities Social Work Teams are managed and based separately. It is the general view from professionals and residents to keep the two services separate, however improve the integration and accessibility of people with a disability to be able to access both Disability and Mental health Services more easily.
- It was agreed that the cohorts who access the two types of service, have different support needs, and require different interventions, which would be best delivered by two separate teams, that work more closely together.
- The Disability Service provides services to individuals and families throughout their life span, whereas the Mental Health Service provides shorter term services to enable recovery.
- Successful services provide individualised pathways of care, based on a thorough understanding of the individual and their experience.

- Both mental health and disability professionals/workforce possess a specific knowledge basis, and therefore to maintain specialist skills around mental health expertise and specialism around supporting people with disabilities, having two teams, with two pathways will enable appropriate support to be delivered to the cohorts of residents who access the service, and their families.
- Preference of those accessing services to have separate pathways.

1.21 All Age Disability Approach - Why should the Council integrate Children's and Adult Disability Services?

The FBC provides detail around the Council's proposed approach to working across the life course with people who have disabilities and how redesigning services will support processes across the child's transition to the adult pathway. The All Age Disability Service will work alongside people with disabilities of all ages and their carers to support their personal, social care and health outcomes. The aim is for residents to experience well-co-ordinated, seamless care and support from childhood through to old age. The Council is aware that the current system does not always work well enough for all disabled residents. There are a number of distinct systems that impact on the lives of disabled people and their families, for example separate children and adult health and social care services. This array of systems means there is too much potential for duplication, poor transitions, conflicting approaches and ways of working and different objectives and outcomes. This can cause a tension for individuals and families in relation to the number of professionals involved in supporting them and the number of times they have to tell their story.

The Council's goal with the service is to remove barriers for all types of disabilities, and to change our approach so that everything we do is focussed on the person; making sure they have the support they need throughout their lives to enable them to live their life to the full. It's about being more joined up across the partnership and all types of services to ensure better provision of support. It's also about making sure people are not categorised by age, by where they live or by their type of disability. In order to plan effectively to meet the needs of people with disabilities and mental health problems in Wirral, the Council needs to have a good understanding of the numbers of people and the types of needs both now and in the future. The Council needs to improve the way services gather and use information to make sure that personalised pathways meet the needs of all people with a disability or mental health problems.

Transition is the period of time when young people are moving from childhood to adulthood. This is a very important stage in a young person's life because they need to make plans for their future, including any care and support which will help them live as independently as possible. The aim of the service is to improve the quality of life for people with complex needs including people with learning or physical disability, people with autism and their families/carers, through providing a seamless and integrated service throughout people's life course. A particular focus will be taken to ensure that transitional support for young people into adulthood is timely and person centred, promotes independence, empowerment and greater choice and control to enable people to achieve their outcomes. Together the Council and partners will deliver positive change that ensures that disabled people and their families are in control of their care, support and education from birth to adulthood and old age.

A positive experience for the individual with disabilities and their family is achieved by building a partnership through early involvement in service planning, delivery and evaluation as well as the provision of timely and seamless advice and support especially during periods of transition.

1.22 Mental Health Service

NHS England states that nearly 1 in 4 adults and 1 in 10 children in England will experience a mental health problem every year. Everybody's experience of a mental health condition is different. Some people may have a single, one off episode of a mental health issue and have a short contact with mental health services; whereas others may have multiple or long term experiences of varying severity throughout their lives, which may involve either on-going or intermittent contact with mental health services. One of the reasons for keeping the mental health service separate, with pathways more aligned with the future all age disability pathways, is due to the fact that mental health support will be shorter term and enable recovery after a period of rehabilitation, whereas staff supporting the All Disability pathway will provide support longer term.

Mental health services are operating under increasing pressure. A new care pathway for people who require mental health care and support will be implemented in April 2018. The new care pathway recognises that all treatment and care needs to be highly personalised and recovery orientated. The purpose of the new care pathway is not only to redesign the steps of care to be delivered from April 2018 but also to enhance the quality of service experience and promote consistency of service delivery across Wirral.

The Care Programme Approach (CPA) is the framework that organises mental health care. People that have more complex needs and need ongoing support are supported through the CPA. Although the policy has been revised over time, the CPA remains the central approach for co-ordinating the care for people in contact with these services who have more complex mental health needs and who need the support of a multidisciplinary team. The new pathway will ensure high-quality care is clinically effective, safe and be provided in a way that ensures the service users have the best possible experience of care. Recent mental health policy continues to reinforce the importance of involving people in their care and treatment. Co-ordinated care is a key priority to ensuring that services are well placed to provide effective care. The development and implementation of the new Mental Health Care Pathway over the next twelve months will help to promote a genuine partnership approach across Mental Health Services.

The redesigned Mental Health Service will promote the six key objectives as detailed within mental health strategy for England - No Health without Mental Health published in 2011: *More people will have good mental health, More people with mental health problems will recover, More people with mental health problems will have good physical health, More people will have a positive experience of care and support, Fewer people will suffer avoidable harm, Fewer people will experience stigma and discrimination.*

An integrated approach to provision of services is fundamental to the delivery of high-quality care to service users. The new Mental Health Pathway will support the following outcomes:

- People using services, and their families or carers, feel optimistic that care will be effective.
- People using services, and their families or carers, feel they are treated with empathy, dignity and respect.
- People using services are actively involved in shared decision-making and supported in self-management.
- People using services are supported by staff from a single, multidisciplinary community team, familiar to them and with whom they have a continuous relationship.
- People using services feel confident that the views of service users are used to monitor and improve the performance of services.
- People can access mental health services when they need them.

CONFIDENTIAL

- People using mental health services understand the assessment process, their diagnosis and treatment options, and receives emotional support for any sensitive issues.
- People using services jointly develop a care plan with mental health professionals.
- People using services who may be at risk of crisis are offered a crisis plan.
- People accessing crisis support have a comprehensive assessment, undertaken by a competent professional.
- People in hospital for mental health care, including service users formally detained under the Mental Health Act, are routinely involved in shared decision-making.
- People in hospital for mental health care can access meaningful and culturally appropriate activities 7 days a week, not restricted to 9am to 5pm.
- Mental Health Services will be accessible and available 24/7 to people who need it.

1.23 All Age Approach to Mental Health Services

It is acknowledged that transition experience from children's to adults services for residents with a mental health issues, is equally as key as the transition process for disabled residents. The Council Disabilities Teams are transferring to CWP to develop an 'All Age Approach' to supporting disabled people. CWP already deliver the CAMHS service and once the Adults Mental Health Service is transferred then development work can continue to ensure the mental health services for children, young people and adults are joined up, and benefit from the same principles of the joined up approach for the disability service. The aim is that residents will be rehabilitated and recover from their mental health issues and no longer require support from mental health services, however for those residents who continue to require support from next April 2018 CWP will take an All Age Approach to supporting children, young people and adults with a disability and a mental health problem.

1.24 Strategic Risks

The Council is in the business of taking operational risks to achieve benefits to residents, staff, services and finances. The Council is being more innovative and creative in order to deliver outcomes for the public. Political and executive leaders understand that risk must be confronted in order to deliver the Council's 2020 Plan.

The Council mitigate risks by developing a multi-functional joint organisational project team that gains insight into all areas of risk for the Council. There is a risk that if the Council does not implement a new alternative service model to support the modification of All Age Disability and Mental Health Service, then the desired integration across health and social care provision may not be achieved. There have been a number of business risks identified as part of the development of the proposed transfer. Risk management activities will mitigate the likelihood of risk by identifying, evaluating and controlling potential opportunities and threats to the Council and stakeholders in achieving the project objectives. Risks will be reviewed regularly throughout the project, and escalated and presented at Project Board, Customer Experience Transformation Programme Board and Transformation Portfolio Board to ensure senior leaders within the Council are fully aware of the risks associated to the project, and the likelihood of the risks occurring.

Ongoing risk analysis will be conducted monthly at project delivery meetings and project board, considering the likelihood/probability of the risk, detailing impact of the risk, and ways to reduce and mitigate risks. Risks will change over the forthcoming months as the transfer proposals are developed, and operational and financial due diligence takes place. The development of the arrangements between the Council and the CCG will help mitigate some of the shared risks. Risk of change in service delivery for service users during the transitional period is will be constantly monitored through effective engagement in order that emerging issues are rapidly addressed.

Implementing the All Age Disability and Mental Health Service presents the following risks:

No.	Risk Category	Risk and Mitigation
1	Safeguarding	More work required to understand the place of safeguarding and child protection within the arrangements. A major failure in safeguarding would cause preventable harm to children or vulnerable adults and compromise the Council’s pledge to protect the vulnerable, and could lead to regulatory intervention and significant cost, to the Council and its partners.
2	Governance	Detailed Governance arrangements to be agreed. Major acts of non-compliance with governance requirements could result in poor decision-making, malpractice and breach of legislation, leading to regulatory intervention and significant cost, both in financial terms and to the reputation of the Council and its partners.
3	Implementation Timescales	The timeframes are very tight and there is a risk that the project could fail to meet the desired implementation of April 2018.
4	Project Management	Failure to successfully manage the key stages throughout project management of the ADM – Due Diligence, Consultation with staff prior to April 2018.
5	Children’s Transformation Programme	There is a risk that there are multiple transformation projects, being coordinated at the same time, which is putting pressure on the Children’s Senior Leadership Team (SLT). This, in conjunction with responding to the Ofsted inspection monitoring requirements linked to the inadequate judgement and undertaking operational improvements, is challenging. There are a range of Senior Managers involved in the service to ensure requirements are shared across Children’s SLT.
6	Transformational Costs to implement ADM	Risks of high transformation costs in relation to cost liabilities in relation to protecting the staff terms and conditions such as pension liability costs, and VAT costs associated to the buying back of Council Corporate Support Services such as Legal, HR, Payroll.
7	Risk Management	There is a risk that if risks are miss-managed or not mitigated then it could jeopardise successful delivery implementation. Risks will be reviewed monthly by project delivery group/project board. All risks will be escalated to Assistant Directors/Director level across Children’s and Adults Services, to collectively agree the approach to mitigate the risks.
8	Financial	At this stage of the project, some of the financial costs are unknown. There is a risk that the project fails to achieve value for money. Operational risk that operating costs vary from budget and that performance standards are impacted. There is a risk that the ADM fails to meet the financial budget. There is a risk that the ADM fails to strengthen financial resilience. The Council’s Principal Accountants for Children’s and Adults Services have been involved in the project since commencement and will oversee the financial arrangements of the service.
9	Community Care Budget	Staff employed by CWP will commission care packages for residents from the Community Care Budget and there is a risk that this budget could be overspent if not monitored accordingly. CWP could be under pressure to control/reduce expenditure of the care budget while remaining compliant with the need to assess against eligibility criteria set out in the Care Act. Processes will be in place as agreed within the Target Operating Model, and monitored regularly by the Council to mitigate the risks of overspend.
10	Legal	Transferring staff requires complex legal work to be undertaken, in partnership with Council and CWP Legal Team. Due Diligence process can be costly, complex and timely to complete. Negotiations with Council and CWP may take longer than expected, or may not be able to reach a compromise.
11	Workforce and TUPE Transfer	There are a number of unknown quantities as due diligence has not yet commenced. An engagement plan will be in place to support staff throughout the transfer period to reduce the likelihood of problems. The project approach is led by HR and the Trade Union to address staff and TUPE issues.
12	Bringing Children’s and Adults provision together	There is a risk of bringing ‘Children’ and ‘Adults’ services together which could impact upon the service provision. The service design will ensure that both groups of cohorts are protected and the appropriate policy, governance, safeguards are maintained for children and adults. Representatives from both Children’s and Adults Social Services are supporting and overseeing the project.

SECTION 2- ECONOMIC

The localism agenda further encourages the diversification of public service delivery (*Green Book, Public Sector Business cases using the five case models, HM Treasury, 2015*). Our triple challenge of poor health outcomes, demographic pressures and financial constraints means we cannot leave the system as it is. Development work has been undertaken jointly by the Council and CWP to arrive at a point where both organisations consider the transfer is viable and will deliver identified benefits.

It is possible that not proceeding with this transfer would lead to a continuation of informal integration and some co-location of staff. This, however, would not achieve the true benefits of having a fully integrated health and social care service. Arrangements with CWP from April 2018 will provide a 'fit for purpose' organisational structure, designed to drive forward effective integrated services across health and social care for the disability and mental health landscape. The reconfiguration will result in social workers being better equipped to support residents leading to improved independence and better outcomes. Skill mix will be used in future as part of service redesign to sustain good outcomes and effective demand management.

2.1 Reaching the Preferred Option

The Council has taken six months, organising a range of workshops/project meetings and on-going dialogue, from March to August 2017 to carefully, and fully consider the range of ADM options available to the Council for the services within scope. The Strategic Outline Case (SOC) presented a long list of ADM options which were evaluated by the Project Team in April 2017. The Outline Business Case (OBC) presented a short list of four options which were analysed further by the Project Team in May 2017. The OBC was scrutinised on 2nd August 2017 at a Scrutiny workshop attended by members of both the Adult Care and Health Overview & Scrutiny Committee and the Children and Families Overview and Scrutiny Committee. The Full Business Case presents in September 2017 the preferred ADM to be considered for approval, after six months of carefully considering options most suitable for the services within scope. The full range of options explored is shown in **Appendix 2**.

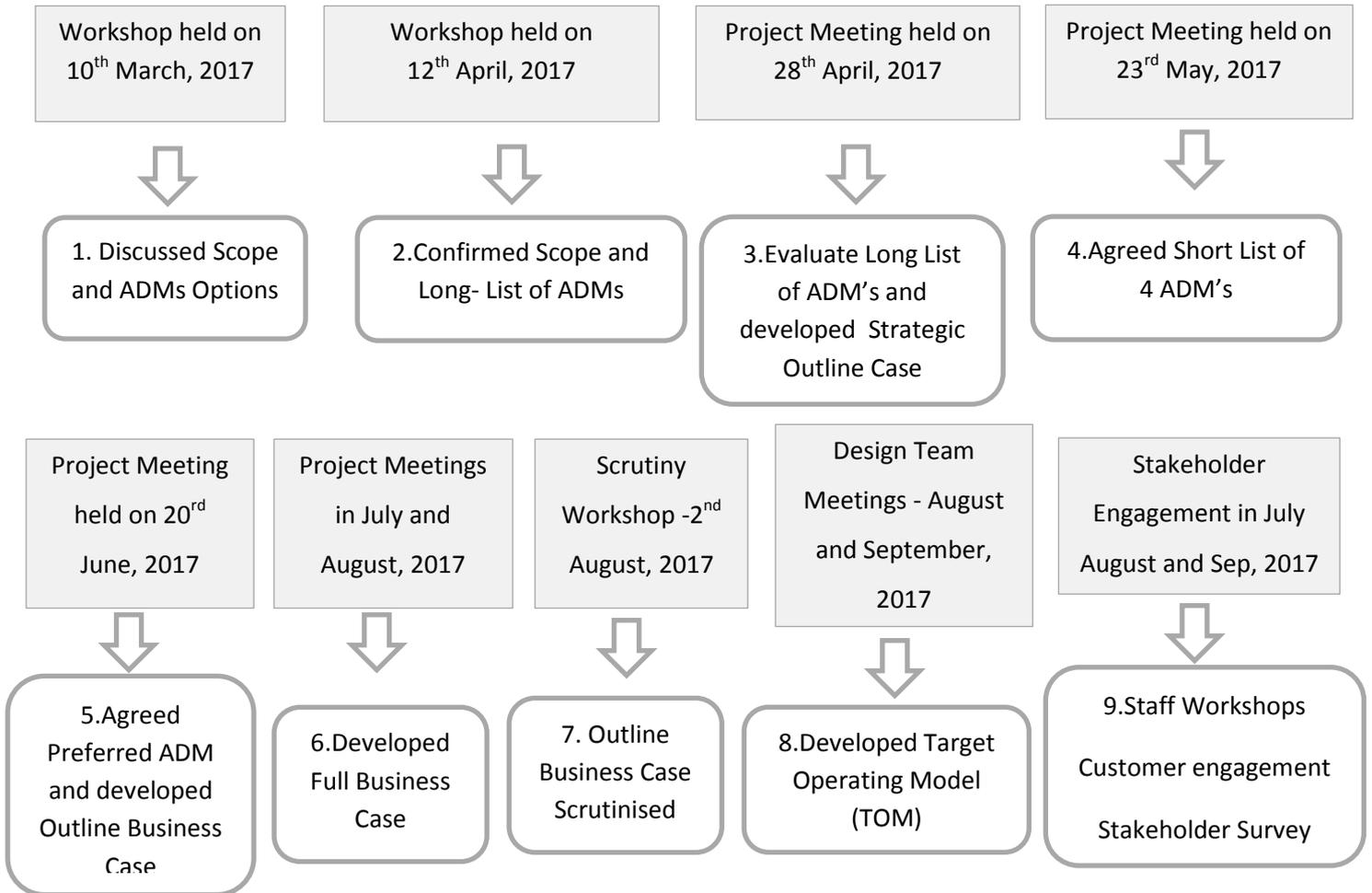
To create an integrated health and social care service, it was agreed that the Council would partner with a Health Service Provider. The Council explored delivering differently through assessing the options of working with Third Sector, Private Sector and Public Sector Health Providers. It was agreed that the most viable option for the Council was to partner with another Public Sector Health Provider who delivers community services of the same nature.

The Council explored options around partnering with local, regional and national Health Providers, and it was agreed that a local provider, with a proven track record operating in the Borough would be most suitable.

The preferred option was to engage with a local provider who currently delivers the health contract for disability and mental health services. There are three Public Health Providers operating in Wirral, Wirral University Teaching Hospital NHS Foundation Trust, Wirral Community Foundation Trust and Cheshire and Wirral Partnership Trust. CWP currently delivers the health contracts for people with mental health, disabilities, and complex needs and was the natural fit provider to integrate with. CWP presented as the best option to transfer staff as they deliver similar services to the same cohorts of residents, and through integration would enable the Council to achieve the agreed outcomes.

2.2 Key Project Phases to implement the All Age Disability and Mental Health Service

Overview of the Project Stages March to September 2017



Next Stages September 2017 to April 2018



2.3 Critical Success Factors (CSF)

The following critical success factors (CSF's) were utilised by the Project Team when evaluating the most suitable ADM to implement (as shown in **Appendix 2**).

- Business need
- Strategic fit
- Cultural fit
- Supports Council Pledges
- Supply-side capacity and capability
- Affordability
- Value For Money
- Achievability within the agreed timescale
- Political opinion
- Ability to adapt to emerging/future policy, legislation and demand

2.4 Preferred ADM

Integration with Cheshire and Wirral Partnership Trust

Overview of the structure of preferred Operating Model:

- CWP will effectively support residents within complex disabilities and mental health needs, not diagnosis specific.
- Formally joining health and social care staff together creates maximum potential for a better experience of health and care services.
- Statutory functions will be carried out by CWP on behalf of the Council.
- Integration is necessary to join up health and care statutory functions and to provide people with a coherent system that can respond proportionately and flexibly to their needs.
- CWP will operate a social model for the service and provide clinical services only when needed.
- CWP are developing services to fit with the Hub Locality Model, which will fit with the ACS development.
- CWP will continue to develop their community offer around wellbeing and independence.
- The Model will deliver agreed outcomes for residents, and the Council.
- Compliance with the Public Services (Social Value) Act 2012, ensuring that social, economic and environmental issues are considered –adding value to Wirral communities.
- CWP will contribute to the delivery of the All Age Disability Strategy for Wirral.
- CWP will provide a fit-for purpose service to safeguard children, young people and adults against abuse or harm.
- CWP will provide an age appropriate service and safeguards - ensuring that both groups of cohorts (children and adults) are protected and the appropriate policy, governance, safeguards are maintained for children, young people and adults.
- CWP will focus on wellbeing, strengths, and linking residents into their community.
- CWP will focus on goals and independence building.
- CWP will consider 'a whole life approach' embedding support with education, housing, leisure, meaningful activity, transport, employment.
- CWP will focus on mainstream learning for younger people within their support plans, support their educational needs.

- CWP will offer flexible support, offering Personal Budgets (shared budgets for health and social care) and Direct Payments.
- CWP will work closely with the Care Arranging Team based within Wirral Community NHS Foundation Trust (WCT).
- CWP will work with children, young people and adults to reduced reliance on support from formal services.
- CWP will provide continuity of care coordination, one person to call as one person holds the customer's case.
- CWP will provide personalised support which is a fundamental part of Education, Health and Care Plans (EHC) for disabled children.
- CWP Operating Model will provide more effective planning and assessment across health and social care with firm links to education – aiding the EHC process.
- CWP will provide seamless health and care assessment and support processes, where residents tell their story once.
- CWP will coordinate specialist support when needed including behavioural support team.
- CWP will ensure that recovery and treatment services are available when needed.
- CWP will offer longer term support planning, help to think ahead.
- CWP will provide outcome based support arrangements.
- CWP will provide a service comprising skilled professional staff with expert knowledge, also engaging closely with staff from third sector and community organisations working collectively together as a team.
- CWP will provide improved pathways to support for young people with disabilities and their families.
- CWP will meet the different needs of residents at different ages, and ensures children's services are protected to meet statutory responsibilities and improve the quality of service to meet OFSTED requirements.
- CWP will work in partnership with community connectors linking people to their communities and helping to navigate the system.
- CWP Services will be shaped by staff and service users, families and key stakeholders.
- CWP will deliver a sustainable model resistant to future challenges within health and social care to effectively support and safeguard children and adults.

2.5 Wirral Cheshire and Wirral Partnership Trust (CWP) Organisational Overview

Vision: "Leading in partnership to improve health and well-being by providing high quality care"

- CWP provides mental health, substance misuse, learning disability and community physical health services.
- CWP provide specialist health services within Liverpool, Sefton, Bolton, Warrington, Halton and Trafford.
- CWP have the 6Cs for their values: Care, Compassion, Competence, Communication, Courage, Commitment.
- CWP employ more than 3,400 staff across 65 sites
- CWP serve a population of over a million people



Cheshire and Wirral Partnership 
NHS Foundation Trust

CWP Strategic Objectives:

- Deliver high quality, integrated and innovative services that improve outcomes
- Ensure meaningful involvement of service users, carers, staff and the wider community
- Be a model employer and have a caring, competent and motivated workforce
- Maintain and develop robust partnerships with existing and potential new stakeholders
- Improve quality of information to improve service delivery, evaluation and planning
- Sustain financial viability and deliver value for money
- Be recognised as an open, progressive organisation that is about care, well-being and partnership.

2.6 Advantages of Preferred Model

Advantages of the New Operating Model to be implemented April 2018:

- Delivers health and care that supports better health and wellbeing for residents within Wirral.
- Provides collective leadership which drives culture change and accepts responsibility for achieving the vision and ensures commissioning for better outcomes.
- Local revenue-raising powers and greater flexibilities and freedoms to deploy resources according to local need for people with a disability and mental health issue.
- Investment in building the capacity and competency of the workforce to provide integrated care.
- A workforce that meets the needs of residents and is equipped to deliver holistic, proactive, integrated care.
- A clear shared vision based on the needs of the community, backed by clear system governance.
- A joint understanding of the resources available locally and a model of care and support that meets the varying need of the population.
- Empowering local systems for Disability and Mental Health provision by supporting flexibility to design services around local need.
- The joint model will provide differing perspectives, insights, environment to stimulating innovation.
- Creates one service/culture for health and social care staff - driving mutually beneficial outcomes.
- The new service will benefit from another organisations expertise and economies of scale, helping to make the service more efficient.
- Public sector aims can be aligned along with the resources needed to deliver changes to the environment/services.
- Improved collaboration across health and social care staff.
- Council will retain responsibility for monitoring the service to ensure that agreed outcomes are met.
- CWP has knowledge of local communities and already delivers health services to residents.
- CWP is a known and trusted brand and already networked.

SECTION 3 – COMMERCIAL

3 Commercialism

The current climate, in particular the national economic situation, has created challenges for Wirral. In Wirral, we must improve outcomes and change the health and care system to be sustainable and close the future gap between demand, costs and funding. The Council has a moral imperative and statutory responsibility to make sure that Wirral residents, their families and carers, are supported, empowered and enabled to live their lives to the full. Commissioning an integrated, holistic assessment and person centred planning service for disabled children, young people and adults (incorporating social care, education and health), will support people with complex disabilities to achieve their individual aspirations and goals detailed within their own person centred plans.

3.1 Local Authorities implementing All Age Disability Approaches

The Council's idea for an All Age Disability Strategy, Partnership Board and Service mirrors thinking of other Local Authorities in England. Wirral can learn from other Councils who have already implemented, or are considering this approach, making the most of the national all age policy: Staffordshire County Council, Coventry City Council, Wolverhampton City Council, Manchester City Council, Doncaster Metropolitan Borough Council, South Gloucestershire County Council, Oldham Council, Croydon Council, Trafford Council and Kirklees Council.

3.2 Why should the Council formally integrate Health and Social Care Services?

Integration has the potential to increase value for money of health and social care and enable public funds to meet increases in health and social care demand. Bringing together health and social care has been a constant and dominant policy theme for many decades, and many places around the country are already demonstrating the potential to do things differently. The Association of Directors of Adult Social Services, Local Government Association, NHS Clinical Commissioners and NHS Confederation believe it is time to change gear and rapidly support the progress towards integration. There is no single way to integrate health and care. Some areas are looking to scale-up existing initiatives such as the New Care Models programme and the Integration Pioneers; others are using local devolution or Sustainability and Transformation Plans as the impetus for their integration efforts (*Department of Health and the Department for Communities and Local Government, 2017*).

In the face of increased demand for care and constrained finances, the principal of integration will improve joint working and over the longer term can lead to financial efficiencies. Integrated services unite professionals from social care, health and education to improve support for disabled people at different stages of their lives. It aims to provide co-ordinated multi-agency care which is tailored to residents' needs.

Social care, education and health staff will work in partnership with individuals and carers to tailor care and support with people, helping setting of long-term goals that improve quality of life while making better use of public resources. Integrating the health and social care sectors is a significant challenge in normal times, let alone times when both sectors are under such severe pressure.

Integration is an important step towards transforming services for children's and adult social care so they are sustainable for the future. It is a means to improving outcomes and the experience for individuals who receive care and health services. It is clear that the need to transform services has never been greater, given the Borough's ageing population and the complex care and health needs of people who the Council are supporting

and of course the unprecedented financial pressures facing local government and adult social care. When residents need care and support, they need services that are personalised, of good quality, that address their mental, physical and other forms of wellbeing, are joined-up around their individual needs and those of their carers (ADASS, 2016).

The service aims to ensure that children and adults with disabilities and mental health problems have equal access to health services, with prompt support from high quality specialist services where required, to improve health outcomes and reduce health inequalities.

People need health, social care, education, housing and other public services to work seamlessly together to deliver better quality care. More joined up services will help improve the health and care of local populations across Wirral and may make more efficient use of available resources. Creating integrated health and care services will improve public health, and meet the holistic needs of individuals, of drawing together all services across a 'place' for greatest benefit, and of investing in services which maximise wellbeing throughout life.

Integrating health and social care will ensure that services that are organised and delivered to get the best possible health and wellbeing outcomes for residents of all ages and communities. Care, information and advice will be available at the right time, provided proactively to avoid escalating ill health, and with the emphasis on wellness. Services will be designed with residents and centred on the needs of the individual.

3.3 Local Authorities integrating with Health Providers

The scale, scope and model of health and social care integration can vary enormously, but all are explicitly intended to deepen and widen integration, to move beyond the benefits that can be delivered by partnership working alone. Although care can be integrated without formally transferring staff, the advantage of this approach is that a single organisation with one funding envelope, a single set of goals and a shared vision for Wirral's health and social care economy is able to avoid many of the problems of fragmentation experienced in virtually integrated systems.

Integration is a central part of a wider government agenda to improve the quality and efficiency of care provision by encouraging health and social care providers to work together. Through the Five Year Forward View and GP Forward View, NHS England and partners have articulated the need for local health and care economies to work more closely together; "...the NHS will take decisive steps to break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health, between health and social care".

Health and social care integration is becoming more prevalent. The Council transferred approximately 208 Full Time Equivalent staff to Wirral Community Foundation Trust in June 2017. Two examples of recent health and social care integration initiatives in the Northwest took place in Trafford and Salford.

3.3.1 Integration example - Trafford

On 1 April 2016, Trafford Council and Pennine Care NHS Foundation Trust signed Greater Manchester's first Strategic Partnership Agreement for Integrated All Age Community Health and Social Care Services. Pennine Care will take lead responsibility for the day to day provision of children's services, while retaining their adult services responsibilities. The partnership agreement means health and social care staff working together in integrated teams, based in four Trafford localities.

3.3.2 Integration example - Salford

Nearly 450 adult social care staff transferred from Salford City Council to an Integrated Care Organisation (ICO) on 1 July 2016, delivered by Salford Royal in the role of 'prime provider' for all adult health and social care services. The ICO has the commission for health services and responsibility for domiciliary and nursing home care. It covers more than 2,000 staff across adult community, mental and acute health and social care services with a budget of £213m.

3.4 The Care Act 2014

The Care Act 2014 made a number of significant changes to how local authorities assess, commission and deliver a more holistic and personalised range of adult social care services. The Care Act introduces:

- A set of national eligibility criteria, which will provide a consistent way of identifying whether a person is in need of care and support from their local authority
- Assessments, will include a section on wellbeing, which considers how a person's current and future needs are and may be affected by their wellbeing
- A different type of assessment, based on a more in-depth conversation with people who need care and support; this will find out more about their strengths, goals and aspirations so a support network can be constructed, which ultimately should lead to a more fulfilling life
- Carers having the right to an assessment of their needs for the first time
- A requirement to consider how assessed needs can be provided with support from community assets
- A sustainable market place offering a range of support services for local residents

There is a much greater emphasis on wellbeing, and local authorities now have a specific duty to promote wellbeing in the specific areas below:

- Personal dignity, including treating people with respect
- Physical and mental health and emotional wellbeing
- Protection from abuse and neglect
- Control by the individual over day-to-day life, including choice and control over how their care and support is provided
- Participation in work, education, training or recreation
- Social and economic wellbeing
- Domestic, family and personal relationships
- Suitability of living accommodation
- The individual's contribution to society

We are already using the principle of wellbeing in the Care Act 2014 to make partner agencies and organisations aware of the barriers to holistic wellbeing faced by disabled adults. The Care Act also specifically states that health and social care must put measures and services in place to reduce, prevent or delay the need for care and support.

3.5 Children and Families Act 2014

The Children and Families Act 2014 bring changes to the law to give greater protection to vulnerable children, better support for children whose parents are separating, a new system to help children with special educational needs and disabilities, and help for parents to balance work and family life. The Children and Families Act is all about reforming services for vulnerable children to give every child, whatever their start in life, an equal chance to make the best of themselves.

3.6 Personal Budgets

Residents have the right to a Personal Budget, a cash amount equivalent to the level of support required, providing greater control and choice for individuals. The right to request a personal budget to deliver the provision in an Education, Health and Care Plan (EHCP) was introduced through the Children and Families Act 2014. This enables children and their families to have more choice and control over how their support needs are met. We know that some disabled people may need support to achieve what they want to do in terms of education, work, health, housing etc. Disabled people in receipt of personal budgets say that they feel that they have more choice and control. Integration across health and social care services will support the usage of joint health and social care personal budgets for residents.

3.7 Legal Approach

The Council has the responsibility for commissioning and/or providing social care services on behalf of residents across Wirral. The CCG has the responsibility for commissioning health services for residents living in the Borough. The Better Care Fund supports the integration of health and social care, requiring the CCG and the Council to establish a pooled fund.

It is the Council's intention to enter into a Section 75 agreement with Cheshire and Wirral Partnership Trust, delegating the delivery function of assessments and care planning for children, young people and adults with a disability, mental health or complex need subject to appropriate scrutiny of the actual regulations governing section 75 agreements and subject to appropriate scrutiny of the actual statutory functions being delegated and the match with the regulations governing section 75 agreements.

A Section 75 agreement is made under the National Health Services Act 2006 between a Local Authority and an NHS body in England. The developments of services based on Section 75 agreements have been ongoing since 1999. Section 75 agreements can include arrangements for pooling resources and delegating certain NHS and Local Authority health-related functions to the other partners, leading to an improvement in the way those functions are exercised. The legal freedom for partners to pool budgets has the potential to make service design more tailored to local population needs.

The statutory duties placed on the Council will continue to remain with the Director for Health and Care and the Director for Children's Services, whilst the delivery of the statutory duties will be delegated to CWP under a Section 75 contract arrangement. Delegation of functions does not mean the Council avoids liability. The Council retains liability for service failure.

Most NHS Trusts, Care Trusts and Councils have some form of pooled funding arrangements. Partnership arrangements and pooled budgets play an important role in underpinning a more joined-up approach to integrated person-centred care. The legal flexibility allows a strategic and arguably more efficient approach to commissioning and delivering local services across organisations and a basis to form new organisational structures that integrate health and social care. Integrated structures serve to reduce problems in transition between service providers such as the Council and CWP.

Agreement and implementing organisational change is a complex, labour intensive task often involving initial tensions of organisational cultures whilst roles and responsibilities are redefined. However, evidence of efficiencies gained by forming single organisational structures gives incentives to embark upon the route of pooling budgets and forming joint structures.

The aims and benefits to the Council and CWP:

- To improve the quality and efficiency of the Services
- To meet the National Conditions and Local Objectives
- To facilitate a coordinated network of health and social care services, allowing flexibility to fill any gaps in provision
- To ensure the best use of resources by reducing duplication across two organisations
- To enable service providers to be more responsive to the needs and views of users, without distortion by separate funding streams for different service inputs

3.8 Commissioning, Procurement, Contracting Approach

In common with all public services, Wirral Council has a responsibility to consistently find more effective ways of making public money deliver better outcomes. This aim is particularly important in the current financial climate, given the increasing demand for services combined with reducing budgets. It has been recognised that further streamlining and efficiency improvements cannot achieve savings of the magnitude now required. Strategic Commissioning is one of the mechanisms that will enable the Council to meet this challenge. The All Age Disability and Mental Health Transformation Project will ensure that the appropriate Council processes are followed in line with commissioning, procurement and contract management.

It is proposed that the contract period will be for four years, from 2018 to 2022. It is the intention to align this contract with a similar contract already in place between Wirral Community NHS Trust and the Council which is in place from 2017 to 2022, and is a five year contract subject to an earlier termination provision.

The contract will not go through a competitive tender process. The Council will commission directly with CWP, who is local health provider, who currently deliver the health services to the same group of cohorts, people with a disability or mental health issue.

CWP will deliver the right service, in the right place, at the right time. Integrated objectives, plans, pathways, decisions and actions will be achieved through a single organisation delivering the service.

It is the intention that the Council and CWP will commission an external organisation to complete Financial and Operational Due Diligence Consultancy to review the Council proposal to transfer Adult Social Care Assessment and Care Planning functions to the Trust.

SECTION 4 – FINANCIAL

4 Financial Expertise

The Integrated All Age Disability and Mental Health Transformation Project is supported and advised by financial experts within the Council. Mathew Gotts Principal Accountant for Adult Services and Lesley West Principal Accountant for Children’s Services have been involved in the development of the FBC, Target Operating Model and attendance in monthly project meetings scheduled April 2017 to April 2018.

4.1 Contract Value

The estimated annual value of the contract with Cheshire & Wirral Partnership (CWP) is approximately £5.19m (gross staff budget only). The contract will result in the transfer of approximately 128 full time equivalent (FTE) staff.

Teams within Scope	Financial Staffing Budget	Total Staff Employed	FTE Ratio	Current Vacancies
Community Mental Health Team	£3.09m	70	63	9
Integrated Disability Service	£1.04m	25	23	4
Children with Disability Service	£1.06m	28	24	5
Total	£5.19m	123	110	18

4.2 Transformation Costs

Transformation Cost	Role	Unit Cost	Weekly Hours	Weeks	Total Cost
Outline Business Case	Senior Business Designer	£41.88	36	4 weeks	£6,030.20
Full Business Case	Senior Business Designer	£41.88	36	6 weeks	£9,046.08
Project Management	Project Manager	£40.95	36	30 weeks	£44,226
Project Management	Programme Manager	£48.32	1 day per Month October to April 2018		£2,435.33
					£61,737.61

Officer time from both organisations will be given to manage and progress the key activities and milestones within the supporting work streams. It is expected that each organisation will bear its own costs in this regard.

4.3 Pension Liability

A decision is required about which pension scheme will be available to the transferred staff (i.e. NHSPS or LGPS). An actuarial valuation needs to be commissioned, to determine the different financial implications of each. At this stage, it is not possible to estimate what the costs associated with either of these options might be. For the

purposes of comparison, the last transfer of staff in June 2017, to Wirral Community NHS Foundation Trust resulted in additional pension costs of approximately £0.28m (shared 50:50 between Council and Trust). However, this was for a larger cohort of 208 FTE staff; therefore caution should be exercised before trying to draw too many direct parallels between the two.

At this stage it is the intention that Council staff transferred to CWP will remain with the Local Government Pension Scheme, although this will require some negotiation. The aim will be that CWP will agree and are able to join as an admitted body.

4.4 Staff Pay Awards

A decision is required about how any future pay awards for the transferring staff will be dealt with and how it will be funded; this is a potential cost of approximately £0.05m.

4.5 Support Costs

There are likely to be additional support service costs to CWP as a result of the transfer of staff. Using the June 2017 transfer of staff to the Trust as an example, this could include additional costs in such areas as legal, IT, estates, payroll, HR and training. Further work is required in order to calculate what the value of these additional costs is likely to be and, following that, a decision is required as to how this will be funded (e.g. CWP buy-back from the Council, cash equivalent transfer, transfer of staff, etc.).

4.6 Financial Savings

Although the ultimate outcome of the transition is to deliver a service which is more effective, efficient and economical, the actual act of transferring staff from the Council to CWP will not, in itself, realise any savings.

At this stage there are no direct financial savings attached to the staffing budget for the social work, assessment and care planning function associated to the 128 (FTE) staff delivering the services within scope. It is envisaged that financial savings will be achieved by the All Age Disability and Mental Health service over the longer-term period.

£1m worth of savings have been identified against Learning Disability spend against the care budget in 2017-18, with a further £2m assigned to the following 3 years, totalling £7m for 2017-2021. This is a saving attributed to the Adult Care budget to be held as a pooled budget within the integrated commissioning hub; the £7m savings will be achieved through new commissioning arrangements.

4.7 VAT Liability

Because of the different regulations governing how the NHS and Councils can treat VAT in their accounts, it is likely that an amount of unavoidable VAT will be incurred on services traded between the Council and CWP. At this early stage, it is too early to determine the likely value of this, as decisions are still required as to the amount (if any) of services that CWP would buy-back from the Council. Any potential additional VAT liability should be considered at the same time as future discussions about the shaping of the service. Both parties are expected to take their own VAT advice on the matter, to determine whether or not the issue is materially significant.

4.8 Transfer Costs

No formal agreement exists between the Council and CWP, for the treatment of additional costs of carrying out the staff transfer. It is assumed that the costs for preparing transition will be borne by CWP in the first instance, with a view to splitting a proportion of costs with the Council. Although it is possible to identify potential cost

pressures based on previous experience, previous experience also tells us that there will naturally be other, unanticipated cost pressures that are unique to this exercise. Both parties are expected to act in good faith in identifying these extra costs as they arise, so that agreement can be reached as soon as possible as to how they will be funded.

4.9 Table 1 – Estimate Spend Profile

Description	2017/18	2018/19	2019/20
	(£m)		
Estimated Staffing Costs			
Children with Disability	-	1.06	1.07
Integrated Disability Service	-	1.04	1.05
Mental Health Team	-	3.09	3.12
1% Pay Award	-	0.05	0.05
Vacancy Factor (est. 2.5%)	-	(0.13)	(0.13)
4 Days Unpaid Leave (est. 1.5%)	-	(0.08)	(0.08)
	-	5.03	5.08
Estimated One-Off Costs			
Project and Programme Managers	0.04	-	-
Due Diligence	0.04	-	-
Actuarial Valuation	0.01	-	-
Software Licences	0.11	-	-
I.T. Hardware	0.05	-	-
	0.25	-	-
Estimated Recurrent Costs			
Additional Staffing	-	0.11	0.11
Training	-	0.02	0.02
Pension Liability	-	tbc	tbc
Support Costs	-	tbc	tbc
VAT Liability	-	tbc	tbc
	-	0.13	0.13

It should be noted that the figures presented in Table 1, above, are indicative figures only. Many of the figures are based on past costs of similar exercises, which may not be a reliable indicator of the costs of this exercise. There are likely to be a number of changes to these figures before the implementation date (1st April 2018), and these changes could be material.

4.10 The Integrated Commissioning Hub

The Integrated Commissioning Hub will provide a single commissioning and governance structure to ensure that Health and Care services are effectively joined up into a single system that is sustainable, through using resources to best effect and to deliver improved outcomes for the people of Wirral. Funded services will be drawn down from a fixed central care budget. This is intended to be a pooled budget held the Council and Wirral CCG, managed by the Integrated Commissioning Hub. The Integrated Commissioning Hub will also be responsible for commissioning a range of providers to meet local need and will carry out the statutory duty in relation to market management. The Integrated Commissioning Hub will provide control mechanisms to ensure close contract monitoring over the life expectancy of the contract.

4.11 Commissioner held Community Care Budget

Staff transferring to CWP will continue to undertake assessments and arrange packages of care for service users on behalf of the Council. The relevant community care budgets (totalling approximately £50m, as at July 2017) will remain with Wirral Council as part of an integrated commissioning arrangement and all statutory duties will remain an output of the council.

The Council will set the budget in the light of the capital funding and revenue funding it has. This will be done annually in line with the Council's budget setting cycle.

The budget will be a fixed budget available to the Trust to draw down on to meet assessed needs within a scheme of delegation. Council officers will meet regularly with the Trust to manage the contract and to monitor expenditure against the agreed budget. If overspend is anticipated the Council and the Trust will work together to identify what mitigating action is required to avoid the overspend occurring. The Council and CCG commissioners would consider health and care budgets as a whole in order to ensure that priorities are met.

SECTION 5 – MANAGEMENT

This section of the business case sets out the approach and resources to effectively and safely manage the transfer of the Adult and Children’s Social Care assessment and care planning functions into the Trust.

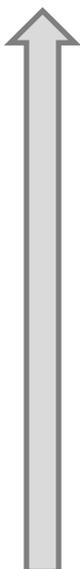
5. Governance of the Project and Business Case Development

A robust project and programme governance arrangements are in place to help alleviate risk.

The suggested transfer and integration of front line social care aligns with national, regional and local policy drivers that all call for closer integration between health and social care.

The FBC has been co-produced by Senior Business Leads, and Project Board members who are employed by the Council. The FBC has been shared with members of the Project Team in August 2017 to enable their input and feedback into this document.

Progress Monitoring and Reporting Arrangements



Transformation Portfolio Board	Senior Colleagues meet to oversee all projects and programmes within the Transformation Portfolio.	1 Hour meeting each month
Programme Board	Senior Colleagues meet to oversee all projects within the programme.	1 Hour meeting each month
Project Board	Senior Colleagues meet to discuss project progression, performance, milestones and risks involved in the project.	1 Hour meeting each month
Senior Business Leads	Senior Business Colleagues meet to discuss project progression, performance, milestones and risks involved in the project.	1 Hour meeting every fortnight
Project Team	Senior and Operational Colleagues meet monthly to agree project milestones, approve project material and approach.	2 Hours meeting every month

5.1 The Sponsor

The Sponsor of the project is Graham Hodgkinson, Director for Care and Health. The sponsor ensures the project remains a viable proposition.

5.2 Programme Manager

The Programme Manager is Jane Clayson who will plan and design the programme and proactively monitoring the progress of projects, resolving issues and initiating appropriate corrective action. The Programme Manager will define and monitor the programme's governance arrangements, ensuring effective quality assurance and the overall integrity of the project - focusing inwardly on the internal consistency of the projects, and outwardly on its coherence with infrastructure planning, interfaces with other projects, programmes, and corporate, technical and specialist standards.

5.3 Senior Business Leads

Senior Business Leads meet fortnightly to work together to resolve any project issues. The business planning and implementation stages will be overseen by the four senior business leads, working in partnership with members of the project team:

No. of Members	Name	Business Area
1	Jason Oxley	Assistant Director Health and Care Outcomes - Strategic Hub
2	Elaina Quesada	Strategic Commissioning Manager - Children’s Services
3	Michael Murphy	Assistant Director Health and Care Outcomes – Delivery
4	Lynn Campbell	Senior Manager Children in Need and Child Protection

5.4 The Project Board

The Project Board meets monthly and governs the project.

No. of Members	Name	Business Area
1	Ursula Bell	Project Manager - Transformation Office
2	Graham Hodkinson	Director for Care & Health - Adult Social Care
3	Jason Oxley	Assistant Director Health and Care Outcomes - Strategic Hub
4	Elaina Quesada	Strategic Commissioning Manager - Children’s Services
5	Gill Foden	Senior HR Business Partner - Human Resources
6	Simone White	Assistant Director for Children’s Services
7	Jane Clayson	Programme Manager - Transformation Office

It has been suggested that Legal and Finance Colleagues join the Project Board, which will be discussed in September’s meeting, to review the Board attendance. Both Finance and Legal Colleagues attend the Monthly Delivery Project Meetings.

5.5 Project Management:

A Senior Business Designer has managed the Business Case Processes for the project from March 2017 to September 2017 to complete the SOC, OBC and FBC. If the FBC is approved to proceed, then the project will mobilise and develop a joint project plan to manage transfer processes from October 2017 to April 2018.

If the FBC is approved to initiate the transfer to CWP, then a dedicated project manager will be resourced by the Trust from October to April 2018, seven months, to co-ordinate the ‘Transition and ‘Mobilisation Phase’ through to contract start date and stabilisation phase.

5.6 Project Team

- Implements project management and development methodology.
- Develops a full understanding of the project goals, objectives and benefits before committing significant resources to enable transformation.
- Ensures that the project proceeds effectively through all the essential transformational phases, from concept through to completion.
- Ensures the project is properly reviewed by the stakeholders at key stages.
- Provides a rigorous approach to defining a realistic timescales and service specification, within budget.

- Establishes a structured approach for clearly defining roles and responsibilities for the delivery of the project
- Delivers to baseline milestones through a controlled governance model as defined by the portfolio board.

5.7 Project and Business Support

The colleagues detailed below, have contributed to the development and oversight of the project and the production of the FBC, in varying to gain expertise across all business areas to steer the project management.

Project Expertise / Work Stream	Council Lead
Project Manager	Ursula Bell
Senior Business Leads from Commissioning and Delivery	Jason Oxley, Michael Murphy, Elaina Quesada, Lynne Campbell
Policy and Strategy - All Age Disability Partnership Board	Simon Garner and Peter Loosemore
Human Resources	Jenny Woods
Communications	Sally Dunbar
Finance – Adults Services Finance – Children Services	Matthew Gotts and Lesley West
Delivery Managers – Adults Delivery Managers Children	Judith Lambert, Chris Taylor Nikki Kenny
Digital / ICT	Ian Upton, Mark Christian
Legal	Anne Quirk and Vicki Shaw
Safeguarding and Professional Standards – Adults Safeguarding and Professional Standards – Children	Anne Bailey Lynne Campbell
Information Governance	Judith Barnes / Jane Corrin / Simon Garner
Asset / Estates / Facilities	Philip Ashley and Jeff Sherlock
Performance and Intelligence	To be agreed
Procurement	Ray Williams, Keith Patterson, Tony Birkett, Keith Sailes
Commissioning – Adults Commissioning – Children	Jane Marshall, Adrian Quinn, Elaina Quesada

5.8 Overarching Principles for developing the New Operating Model

The Project has followed the Councils Overarching Principles for developing the New Operating Model:

- The new model for delivery will achieve the ambition and vision set out in the Wirral Plan and associated pledges.
- The new service will achieve improved outcomes for Wirral residents.
- Appropriate engagement has been conducted with stakeholders and service design reflects the views of residents, businesses, partners, and service providers across Wirral. Further engagement is required with children, young people, carers and families over the forthcoming months.
- It is the view that the new service will create financial efficiencies over the course of the contract, and every effort will be made to achieve savings and reduce operating costs.
- CWP will deliver the new Operating Model, carrying out the Council’s statutory duties as detailed within the service specification.

CONFIDENTIAL

- Deliverability of project within agreed timetable will be mapped closely. The Model identified will be in place to agreed timescales of April 2018.
- The Council retains robust accountability and governance arrangements through joint attendance at Partnership Governance Board (Council and CWP), Regular Contract Review Meetings, and Annual Contract Review. The new Operating Model will have appropriate commissioning/governance/ contract management arrangements are in place to ensure the Council is meeting its statutory duties.
- The Operating Model will have resilience and flexibility to emerging issues in service delivery. Ability to respond to changing statutory duties/ future opportunities for service delivery. Ability to adjust in a timely manner to political direction/legislative or procedural changes.
- Every effort will be made to ensure the model delivers added value such as supporting residents to access community services/assets across Wirral.
- The Operating Model promotes equality and diversity amongst its residents and workforce through undertaking robust equality impact assessment.
- The Operating Model will protect the existing workforce rights Via TUPE (Transfer of Undertakings (Protection of Employment) Regulations 2006" as amended by the "Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014).

5.9 Stakeholders

To maximise the system benefits of developing truly outcome focused, integrated provision requires large scale involvement, engagement and sign-up from the system as a whole at strategic through to operational level.

The partnership approach outlined throughout the FBC will be crucial to delivering project priorities despite the continuing pressure on budgets throughout the public sector. Ensuring that children, young people and adults with disabilities and mental health needs live good lives is not solely the responsibility of the Council, it is the responsibility of the whole community, including friends, neighbours, local shops and businesses as well as the specialist services that the Council commission.

Stakeholder groups include residents who already use services and those who may be potential users of the services. Existing service users and front-line delivery staff will be most directly affected by the changes but we will ensure that all stakeholders are aware of developments across the whole project and help develop the change in culture that is vital if this new way of delivering these services is to be embraced fully.

Key Stakeholders:

- | | |
|---|---|
| ➤ CWP | ➤ Wider public |
| ➤ Directly affected staff across children and adults services | ➤ Health Partners - Health Trusts, GP's |
| ➤ All Council Staff | ➤ Healthwatch |
| ➤ Trade Unions | ➤ Health Commissioners - CCG |
| ➤ All Age Partnership Board | ➤ MPs, Councillors |
| ➤ Patients / Service users / Families / (Unpaid) Carers | ➤ Service Providers, Community Groups, Volunteers |

5.9.1 Carers and Families

The wellbeing of carers is a golden thread running through the work of the Council and the All Age Disability and Mental Health Service. It is equally important the FBC acknowledges and recognises the vital role of Carers and

families. It is essential that carers have their own opportunities to fulfil their own potential and that they feel valued as individuals and carers. The Children and Families Act 2014 also formally recognises the contribution young carers make to their families (and extended families), and the impact that being a carer may have on a young person. The Act requires the needs of the whole family to be considered in the future when a child is identified as a young carer.

5.10 Stakeholder Engagement

This section of the FBC acknowledges the importance of engagement, co-production and consultation with key stakeholders and shares a vision around the process to deliver the service in partnership with people with disabilities and mental health issues, their Carers, families, partner agencies and the wider community.

Stakeholder, public and staff engagement has been undertaken over a number of years through Healthy Wirral, Vision 2018 and Vanguard events, together with staff engagement sessions.

To deliver on the Council's Pledges, services listen to people to fully understand their support needs and the best ways that these can be met. Co-production and consultation is vital to the development of this project and is considered the best way to achieve transformation.

The Council's willingness to listen means that the changes will be transformational. The Council will listen to what local children, young people, adults and families tell us. Services will work in partnership with disabled people, their families and carers to ensure that they play an active part in influencing the overall delivery model. The Council want residents, their families and professionals in Wirral to see and feel speedy improvements.

Wirral Council initially led the development of the All Age Disability and Mental Health Project, but the full design arrangements for the new service will be driven by local people, community assets, including key partners, local providers, and community support networks. Co-production and co-design is imperative so that all key stakeholders will help shape the approach and format of the new All Age Disability and Mental Health Services.

The Project Team led on a range of staff and service user engagement activities that will give people the opportunity to shape the design of the ADM. The project will respond and adapt to the views of residents, as well as utilising new research or data. Only through incorporating the views and ideas of key stakeholders across social care, health, private and voluntary sectors as well as the wider community will any initiative realise target benefits and address the local issues presented.

There is further engagement work to be carried out over the forthcoming months to engage with children, young people and adults that access the services, including their carers/family members.

Once the new All Age Disability and Mental Health Service has been implemented in April 2018, the service would continue to respond and adapt to the views of disabled children and adults, as well as utilising new research or data.

Principles guiding the co-production of Disability and Mental Health Services:

- Co-production with people with lived experience of services, their families and carers.
- Working in partnership with local public, private and voluntary sector organisations, recognising the contributions of community assets.

- Identifying needs and intervening at the earliest appropriate opportunity to reduce the likelihood of escalation and distress and support recovery.
- Designing and delivering person-centred care, underpinned by evidence, which supports people to lead fuller, happier lives.
- Underpinning the commitments through outcome-focused, intelligent and data-driven commissioning.
- Family focused approaches.

5.10.1 Communications Plan

The Communications Plans and Engagement Activities will continue to support effective communication and involvement of key stakeholders to ensure the service is effectively implemented to commence in April 2018. The Communications and Engagement Manager continues to update the Communications Plan to support the communication of the project with key stakeholders from September 2017 to May 2018. The Communication plan is reviewed and updated at the Monthly project Management Meetings. If the FBC is approved then a joint Communications Plan will be developed further with CWP Communications Team.

5.10.2 Stakeholder Survey

An online electronic Stakeholder Survey was launched in August 2017 and will be open for six weeks until September 2017 to gain insight from local stakeholders across Wirral.

Communication, Commissioning and Delivery Colleagues within the Council have shared the electronic online survey link in August to promote the survey with organisations, service providers and community groups and to encourage participation from stakeholders across Wirral.

The Council have worked in partnership with Mencap to complete an Easy Read Version of the Survey, to ensure that people with a learning disability are not excluded from the engagement process, and are able to provide their views.

Stakeholder Survey Web Link: <https://www.surveymonkey.co.uk/r/AllAgeWirral>

The survey feedback will be fully analysed and evaluated in October 2017, and will inform the final Operating Model implemented in April 2018.

5.10.3 Dedicated Intranet Page

There is a dedicated Intranet Page set up on the Councils Website from August 2017 to April 2018 to store a range of information about the project and new service to enable staff to have access to information relevant to them about the transfer.

5.10.4 Staff Engagement

A range of engagement meetings and workshops have taken place from March 2017 to August 2017 with Staff at all levels to enable them to inform the FBC and Operating Model.

In July and August 2017 nine staff workshops and a range of one to one meetings have taken place with the delivery teams to provide an opportunity for them to influence factors and options considered for the All Age Disability and Mental Health Service.

Approximately 128 full time equivalent (FTE) staff are in scope of the staff transfer, approximately 80 staff attended the engagement workshops in July and August 2017 from the three teams: Community Mental Health Team (Adults), Integrated Disability Service (Adults), and Children's with Disability Team (including the Family Support Service). 62% of transferring staff attended the workshops.

At each workshop, all staff in attendance were asked to provide a show of hands whether they wanted to say 'Yes', 'No' or 'I don't know' to the proposal of the new service in April 2018 - The majority of the staff who attended the workshops were positive about the transfer to CWP and either said that 'Yes' it's a good proposal or 'They Didn't know', and less than 10 staff out of 80 attendees said 'No.'

The Staff Engagement Workshop Report was shared with Project Board Members, Senior Business Leads, Senior Managers, HR, and Transformation Management in August 2017. The report will be saved on the Project dedicated website page to enable staff to have access to the workshop evaluation.

5.10.5 Staff Consultation

Staff formal consultation period will be scheduled to commence around December 2017 to January 2018 and will be guided by TUPE Regulations 2006. There will be a range of staff workshops to enable transferring staff to be consulted about the transfer terms and conditions, and provide information and advice. Formal Consultation will take place once a full Due Diligence Exercise has been commissioned regarding the terms and conditions of Council and CWP staff, which is expected to commence in October/November 2017.

5.10.6 Trade Union

The Trade Union have been engaged about the project and will be regularly consulted. The Trade Union colleagues were in attendance at all of the nine staff engagements workshops in July and August 2017. The Trade Union colleagues will support transferring staff throughout the transfer period, consultation period, to the appropriate employment and legal advice.

5.10.7 Service User Engagement

There is a clear vision which is ensuring that collectively the Council is working for communities today and building for tomorrow. In striving to become a leading community Council we want residents in the Borough to have their say in the service redesign, by dedicating time to meaningful consultation and listening to the views of our residents.

The Council will work with the community to encourage active involvement of our residents and are open to working with the private and voluntary sector and committed to encouraging the growth of a social enterprise culture and embracing community assets.

In developing the Age Disability and Mental Health Service, the project team will co-ordinate comprehensive engagement work, to gain a deeper understanding from people and their families who access the service, or provide support to residents. This would ensure that the service design would be fully informed by the real life experiences and ideas from disabled adults, young people and carers, currently living in the Borough.

Further work will take place across from September 2017 to March 2018 to get a better picture of accessing disability and mental health services in Wirral and what it means to people to be disabled or experience mental health problems. This will help to ensure effective and appropriate provision of support across the Borough; the Council will therefore work in partnership to develop and agree a robust method of capturing this data from the variety of sources available to it. Residents with a disability or mental health problems will continue to drive this work, with their views, positive and negative; they are the catalyst for the change that will happen.

5.11 Scrutiny Workshop

A workshop was held on 2nd August 2017 to review the outline business case. Pre-decision scrutiny is regarded as good practice and is aimed at strengthening the decision-making process. As the services within scope range across Children's and Adult Social Care Services, a workshop was attended by both members of the Adult Care and Health Overview Scrutiny Committee and the Children and Families Overview Scrutiny Committee. This form of pre-decision scrutiny gives non-Cabinet members the opportunity to influence developing proposals.

5.12 Shared Ways of Working

The Council and CWP will move together on this journey, taking each measured step supported by project plan and programme of system reform.

- As a single system of governance for health, social care, for disability and mental health and wellbeing for all children, young people, and adults in Wirral – aligned goals and objectives.
- Through a neighbourhood model of delivery and accountability, which will empower people, help them invest in their own health and when they need services use more preventative interventions.
- Target resources where they have most impact, building more resilient communities to better meet growing demand with improved outcomes, experience and efficiency.
- Deliver consistent, seamless and standards-driven care, responding to need and building trust, mutual commitment and shared responsibility with service users.
- Break down barriers and provide the infrastructure (e.g. information systems, records and facilities) staff need to provide high quality, safe and effective services.

5.13 Target Operating Model (TOM)

To support the delivery of the contract a draft Target Operating Model has been developed in partnership with CWP. The operating model defines how CWP will deliver Integrated Health and Social Care through the Transfer of Adult and Children's Social care from the Council. A robust structure which embeds a solution based ethos and manages key risks and issues on a regular basis is absolutely critical in driving change and enabling successful implementation.

An operating model covers six elements making up the acronym POLISM:

- **P**rocesses and activities – the work that needs to be done
- **O**rganization and people – the people doing the work and how they are organized
- **L**ocations, buildings and other assets – the places where the work is done and the equipment in those places needed to support the work
- **I**nformation and other links – the IT (and other links) needed to support the work
- **S**ourcing and partners – those outside the organization supporting the work
- **M**anagement system – the commissioning, contracting and governance of the work

If the FBC is approved, the Target Operating Model will continue to be evolved in partnership and collaboration with stakeholders across Wirral. For any form of multi-disciplinary integration to be successful time and energy will be devoted to helping the different professional groups come together, understand each other's roles, responsibilities and ways of working.

5.14 Practicalities Considerations of the Target Operating Model (TOM)

The emerging Target Operating Model is based on the best possible available knowledge, evidence of value for money and insight, with on-going sustainability of system design and management, and elements of the operating model and service design will continue to be evolved from October 2017 to March 2018.

- Objectives, Vision, Strategy, Policy
- Legal structure
- Legal requirements linked to meeting statutory duties
- Due diligence
- Terms and conditions –agreements/sanctions
- Risk management strategy
- Business continuity planning
- Financing: any tax/VAT issues
- Procurement regulations
- Governance
- Data protection and Freedom of information
- Professional fees
- Relationship with parent authority
- Incubation period (support/costs)
- Registration with regulatory bodies
- Stakeholders
- Exit Strategy
- Performance and Outcome Requirements
- Performance Monitoring Arrangements
- Community / Localism

5.15 Aim of the Care Pathway

- Recognises that Service Users are experts in their experience
- Help identify the Service User's personal strengths
- Service Users Guiding and Supporting Decision Making
- Ensure that Service User get the best possible Information and support
- Inspires hope and fulfilment
- Promote partnership – working together
- Residents take part in meaningful activities such as education and employment opportunities

5.15.1 Care Pathway Principles Explained

- Service Users Feel reassured that the care received will be safe, of a high standard (effective) and promote recovery, rehabilitation and independent living.
- Service Users will feel confident that what they have to say will be listened to and used to direct decisions about their care.

- Service Users will be actively involved in making decisions and be supported to maintain personal control and as appropriate their family and partner and nominated friend are also supported.
- Service users will receive appropriate explanations (and as appropriate their family, partner or nominated friend) regarding the outcomes of assessments, investigations and the diagnosis they receive.
- Service users will be treated with empathy, dignity, sensitivity, compassion and respect by all people who provide support to them.
- Service users will be able to access help and support easily when they need it.
- Service users will be supported by a team who know them and who commit to partnering with them throughout their care journey.
- Service Users receive information (and as appropriate their family, partner or nominated friend) about interventions, treatments, care, support options to assist them in the development of their personal support/care plan.
- Service Users will be supported to receive care in the community setting, and will only be admitted into hospital if it is required.
- Service Users will receive dedicated one to one care and be confident that any restrictions on their personal movement and or compulsory treatment will be for only the shortest period of time.
- Service Users will receive information about how they and their representatives can access 24 hour crisis support.
- Service Users will be given every opportunity as to maintain their family and social connections and have access to advocacy and personalised activity seven days a week.

5.15.2 How will Service Users know that the Care Pathway is working?

- Clear understanding
- Timely Access
- Given choices
- Improvement to health and wellbeing
- Service Users are better able to cope with their mental health problems or disability

5.16 What will our Social Work Service look like?

The FBC highlights the need to fundamentally reshape the services we offer and commission to deliver the right care at the right time in the right place, ensuring that every contact counts, and offering the right kind of support at the first point of contact. The Council will retain statutory duties for the welfare of Children and Adults, whilst developing service all Age Disability and Mental Health Service with CWP.

The Council will strive for the most efficient and effective way of delivering the social work assessment and care planning function by a formal integration with CWP; utilising resources available whilst achieving the optimum results.

The service will conduct assessments, plan care and support and make the best use of available resources to enable residents to have better lives. Staff possess the core skills of assessment and intervention, so that decision making and care planning are based on sound analysis and understanding of the residents unique personality, history and circumstances. The service will enable people to experience personalised, integrated care and support to maintain their independence and wellbeing, cope with change, attain the outcomes they want and need, understand and manage risk, and participate in the life of their communities.

Staff within the new service will work effectively and confidently with fellow professionals in inter-agency, multi-disciplinary and inter-professional groups and demonstrate effective partnership working particularly in the context of health and social care integration and at the interface between health, children and adult social care.

The Care Act 2014 puts the principle of individual wellbeing and professional practice of the individual social worker at the heart of social care.

5.17 Staffing Implications

A Transfer of Undertakings (Protection of Employment) Regulations will take place (TUPE). The transferring Council staff will carry with them their continuous service and the same terms and conditions of employment. A range of 'Induction' activities will be developed to support and inform staff who are transferring to CWP.

5.18 Change in culture and reformed working practices

Working collectively to deliver quality services, improved individual outcomes and more choice and control requires organisations to work across organisational boundaries and therefore differing cultures, an equal amount of effort will be required to facilitate the cultural change needed to develop a more joined up and cohesive way of working across the organisation. As well as the change in culture there will also be a change in working practices with new procedures needing to be introduced. This will require practical information and training for stakeholders as appropriate and this is addressed through the workforce development work-stream.

5.19 Benefits Realisation of the transfer of social care to CWP

Benefits realisation will be assessed through management arrangements, ensuring delivery of the services in line with the contract specification. Service innovation and change will be required over the duration of the contract to achieve the benefits outlined in this business case.

A Partnership Governance Board will be established to oversee delivery of the service and benefits, supported by contract monitoring and management arrangements. This Benefits Framework will set out who is responsible for the delivery of specific benefits, how and when they will be delivered and the required resources. Benefits will be quantified where possible with agreed measures to enable progress and achievement to be monitored as part of ongoing monitoring of service delivery.

5.19.1 Local Benefits of Integrated Working

- Response for service users and their families
- Service user Pathways
- Outcomes for Service users and their families
- Innovation and Improvement
- Information and Data sharing
- Involvement and engagement of staff
- Culture
- Use of Resources – efficiency
- Stakeholder Management / relationships

5.19.2 Benefits of Improved Operating Model

- Multiagency Interdisciplinary Collaboration
- Collaborative neighbourhood model for provision
- Safe Working Policies and Practices
- Honest and open engagement with families
- Observing and responding to the family's behaviour and circumstances
- Supporting individuals and families
- Building user and carer involvement
- Person-centred practice
- Effective assessments
- Outcome based support planning
- Prevention and Early Intervention Approach
- Advocacy, Information and Advice
- Information gathering

5.19.3 Benefits from the new care pathways?

There are a range of benefits to initiating service and pathway redesign as detailed below:

- Enhanced Mental Health and Disability Services across Wirral
- Provide single point of contact across health and social care
- Supporting the integrated delivery of services across health and social care
- To drive and scale improvements in integration
- Improved multi-agency working to achieve better outcomes (integrated care)
- Facilitate links with the wider social care, healthcare system and community, promoting community assets.
- Minimise the need for transition between different services or providers
- Improve continuity of care by taking an all age approach to service delivery
- Better communication between the services provided within the pathway
- Ensure Adult Mental Health Services are working more closely and integrated with CAMHS
- Developing clear and explicit criteria for the thresholds determining access to and movement between the different levels of the pathway
- Having clear and explicit criteria for entry to the service - focusing on entry and not exclusion criteria
- Health and Social Care Colleagues work together to ensure effective communication about the functioning and protocols of the local care pathway
- Allow services to be built around the pathway and not the pathway around the services.
- Ensuring a joined up approach that is consistent within the existing statutory framework for children and young people
- Improve support for transition between children and adults - End the cliff-edge of lost support as children and young people reach the age of eighteen through the provision of a seamless service
- Actively involving people as partners in their own care
- To ensure stronger protection of people's autonomy, and greater scrutiny and protection
- Ensure Family and Carers are well supported and more closely involved
- Improve crisis management
- Improve assessment and care planning arrangements

Benefit Area	Benefits to be realised
System	<p>Mitigating effects of increased demand by using public resources effectively, as described in Cheshire & Merseyside STP</p> <p>Non-cash releasing productivity savings have been assumed to enable the system to meet rising demand with a flat budget</p> <ul style="list-style-type: none"> ➤ through skill mixing and role development ➤ developing single processes, creating integrated and single support functions, common management arrangements <p>Bringing the two groups of staff together under CWP employment:</p> <ul style="list-style-type: none"> ➤ Operate as a single health and social care team for service users ➤ Provide effective, integrated Multi-Disciplinary Team approach ➤ Develop better linkages to other parts of the health system e.g. primary care ➤ Utilise single processes and systems ➤ Undertake joint training and development ➤ Integrated Teams, Integrated Pathways, Integrated Roles
Staff	<p>Staff satisfaction improved through more effective working:</p> <ul style="list-style-type: none"> ➤ Clear set of standards and working practices ➤ Shared systems that will support information sharing, good personalised planning and documentation
Service Users	<ul style="list-style-type: none"> ➤ A more integrated health and care system will bring benefits to many people ➤ Better joined up care and support means a real difference to local people. ➤ Service users should receive a better experience resulting from more coordinated and responsive care through:- ➤ Single referral, screening, assessment and care planning processes ➤ Management under one organisation facilitating greater clarity on timescales, workloads and access to resources

5.20 Overarching Outcomes for People with Disabilities and Mental Health problems across Wirral

- Disabled people, their families and carers will be at the heart of decision making. The impact of the disability on the whole family will be considered and support offered to other family members if required.
- Services will talk to one another; information will be shared and they will be more co-ordinated in working across the lifespan and across organisations.
- There will be fewer assessments conducted and residents will not have to keep repeating themselves.
- Services will be designed for the requirements of the disabled person, their family and carers.
- Services will be timely and there will be discussion and planning ahead for key life events (e.g. transition from being a young person to becoming an adult, a move to independent living.)
- All services take responsibility to understand and develop relationships with their family, friends and/or customers with a disability.
- There will be peer support relating to individual conditions, confidence building and raising expectations.
- People will be able to access services closer to home – so they can continue to be part of their local community even when care and support is needed.

CONFIDENTIAL

- People will be empowered to help themselves and improve their health.
- Carers will have a higher profile and be given more respect and recognition.
- People will feel safe.
- Understand the range of Disabilities, symptoms and difficulties experienced by individuals, and how best to support them to maintain independent living. Know the key signs of mental illnesses and distress and be able to respond appropriately.
- Understand the importance of good physical and mental health and wellbeing and have good knowledge of how to promote these with people who need care and support.
- Promote dignity and respect by maintaining confidentiality and integrity and valuing the individual's knowledge and experience.
- Ensure legal rights are upheld under UK Law. Implement best practise in National Policy.
- Deliver flexible and personalised care that reflects the individual's identity and preferences.
- Enable informed choice and control by appropriately supporting people who need care and support to make well-informed health and social care and lifestyle decisions, building on their strengths and personal resources.
- Promote social inclusion by helping people who are being supported to maintain positive relationships and family contact, peer support, active community involvement, and by enabling carer involvement
- Promote creative, cultural and recreational activities that are meaningful to the individual to enable the best possible quality of life and fulfilment.
- Enable capacity and confidence-building in people who need care and support to maintain their independence and control by supporting them to manage risk-taking activities, lifestyle decisions and setting goals.

5.21 What can Residents expect from the All Age Disability and Mental Health Service in Wirral from next April 2018?

- Approaches adapted to match the person's age, comprehension and culture.
- Specialist knowledge and skills from an integrated workforce.
- Effective relationships with service user's families and professionals.
- Individuals and families empowered to achieve the best outcomes.
- Service users and their families can connect with their community and wider society.
- Quality advice support.
- A wide range of well-coordinated practical and emotional support.
- Promoting personal and family reliance and cohesion.
- Encouraging and enabling active citizenship.
- Enable access to advocacy.
- Person-centred approach to safeguarding practice and solutions to risk and harm.
- Enhancing involvement, choice and control of service users and their families.
- Improving quality of life, wellbeing and safety of residents.
- Positive interventions.
- Personalised approaches.
- Implementing best interest decisions.
- Empowering service users and their families to make their own decisions.
- Empowering individuals who lack mental capacity.
- Recognising that service users and their families are experts in their own lives.

- Individual's views, wishes and feelings and listened to.
- Effective approaches to help service users and families handle change.
- Support individuals and families in transition, including young people moving to adulthood.
- Staff operate within a framework of professional accountability.
- Service users and families contribute to the continued improvement of services, policies and procedures.

5.22 Focusing on service users and families strengths and skills

CWP approach to supporting children, young people and adults with mental health issues or learning disabilities and their families will be based upon recognition of their strengths and skills, complementing needs assessments. CWP understand that families have a lot of expertise and knowledge about family members to build stronger relationships with families from the first point of contact – offering support to strengthen their abilities to care for family members, of all ages, where this is required and facilitating involvement in assessment and support planning processes.

Person centred support plans for families and children, young people and adults will promote an asset based approach which promotes independence and growth in all areas of life. Natural supports will be used wherever possible, and links will be made to enable people with disabilities or mental health issues to contribute to local community initiatives. Support will focus on enabling children, young people and adults with disabilities and mental health needs to achieve their milestones and goals, fully utilising universal services, such as leisure and playing a valued role in society.

There are often concerns from families and young people themselves when young people are preparing for adulthood transitions. The service redesign will smooth out the process by aligning the assessments and policies, providing dedicated support for people of all ages.

Where children, young people and adults with disabilities and mental health needs cannot have their needs met by families or universal services, or when they go into crisis, there will be timely access to support, including specialist services that will offer treatment and clinical intervention in the least restrictive setting, close to home. Where children and adults have behaviour that challenges services, a positive behavioural support approach and intervention will underpin work with person, their families and/or support workers.

Risk will be managed in a way that promotes choice and control, through a consistent approach based upon principles of positive risk taking. Choices and personalisation will be promoted when navigating pathway, which reflects the achievements that the individual, has made on their life journey.

5.23 Personalisation

Personalisation has become a unifying theme and a dominant narrative across public services in England. The All Age Disability and Mental Health Service will provide a more personalised service to the customers, improving the experience of using the pathways for residents.

- Personalisation works, transforming people's lives for the better
- Person-centred approaches reflect the way people live their lives, rather than artificial departmental boundaries
- Personalisation is applicable to everyone, not just to people with social care needs
- People are experts on their own lives.

Personalisation is very much an iterative process and the enhanced assessment and support planning will strengthen the Service User's experience of the pathway from childhood to adulthood. The development of

personalised support is a fundamental part of Education, Health and Care Plans for disabled children. At present the personalisation process is being developed separately between children and adult services. For continuity for families and the delivery of better outcomes for disabled children and adults the personalisation agenda needs to develop consistently across all ages.



5.24 Asset-based Community Development

Assets across Wirral are the resources, skills or knowledge which enhances the ability of individuals, families and neighbourhoods to sustain their health and wellbeing. CWP will work in partnership with external service providers across Wirral formally recognising the benefits of Asset-based Community Development. Communities and community development has a key role to play in the reduction of health inequalities, particularly in deprived areas of Wirral, and the project will work in partnership with providers from the private and third sector, as well as and other public sector organisations. CWP will work in partnership with community asset across Wirral to ensure residents benefit from services being joined up. Community assets have the power to improve social capital, connect people, provide support and advice, and support collective action. Understanding more about the nature and role that community assets play in reducing health inequalities and improving health and wellbeing helps Wirral's commissioners, service providers, professionals and communities to be better informed about the resilience of communities in developing and sustaining assets, rather than relying fully on public services and primary and secondary health and social care. The social value of community assets have shown that four key impacts emerge, which are often interlinked: mental health and wellbeing, new skills, social and faith. Focusing on the assets available across Wirral provides a vehicle to strengthen resilience and reduce inequalities.

5.25 Service Provision

The new Operating Model will provide a community health and social care service for people with disabilities or mental health support needs. CWP will apply the national eligibility framework, in accordance with Care Act duties, to any assessment of care and support and subsequent funded support package. Only assessed eligible needs can be met with funded support services, though some services will be universally available.

CWP will identify the level and type of support package required, complete support plans, and arrange support via Wirral Community Foundation NHS Trust Care Arranger Staff that will liaise with providers and set up packages within delegated authority and contract frameworks.

5.26 Back office corporate support functions

Responsibility for financial assessments for care charges, income collection and debt recovery functions will remain within the Council.

CWP and the Council will negotiate arrangements for what buy back services/corporate services will be in place to CWP from the Council for an agreed period of time. CWP will from time to time require legal advice, and this aspect will need to be considered.

5.27 Location of Services

The new services from April 2018 will be delivered from two locations.

The All Age Disability Team will be based at Millennium Centre Twickenham Drive, Wirral, CH46 1PQ. It was already agreed by the Council that the Children and Adult Disability Teams would move into this venue, prior to this project being initiated. The move is currently being project managed internally within the Council. It is also planned that CWP colleagues would be based at this location to have an integrated team onsite together.

The Mental Health Team has been co-located with CWP for over 30 years. The Mental Health Team are currently based at the Stein Centre, St Catherine's Health Centre, Derby Road, Tranmere, Wirral CH42 0LQ, and will continue to be based at this location for the new service commencing in April 2018.

For the fact that one team is already based onsite with CWP, and the other two teams have already commenced the plan to relocate, then this will reduce complications for the transfer of staff from the Council to CWP, given the tight timescales.

5.28 Information Technology

There are a number of technical requirements that need to be addressed to ensure the transition from the Council to CWP is a smooth one.

CWP will continue to use Care Notes and the Council's Liquid Logic system will be used for all social care assessment and support planning purposes and for all delegated social care functions. Having two IT systems creates risks associated to duplication of maintaining two systems, creating risk of errors, omissions duplication and reduced operational capacity of staff.

The migration of technology for the 220 staff from the Council to Wirral Community NHS Foundation Trust in June 2017 was managed within three months, however this transfer will have different issues that will be analysed, evaluated and solutions put in place to support the transfer over the next six months.

Security standards will need to be in place and maintained to ensure that sensitive data cannot be hacked and/or intercepted as data is flowing outside Wirral Council secure network.

Decisions will be made for transferring staff whether their current technology, such as laptops and PC's or will transfer over with them or whether CWP will provide these from next April 2018. If CWP are providing laptops and PCs migration time will be considerably shorter.

New issues may still arise as staff TUPE across, and the Council Digital/ICT colleagues will work with CWP to address any technological issues.

5.28.1 Data Migration

The Council will need to ensure that it has sufficient bandwidth available when migrating data across the network to ensure that the migration process is not slowed down.

A proof of concept site will be identified consisting of a small number of users. This site will be used to test all ICT aspects of the migration and any issues that arise can be resolved without affecting other service users. This process will be agreed with CWP over the forthcoming months.

The Mental Health Team is already co-located onsite with CWP, and are utilising their ICT systems. Given the limited information available at this time, it is difficult to fully understand the migration details however technology/digital leads both within the Council and CWP will work in partnership to ensure technological solutions are in place from October 2017 to March 2018, ready for the transfer date in April 2018. A Digital Work Steam will be set up in October 2017 to ensure the Council and CWP Digital and ICT colleagues work in partnership to smoothly manage technological issues for the transfer.

5.29 Governance Framework

The Council and CWP from October 2017 to March 2018 will continue to develop the details around the transfer arrangements and operating model in relation to statutory governance arrangements. The Integrated Commissioning Hub (Wirral Borough Council and Wirral CCG) will manage the contract and budget spends via Contract Managers. A Partnership Governance Board will be set up to oversee the quality standards and to ensure that the service provided meets the expected outcomes. The Partnership Governance Board will be the major driver of on-going service development from April 2018.

5.30 Framework and Contract Monitoring

The service will be commissioned by the Council from CWP with a detailed service specification outlining the outcomes required.

A range of agreements may be required for corporate and support service arrangements, which can be discussed further between the Council and CWP.

The standards and quality of the service provided by CWP will be monitored by the assessment of business information, activity, performance statistics, complaints information, and compliance with statutory duties.

The contract will be monitored from colleagues in the Integrated Commissioning Hub who will ensure that the service is accountable for meeting statutory outcomes, quality and performance standards including specifically;

- Accountability for assessing local needs and ensuring availability and delivery of a full range of adult and children's social services
- Preventing reducing and delaying care needs escalating
- Promoting wellbeing, a new assessment duty
- Identifying assessing and supporting Carers
- Professional leadership
- Managing demand

5.31 Clinical Governance Quality and Professional Standards

The role of Principal Social Worker for Children's and Adults Services will remain with the Council and these posts will support CWP managers with practice standards and professional development. Council and CWP Managers and Directors will continue to work in partnership to ensure robust professional leadership; systems and processes are in place to ensure safe, effective services and staff development.

- WBC Professional Standards Lead for Adults Social Work is Anne Bailey
- WBC Professional Standards Lead for Children’s Social Work is Lynn Campbell

Future review of policies and procedures relating to the service will be undertaken jointly between CWP and the Council. The Council will retain the statutory duty for adult and children’s services and therefore will consult with CWP to ensure that it has compliant policies and procedures in place.

5.32 A Partnership Governance Board

A service specification will set out the requirements of the trust in support of the Council discharging its statutory responsibilities. A Partnership Governance Board approach to governance and quality standards will hold an integrated delivery service to account for working in a consistent way across the health and care sector and working within the principles of independence, personalisation and self-management. Such an approach will ensure statutory compliance and quality standards in delivery.

There is a recognised need for system wide governance and accountability arrangements sitting alongside, in order to align vision, objectives and goals across the wider system, and to ensure democratic accountability to the arrangements. Such arrangements will also provide a mechanism to agree the overlaying risk and benefit sharing arrangements between partners. There was a risk that outcomes and service user experience does not improve or actually declines as a result of service redesign.

5.33 Next Steps

Getting the new integrated service up and running for April 2018 is ambitious, but demonstrates how the Council and its partners are not afraid to do things differently to improve services and value for money. The approach to integration provides for an initial period of stability, to ensure continuity and no immediate service change (or service disruption) as new arrangements are put in place.

Building on this smooth transition, a transformation period will commence from April 2019, such as the progressive integration of service lines in pursuit of priorities identified and agreed with co-commissioners.

The key milestones and delivery dates are as follows:

Transition and Mobilisation phase - Business case approval to contract start date	September 2017 – March 2018
Contract start date	1 st April 2018
Post implementation review (PIR) and Project evaluation review (PER)	April/May2018
Stabilisation phase - Year 1 of contract	April 2018 – March 2019
Development and transformation phase	Year 2 of contract onwards – April 2019

5.33.1 Transition and Mobilisation phase - Business case approval to contract start date - Oct 2017-April2018

This phase involves commissioning an organisation to carry out due diligence for the preferred model with CWP. The Stakeholder Survey will be analysed in October 2017. The Operating Model will continue to evolve, and the development of governance structures and processes. Staff will receive Formal Consultation. This phase involves

significant development work within the Trust and in partnership with the Council to enable a safe transfer of staff to the Trust. Key outputs from this phase will be the final Operating model, Service Entry and Exit Plan, Service Continuity Plan, Contract Specification and the Section 75 Contract Agreement.

5.33.2 Stabilisation phase - Year 1 of contract April 2018 to March 2019

April 2018 to March 2019 will be a stabilisation year for the service, following completion of the project and the transfer of staff. This Phase will involve the implementation of the Culture and OD plans, continuation of mobilisation plans, clarity of baseline measures and ongoing development of transformation/benefits realisation plans in line with the Contract Specification. A critical area for this first year is effective monitoring of activity and costs against the care budget in partnership with Commissioners.

5.33.3 Development and transformation Phase - Year 2 of contract – April 2019 onwards

This phase is about delivery of plans developed through earlier years maximising the benefits of Integrated Health and Care service delivery. The service transformation will be in line with the description providing within the FBC, in addition to stakeholder feedback to inform service reform.

5.33.4 Post implementation review (PIR) and Project evaluation review (PER) - April/May 2018

The arrangements for post implementation review (PIR) and project evaluation review (PER) will be established in accordance with best practice, using Project Management Tools to track issues and resolution throughout the project to inform lessons learnt event/s involving relevant stakeholders. PIR and PER will take place within one month of the programme ending within April/May 2018.

5.34 Contingency Plans

It is acknowledged that the effective management of all transformation projects is crucial to the Council; however given the nature of customers, vulnerable children, young people and adults then it is imperative that the project is successful and meets all areas of the specification developed for the function of assessment, support planning and care planning.

Contingency plans will be put in place to ensure that the transfer of staff on 1st April 2018 goes well, and a detailed contingency plan in place to ensure the continuity of the key operations of the service in the event of an emergency or problem with the project transfer occurs.

5.35 Future Resources Required

The professional, technical and administrative functions required to support the ongoing operation will need to be identified prior to transfer. Identification will include resourcing for legal support, finance, payroll, human resources, ICT, workforce development, performance and quality arrangements, including risk management. A range of work-stream meetings will take place in which lead officers from the Council and CWP will work collectively together.

5.36 Project Timetable

Beyond articulating the FBC, there is further work to do in terms of a due diligence exercise, developing a detailed comprehensive project management plan, agree Section 75 contract agreement, target operating model and service specification. Delivering the vision and objectives detailed within the FBC represents a huge change both organisationally and culturally. Providing the FBC is approved at the beginning of October, then significant time and attention will be given from October 2017 to March 2018, 6 months to review and negotiate with Council

and CWP colleagues the details surrounding the transfer arrangements to develop project plan, section 75 agreement, service specification and operating model.

The timetable below provides an overview of the planned phases implement the new model of service for April 2018. A partnership approach will drive the project management activities, with service users and their families at the centre of the redesign process.

Project Management Activity	Month
Define Scope	February 2017 to April 2017
Strategic Outline Case - long list of ADM options	May 2017
Brief Trade Unions about Project	June 2017 to April 2018
Stakeholder Communication and Engagement Service Resign/Agree details of new ADM	June to September 2017
Stakeholder Mapping	June to September 2017
Community Asset Mapping	June to September 2017
Outline Business Case - 4 shortlist ADM options	June 2017
Target Operating Model	August / September 2017
Full Business Case – Present detail of the preferred ADM	September 2017
Project Management Phase Design Development/Transition	October 2017 to March 2018
Due Diligence of Council and CWP Transfer	October 2017 to December 2017
Agree Entrance and Exit Strategies	October to March 2018
Develop Project Risk Log and Agree Risk Sharing Arrangements/Agreement	October to March 2018
Develop Workforce Development and Training Plan	October to March 2018
Develop Culture and Organisational Development Plan	October to March 2018
Staff Consultation Period	December 2017 to January 2018
Development of a Benefits Realisation Framework and the Post Project Evaluation	October to March 2018
Develop post transfer stability phase plans including management of organisational development activities	October to March 2018
New Operating Model	Starts April 2018
Post Implementation Review and Project Evaluation Review Project Closure	May 2018

5.37 Recommendations

The FBC seeks agreement on the following recommendations:

1. Proceed with exploring the transfer of the identified Children and Adult Social Care staff, resources, delegations of functions as described within this FBC to take place on 1st April 2018 at an estimated annual payment to CWP of £5.19m (gross staff budget only).
2. Delegation of statutory duties of assessment and support planning functions to CWP for children, young people and adults with complex disabilities and mental health issues.
3. Approve the one-off transformation costs for the Council in 2017/18, estimated at £250,000.
4. Delegate authority to the Director for Adult Care and Health, Director of Children's Services, and Cabinet Portfolio Leads to commence Due Diligence and negotiations with CWP to achieve implementation of an integrated service.

Appendix 1

Key Legislation that informs the All Age Disability and Mental Health Transformation Project:

- Mental Health Act 1959
- Children and Young Persons Act 1963
- Children and Young Persons Act 1969
- Children Act 1972
- Children Act 1975
- Health Services Act 1976
- National Health Service Act 1977
- Protection of Children Act 1978
- Health Services Act 1980
- Mental Health (Amendment) Act 1982
- Mental Health Act 1983
- National Health Service (Amendment) Act 1986
- Parliamentary and Health Service Commissioners Act 1987
- Children Act 1989
- National Health Service and Community Care Act 1990
- Access to Health Records Act 1990
- Protection of Children Act 1991
- Community Care (Residential Accommodation) Act 1992
- Health Service Commissioners Act 1993
- Mental Health (Amendment) Act 1994
- National Health Service (Amendment) Act 1995
- Mental Health (Patients in the Community) Act 1995
- Health Authorities Act 1995
- Health Service Commissioners (Amendment) Act 1996
- National Health Service (Primary Care) Act 1997
- Human Rights Act 1998
- Community Care (Residential Accommodation) Act 1998
- Health Act 1999
- Children (Leaving Care) Act 2000
- Carers and Disabled Children Act 2000
- Care Standards Act 2000
- Health Service Commissioners (Amendment) Act 2000
- Child Poverty Act 2010
- Health and Social Care Act 2001
- National Health Service Reform and Health Care Professions Act 2002
- Adoption and Children Act 2002
- Health and Social Care (Community Health and Standards) Act 2003
- Community Care (Delayed Discharges etc.) Act 2003
- Children Act 2004
- Health Act 2006
- National Health Service Act 2006
- Children and Adoption Act 2006
- Mental Capacity Act 2005
- National Health Service (Consequential Provisions) Act 2006
- Local Government and Public Involvement in Health Act 2007
- Mental Health Act 2007
- Health and Social Care Act 2008

- Children and Young Persons Act 2008
- Health Act 2009
- The Autism Act 2009
- Equality Act 2010
- Children, Schools and Families Act 2010
- Health and Social Care Act 2012
- Mental Health (Approval Functions) Act 2012
- Mental Health (Discrimination) Act 2013
- Children and Families Act 2014
- The Care Act 2014
- Health and Social Care (Safety and Quality) Act 2015
- Health Service Commissioner for England (Complaint Handling) Act 2015

A selection of the Key Boards/Groups within Wirral that will inform the All Age Disability and Mental Health Transformation Project:

- Project Board
- Customer Experience Transformation Programme Board
- Transformation Portfolio Board
- All Age Disability Partnership Board
- Wirral's Partnership Board
- Health and Wellbeing Board
- People Overview and Scrutiny Board
- Transformation Portfolio Board
- Customer Experience Transformation Board
- Ageing Well Steering Group
- Older People's Parliament
- Carer's Partnership Board
- Early Help Strategic Board
- Children's Joint Commissioning Group (CJCG)
- Improving Life Chances Steering Group

Wirral Council Strategies for Consideration that inform the All Age Disability and Mental Health Transformation Project:

- All Age Disability Strategy
- All Age Joint Learning Disability Strategy
- Transition Strategy
- Ageing Well Strategy
- Improving Life Chances Strategy
- Mental Health Strategy
- Safeguarding Strategy
- Early Help and Prevention Strategies
- Children, Young People and Families Strategy
- All Age Autism Strategy
- Sensory Impairment Commissioning Strategy
- Special Educational Needs and Disability Strategy
- Wirral Strategy for Carers
- Learning Disability Commissioning Plan
- Targeted Support Commissioning Plan
- Early Intervention Commissioning Plan

Wirral Council Strategies for Consideration that inform the All Age Disability and Mental Health Transformation Project:

- Access to Social Care Records Policy
- Assessment eligibility and review policy
- Assessment eligibility and review appendices
- Assisted transport policy
- Carers policy
- Charging and financial assessment policy
- Choice of Accommodation and Additional Payments top-ups Policy
- Complaints policy
- Deferred payment policy
- End of life care policy
- Financial protection policy
- Homelessness policy
- Hospital discharges policy
- Market shaping and market failure policy
- Medication policy
- Ordinary residence policy
- Overarching Values and Principles Policy
- Personal Budgets and Direct Payments Policy
- Reablement Policy
- Referral and First Contact Policy
- Safeguarding Adults Partnership Board (SAPB) Policy
- Safeguarding Policy
- Support Planning Policy
- Transition Policy

Key Projects and Programmes for consideration in conjunction with the All Age Disability and Mental Health Transformation Project:

- Wirral 2020 Plan and 20 Pledges
- Healthy Wirral Programme – the Healthy Wirral Local Delivery Services Plan (LDSP)
- Accountable Care Organisation
- Cheshire and Merseyside - Sustainability and Transformation Plan - NHS
- Liverpool City Region Public Service Reform Programme - Learning Disabilities work stream - Liverpool City Region Combined Authority
- A Five Year Forward View for Mental Health – NHS England
- How do we make Wirral a better place to live for people with a learning disability and their families – Wirral Mencap Consultation Report July 2016 - 2017-19 Integration and Better Care Fund Policy Framework
- Stepping up to the place - The key to successful health and care integration - The NHS Confederation 2016.
- Valuing People Now (2009)
- Fulfilling and Rewarding Lives (2010)
- Winterbourne Concordat (2012)
- Think Autism (2014)

National Mental Health Policy:

- National Service Framework for Mental Health. Department of Health 1999
- No Health without Mental Health. Department of Health. 2011
- Service user experience in adult mental health services. NICE. 2011
- The Five Year Forward View for Mental Health: A report from the independent Mental Health Taskforce to the NHS in England. NHS England, February 2016
- Implementing the Five Year Forward View for Mental Health. NHS England, July 2016
- The Government's response to the Five Year Forward View for Mental Health. Department of Health. 2017
- Future in mind - Promoting, protecting and improving our children and young people's mental health and wellbeing 2015. NHS in England. Department for Health
- Community Mental Health Survey Statistical release, CQC, NHS England 2016.
- Closing the Gap: Priorities for essential change in mental health. Department for Health. January 2014
- Monitoring the Mental Health Act in 2015/16. CQC 2016.
- Mental health services: achieving better access by 2020. Department of Health. 2016

Appendix 2 – ADM Scoring - Scoring completed by the project team in May 2017 for the Social Work Assessment and Care Plan, Care Coordination

Service: Social Work Assessment and Care Plan, Care Coordination											
Options for Alternative Delivery Model Highest Scoring option would be closest to 40 Points ADM Acceptable Score to explore further = 25 + ADM Unacceptable Score = - 25			Critical Success Factors								Total Score
			Business fit	Strategic fit	Cultural fit	Political fit	Supports Pledges	Affordable VFM	Implementation - Achievability	Sustainability capacity capability,	
			0 - 5	0 - 5	0 - 5	0 - 5	0 - 5	0 - 5	0 - 5	0 - 5	
In-house	2	Remain In-House and Restructure	4	3	3	3	4	3	4	3	27
Insourcing	3	Insourcing	4	3	3	3	3	2	2	2	22
Commission Services Externally	4A	Private sector	3	3	3	3	3	3	3	3	24
	4B	VCSE Sector	3	3	3	3	3	3	3	3	24
	4C	Public Sector Organisations (Health Providers)	5	5	5	4	5	4	4	5	37
Joint working with other Public Sector Bodies	6A	Joint Commissioning	2	0	2	3	3	3	2	2	17
	6B	Joint Management	4	4	4	3	4	3	3	3	28
	6C	Shared Services	2	3	3	3	4	2	1	2	20
	6D	Joint Committees	4	4	4	3	4	3	3	3	28
	6E	Informal Collaborations	1	1	1	1	1	1	1	1	8
	6F	Partnerships	3	3	3	3	4	2	3	2	23
	6G	Joint Ventures	4	4	4	4	5	3	3	3	30
	6H	Co-ownership of a newly created corporate entity	3	3	3	3	3	3	3	3	24
Spinning out a service to a separate independent enterprise	7A	Trusts	0	0	3	3	4	2	1	2	15
	7B	Public Sector Mutual	0	0	0	0	3	2	1	1	7
	7C	Limited Companies	0	0	0	0	3	2	1	1	7
	7D	Charitable Incorporated Organisations	0	0	3	3	4	2	1	2	15
	7E	Community Benefit Societies	3	1	3	3	4	2	1	2	19
	7F	Community Interest Companies	3	1	3	3	4	2	1	2	19

Rating of Options | 0 = Unacceptable | 1 = Poor | 2 = Inadequate | 3 = Acceptable | 4 = Good | 5 = Excellent

ADM Acceptable Score to explore further = 25 + | ADM Unacceptable Score = - 25