AGENDA

1. MEMBERS’ CODE OF CONDUCT - DECLARATIONS OF INTEREST

Members of the Cabinet are asked to consider whether they have any disclosable pecuniary and/or any other relevant interest, in connection with any item(s) on this agenda and, if so, to declare them and state the nature of the interest.

2. MINUTES

The minutes of the last meeting have been printed and published. Any matters called in will be reported at the meeting.

RECOMMENDATION: That the minutes be approved and adopted.

LEADER’S UPDATE AND REPORTS

3. EXECUTIVE KEY DECISIONS TAKEN UNDER DELEGATED POWERS

Key Decisions – taken under delegated powers. Period 25 August, 2017 (date of publication of last Cabinet agenda) to date. At the time of agenda publication, no key decisions have been taken under delegated powers.

4. STRATEGIC REGENERATION FRAMEWORK (Pages 1 - 70)
CABINET MEMBER REPORTS

5. EXPECT BETTER: 2017 ANNUAL REPORT OF THE DIRECTOR OF HEALTH AND WELLBEING - STATUTORY DIRECTOR OF PUBLIC HEALTH (Pages 71 - 106)

6. ALL-AGE DISABILITY AND MENTAL HEALTH - FULL BUSINESS CASE (Pages 107 - 244)

7. ANY OTHER URGENT BUSINESS APPROVED BY THE CHAIR (PART 1)

To consider any other business that the Chair accepts as being urgent.

8. EXEMPT INFORMATION - EXCLUSION OF THE PRESS AND PUBLIC

The following items contain exempt information.

RECOMMENDATION: That, under section 100 (A) (4) of the Local Government Act 1972, the public be excluded from the meeting during consideration of the following items of business on the grounds that they involve the likely disclosure of exempt information as defined by the relevant paragraphs of Part I of Schedule 12A (as amended) to that Act. The Public Interest test has been applied and favours exclusion.

9. ANY OTHER URGENT BUSINESS APPROVED BY THE CHAIR (PART 2)

To consider any other business that the Chair accepts as being urgent.
Councillor Phil Davies Leader of the Council, said:

“Driving regeneration, creating jobs and ensuring sustainable, long-term growth in our economy is vitally important.

“Our Wirral Plan places economic growth at its heart: making sure our residents are able to access good, high paying jobs in a stable and thriving economy brings almost immeasurable benefits to all areas of our community, and helps brings us closer to achieving all of our 20 pledges.

“This Strategic Regeneration Framework provides the routemap to achieve it. It clearly defines our plans for future development and investment by providing the robust evidence base, sound principles and strategic drivers on which to plan future regeneration.

“Achieving the ambitions set out in this Framework will enable us to deliver the thriving economy we all want for Wirral residents.”

REPORT SUMMARY

The Wirral Plan sets out a vision for Wirral; a set of 20 Pledges which will be achieved over the next five years to improve the lives of Wirral residents. Driving economic growth is a key theme of the Wirral Plan and the Strategic Regeneration Framework (SRF) will support the following pledges:

• Greater Job Opportunities in Wirral
• Thriving small businesses
• Increase Inward Investment
The Wirral Strategic Regeneration Framework (SRF) provides a strong vision for regeneration across Wirral over the next 10-15 years and sets the scene for shaping future investments.

Driving regeneration, creating jobs and ensuring sustainable, long-term growth in the local economy is critical. The opportunities set out in this Framework are based on an assessment of what is realistically deliverable, but will require focused energy and resources from a range of partners including the private sector if they are to be achieved.

The SRF has been subject to public consultation to gain the views of residents and businesses and these have been considered when finalising the document. The next stage of work will be to produce a series of place making plans for priority areas to help shape future development in line with the SRF to support the setting up and proposals of the Wirral Growth Company.

This matter affects all Wards within the Borough.

This is a key decision affecting all wards.

RECOMMENDATIONS

That it be recommended that Cabinet ;

1. Endorse the Strategic Regeneration Framework - to be used to support regeneration activity, the ambitions of the Wirral Growth Company, Liverpool City Region strategies and future funding applications.

That it be recommended to Council ; That

2. the Strategic Regeneration Framework be adopted as a material planning consideration in relation to development proposals which come forward; and

3. the Strategic Regeneration Framework be used to inform the content of the emerging Core Strategy Local Plan.
1.0 REASON FOR RECOMMENDATIONS

1.1 To allow the Strategic Regeneration Framework to be used to inform regeneration plans, Wirral Growth Company, City Region Strategies and future funding opportunities.

1.2 To allow the Strategic Regeneration Framework to be used as a material consideration in future development and planning decisions.

2.0 OTHER OPTIONS CONSIDERED

2.1 None

3.0 BACKGROUND INFORMATION

3.1 The Wirral Strategic Regeneration Framework (SRF) refreshes and reinforces the Council’s long-standing commitment to urban regeneration. It sets out the priorities and challenges for economic growth in the borough, to help guide and proactively drive investment and activity across Wirral to deliver the ambitions for the local economy. There is an initial focus on the areas of significant growth potential identified and agreed in the Wirral Growth Plan (Birkenhead Town Centre, Birkenhead Hinterland, Wirral Waters Enterprise Zone (EZ) and the A41 corridor); the SRF aligns the key development opportunities with relevant national, regional and local strategies to deliver sustainable and accelerated growth.

3.2 The SRF balances a longer term vision for creating new places in Wirral, aimed at strengthening housing and commercial markets with a series of short term catalyst projects to start to change and shape places in line with the Vision. Therefore the overriding purpose of the SRF is to put in place a clear, shared and delivery focused framework to guide regeneration and to co-ordinate and secure public and private sector investment. The SRF will also help support the creation of the Wirral Growth Company to ensure Council ambitions are set out and clear to guide on going work.

The SRF will:
• Set out a vision for economic growth in Wirral
• Provide a strategic context for guiding regeneration, housing and planning interventions
• Set a broad spatial framework within which investment can be planned, places can be created and shaped and guided so its impact on the 20 Pledges in the Wirral Plan is maximised
• Build investor confidence through identifying a portfolio of strategic regeneration programmes and activities
• Ensure links with existing regeneration and investment projects across the borough and with emerging national and city region policy initiatives.
• Link with emerging local strategies such as the Strategic Transport Framework to align priorities and help focus a delivery pipeline of projects going forward
• Set out the linkages with the Liverpool City Region (LCR) Devolution Deal and Northern Powerhouse growth and infrastructure proposals.

3.3 The SRF (see appendix1) defines the strategic context to drive the regeneration of Wirral through a place shaping approach and it sets out the key strategies, principles and objectives across the range of inter-related economic, social and physical issues that impact on the borough. In doing this the SRF reflects existing relevant national, city region and local strategies in order to maximise the opportunities to drive forward regeneration within key spatial development areas.

3.4 The SRF sits within a suite of documents which drive the economic growth of the borough:

The Wirral Plan              Wirral Growth                       Strategic
A 2020 Vision                 Plan                        Framework

3.5 The document enables a twin track approach by setting out the ambition and opportunities for development and investment in key spatial areas whilst also providing a series of strategic themes such as housing, transport, employment etc which will guide and support development and deliver wider regeneration. The SRF will also form part of the evidence base for the emerging Core Strategy Local Plan and whilst it cannot have the status of an adopted development plan, it is a material planning consideration, being a statement of the Council’s intent and it is additionally recommended that Council adopts it as such in relation to future development proposals which come forward.

PLACE MAKING PLANS

3.6 To support the Wirral Growth Company and to focus the Council’s aspirations, more illustrative place making plans will be available in October for the Competitive Dialogue process, built from the principles agreed in the SRF, including place profiles. This is designed to guide the masterplanning exercise of the Competitive Dialogue process, allowing officers to assess submissions as well as helping shape future development options. In addition this work will help inform a review of the resource and capacity that will be required within the Council in order to deliver Wirral’s regeneration priorities in light of the setting up of the Wirral Growth Company

4.0 FINANCIAL IMPLICATIONS

4.1 None as a direct result of this report

5.0 LEGAL

5.1 None as a direct result of this report
6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 None as a direct result of this report

7.0 RELEVANT RISKS

7.1 None directly associated with this report

8.0 ENGAGEMENT / CONSULTATION

8.1 The Strategic Regeneration Framework has been subject to a 6 week consultation period in accordance with the Council’s adopted Statement of Community Involvement. The document has been made available for comments on the Council’s website, Wirral View. In addition, the document has been circulated to the business community through Wirral Chamber and discussions have taken place at the Chamber’s Sector Forum meetings.

8.2 Overall, the responses through the consultation have been supportive of the vision and the ambition that the SRF sets out and the aspiration to regenerate key priority areas. All responses have been considered and have helped shape the final document with a number of specific changes being made to the SRF.

8.3 As part of the Wirral Growth Company work, a series of Town Conversations have taken place and the results of these conversations have been fed into the consultation document and will help inform the place shaping work.

8.4 The SRF will form part of the library of documents to support the emerging Core Strategy Local Plan. As with other background studies completed to date, the SRF will be available for scrutiny and comment as part of future consultation stages on the emerging Core Strategy Local Plan.

9.0 EQUALITY IMPLICATIONS

9.1 The potential impact has been reviewed with regard to equality and links to the existing EIA conducted for Wirral’s Growth Plan.


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e-mail: hayleyowen@wirral.gov.uk

APPENDICES

Appendix 1- Strategic Regeneration Framework
REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

<table>
<thead>
<tr>
<th>Council Meeting</th>
<th>Date</th>
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Driving regeneration, creating jobs and ensuring sustainable, long-term growth in our economy is vitally important. This Strategic Regeneration Framework provides the route-map to achieve it. It clearly defines our plans for future development and investment by providing the robust evidence base, sound principles and strategic drivers on which to plan future regeneration.

Our Wirral Plan places economic growth at its heart: making sure our residents are able to access good, high paying jobs in a stable and thriving economy brings almost immeasurable benefits to all areas of our community, and helps brings us closer to achieving all of our 20 pledges.

The Framework provides confidence and certainty to residents, stakeholders and investors by being clear about our ambitions, plans and vision for the borough.

The Council will provide a clear leadership role, but involvement, joint working and integration with partners will be a major feature of the Strategic Regeneration Framework’s delivery. The Framework identifies opportunities for the private sector to take forward and help shape the delivery of our ambitions and we will work with partners such as Wirral Chamber of Commerce and Mersey Maritime to ensure there is a strong private sector input to our plans.

Our plans for the future reflect our understanding of Wirral’s growth and regeneration potential, the strengths of our communities and the inherent opportunities of our sector strengths in areas such as advanced manufacturing, energy, maritime and the visitor economy.

The opportunities set out in this Framework are based on an assessment of what is realistically deliverable, but they will require focussed energy and resources from a range of partners including the private sector if they are to be achieved.

As a member of the Liverpool City Region Combined Authority we are working to implement our Devolution Deal with Government and the Strategic Regeneration Framework reflects the priorities and approach as outlined within the City Region’s Growth Strategy. There has been strong joint working across the city region for many years, but establishing clear city region priorities for attracting investment, business support transport and assets is clearly supported by our progress as a Combined Authority.

We have not been standing still in recent years, much has been achieved, but we look forward to working together with greater drive and pace in order to realise our shared vision for the borough.
PLACE SHAPING

Linking key drivers and opportunities for growth and regeneration to maximise outcomes

Transport

Key Developments

Key Growth Sectors

Housing and the Environment

Waterfront Vision

Local Town Centres

Skills

Tourism
EXECUTIVE SUMMARY

The Wirral Strategic Regeneration Framework (SRF) sets out the priorities and challenges for economic growth in the borough, to help guide and proactively drive investment and activity across Wirral to deliver our ambitions for the local economy.

With a particular initial focus on the areas of significant growth potential identified and agreed in the Wirral Growth Plan (Birkenhead Town Centre, Birkenhead Hinterland, Wirral Waters Enterprise Zone (EZ) and the A41 corridor); the SRF will align the key development opportunities with relevant national, regional and local strategies to deliver sustainable and accelerated growth.

The Wirral Growth Plan translates our ambitions for economic growth into a clear direction of travel to ensure we deliver outcomes which enable all residents to contribute to and benefit from sustained prosperity, able to enjoy a good quality of life in a high quality environment. The SRF provides further detail on our spatial priorities and shows how we are integrating them with our thematic actions in areas such as housing, tourism, transport, environment, employment and skills, and sustainability.

To meet this challenge we will continue to provide an environment which supports our residents and our existing businesses to unlock and take advantage of these economic opportunities. However, we will also look to the future, encouraging investment into new sectors to generate jobs and growth in the forthcoming years.

The SRF balances a longer term vision for creating new places in Wirral, aimed at strengthening housing and commercial markets with a series of short term catalyst projects to start to change and shape places in line with the Vision.

Therefore the overriding purpose of the SRF is to put in place a clear, shared and delivery focussed framework to guide regeneration and to co-ordinate and secure public and private sector investment.

The SRF will:

• Set out a vision for economic growth in Wirral
• Provide a strategic context for guiding regeneration, housing and planning interventions
• Set a broad spatial framework within which more detailed place making plans can be developed to guide investment
• Build investor confidence through identifying a portfolio of strategic regeneration programmes and activities
• Ensure links with existing regeneration and investment projects across the borough and with emerging national and city region policy initiatives.
• Set out the linkages with the Liverpool City Region (LCR) Devolution Deal and Northern Powerhouse growth and infrastructure proposals.
Wirral is poised for significant change: the Northern Powerhouse agenda, the historic Devolution agreement and world-class offer available to businesses combine to create a once-in-a-generation opportunity to transform Wirral’s economy for its residents both now and for generations to come.

Wirral is a key gateway to the Northern Powerhouse. We have set out our ambition for Wirral in our Vision 2020 and Growth Plans. Already one of the most attractive places in the UK to live and do business, Wirral combines the benefits of modern living and a thriving local economy – it is a beautiful place, host of globally significant sporting events and is well-connected to the rest of the UK, Europe and beyond. It also boasts a unique waterfront location facing arguably the UK’s finest civic panorama – the Liverpool Waterfront.

Wirral also has the opportunity to further its reputation for its independent sectors, music and retail to anchor and underpin the development of new places and spaces.

In addition Wirral has nationally significant economic development projects such as Wirral Waters EZ and key growth sectors such as advanced manufacturing, maritime, visitor economy and energy. One of the largest wind farms in the world is being constructed in Liverpool Bay and the Mersey river has one of the largest tidal ranges in Europe with significant potential to generate sustained renewable energy, all of which provide unprecedented opportunities.

The time is right to accelerate delivery of the development opportunities across the Borough in order to drive forward the Growth Plan vision of sustainable growth where:

“Wirral will be a place where employers want to invest, business thrives and high quality jobs are provided and where all our residents are able to contribute to and benefit from sustained prosperity and a good quality of life in a high quality environment.”
CONTEXT FOR GROWTH

There are a number of factors that position Wirral to deliver transformational growth:

LOCATION
Wirral, part of the Liverpool City Region, is positioned as the western gateway to the Northern Powerhouse. With one of the fastest growing economies in the UK, unique physical characteristics, plus access to a pool of highly skilled talent, we are seizing the unprecedented opportunity provided by the Liverpool City Region Devolution deal to build on our successes, address some of our remaining challenges and put Wirral and the Liverpool City Region at the heart of the Northern Powerhouse.

BUSINESS BASE
Already home to global businesses such as Unilever, Cammell Laird, Bristol Myers Squibb and Typhoo Tea, Wirral’s economy is worth £4.6 billion GVA contributing 16% of the wider £29.4 billion GVA city region economy. With nearly 8,500 enterprises our business base continues to grow with a net gain of over 1,000 businesses in the last two years. We are proud of our thriving small business base, with our 88% of enterprises being micro businesses which continue to sustain and grow.

MARKET DEMAND
Future potential demand has been identified within the key growth sectors of Advanced Engineering, Energy, Maritime and the Visitor Economy. These sectors are the focus of targeted action to drive both indigenous growth and inward investment building on the success of business already operating within these sectors. This includes ensuring provision for clustering as well as actions related to business support and skills provision.

WIRRAL GROWTH COMPANY
We are creating a Joint Venture Public/Private company to drive market-led development at pace.

PEOPLE AND SKILLS
Our people are also our key strength. We have a population of almost 321,000, and a working age population of over 194,000 of which 69% are in employment. Within a one hour drive there are a further 6 million people providing access to a pool of highly skilled talent to recruit from with over 1.2 million graduates. The city region is home to 4 universities, including an elite Russell Group Institution with a total of 12 universities within an hour’s drive.

CONNECTIVITY
Our national and global connectivity is a major competitive advantage with two international airports within a 45 minute drive serving over 200 global destinations. The £300m Liverpool2 deep water container terminal has transformed freight and logistics for the city region and the UK and we have outstanding national motorway and rail networks with the West Coast Mainline providing a two hour journey time to London. Our excellent commuter infrastructure links to Liverpool and North Wales and Chester.

The Strategic Regeneration Framework will ensure that our vibrant economy continues to grow by providing the conditions within which investment is encouraged and supported.
**GVA**

**WIRRAL GVA PER HEAD**

Fast Growing GVA Per Head (2015)

1st in Liverpool City Region

2nd in Northwest

6th Nationally

---

**Job Density**

**WIRRAL**

60 Jobs per 100 People (2015)

5.2% in Wirral

1.2% in North West

2.4% in England

Wirral had an annual increase in its job density of 5.2% compared to only 1.2% for the North West and 2.4% for England which is an improvement that is more than double the national average. (2014-2015)

---

**Employee Jobs**

**Public Sector**

39% Wirral

26% National

Strong Opportunity for Private Sector Growth

Proportion of FTE jobs in Birkenhead & Wirral are below national average (2015)

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**Weekly Workplace Earnings**

**WIRRAL Below LCR, NW & England Average**

£14.20 Lower than LCR

£13.30 Lower than NW

£54.30 Lower than England (2016)

---

**Business**

**Professionals, Scientific & Technical Sector**

88% Micro 0-9 Employees

9.6% Small 10-49 Employees

1.4% Medium 50-249 Employees

0.2% Large 250+ Employees

(2016)

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2015 2016

+1025 8425

Number of Businesses in Wirral has grown since 2015

19% Wirral

20% Birkenhead

Largest proportion in Wirral

---

**Page 15**
### Population, Employment & Skills

<table>
<thead>
<tr>
<th>Population</th>
<th>69% of 194,000 working age population are employed</th>
</tr>
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<tbody>
<tr>
<td>Total Population</td>
<td>321,000 (2015)</td>
</tr>
<tr>
<td>Wirral Met College</td>
<td>FE specialist in construction and built environment in Wirral Waters Enterprise Zone</td>
</tr>
<tr>
<td>LCR Home to 4 Universities</td>
<td>- 12 within 1HR drive</td>
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### Connectivity

<table>
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<tr>
<th>Connectivity</th>
<th>£300M Liverpool2 deep water container terminal has transformed freight &amp; logistics for LCR</th>
</tr>
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<tbody>
<tr>
<td>2 International Airports</td>
<td>Within a 45 minute drive</td>
</tr>
<tr>
<td>Outstanding National Rail and Motorway Links</td>
<td>(2 hours from London)</td>
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### EXCELLENT COMMUTER INFRASTRUCTURE LINKS TO:

<table>
<thead>
<tr>
<th>EXCELLENT COMMUTER INFRASTRUCTURE</th>
<th>139,775 people commute to Liverpool by ferry per year</th>
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<tbody>
<tr>
<td>2 HOURS BY RAIL TO LONDON</td>
<td>3 MINS BY RAIL TO LIVERPOOL</td>
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<tr>
<td>Logistics &amp; Freight Excellence</td>
<td>Via L2 deep water port</td>
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<tr>
<td>RAPID ACCESS TO UK MOTORWAY NETWORK</td>
<td>VIA M53</td>
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### Assets

<table>
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<th>Assets</th>
<th>Housing</th>
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<tr>
<td>1,800+ Council Assets</td>
<td>AVERAGE HOUSE PRICES</td>
</tr>
<tr>
<td></td>
<td>£135k - £140k</td>
</tr>
<tr>
<td></td>
<td>(2013/14) - (2014/15)</td>
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<tr>
<td></td>
<td>HOUSEHOLD NUMBERS</td>
</tr>
<tr>
<td></td>
<td>(CURRENTLY 140,000)</td>
</tr>
<tr>
<td></td>
<td>Housing Zone Status</td>
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STRATEGIC CONTEXT

The SRF defines the strategic context to drive the regeneration of Wirral and it sets out the key strategies, principles and objectives across the range of inter-related economic, social and physical issues that impact on the borough. In doing this the SRF reflects relevant national, city region and local strategies in order to maximise the opportunities to drive forward regeneration within key spatial development areas. Key strategies include:

The Government’s Industrial Strategy Green Paper
Government has set out its vision to drive forward industrial strategy across the entire economy, identifying 10 pillars for economic growth: investing in science, research and innovation; developing skills; upgrading infrastructure; supporting businesses to start and grow; improving procurement; encouraging trade and inward investment; delivering affordable energy and clean growth; cultivating world leading sectors; driving growth across the whole country; and creating the right institutions to bring together sectors and places. The strategy will provide a policy framework against which major public and private sector investment decisions can be made, and Wirral’s sector strengths are poised to capitalise on this.

Liverpool City Region Growth Strategy
This document sets out the strategy for growth for the City Region and identifies key priority sectors for growth – Low Carbon Energy, Advanced Manufacturing, Digital and Creative, Finance and Professional Services, Health and Life Sciences, Maritime and Logistics and the Visitor Economy. Focussing on these growth sectors will maximise the impact of investment and opportunities over the coming years.

Wirral’s growth sectors of advanced manufacturing, energy, maritime and visitor economy have been identified by city region research as underpinning these key priority areas.

Devolution Deal
The devolution deal with Government gives the Liverpool City Region (LCR) control over a £900m, 30 year investment fund which will help unlock the huge economic potential of the City Region. It also gives the LCR Combined Authority (CA) control over transport budgets and more responsibility for employment and skills provision and strategic regeneration opportunities at a local level. As the second largest partner in the city region, Wirral is a key player in these opportunities. As part of the deal a ‘single pot’ approach to funding has been established which consolidates various funding streams into one allocation. This allows a streamlined approach to allocating funding across the city region.

The Northern Powerhouse
The Government initiative aims to rebalance the economy by increasing economic growth in the north of England. Critical to the vision is the implementation of a sustainable and connected transport system which links up the cities and towns in the North of England and the LCR CA is a prominent partner within the Transport for the North grouping which will identify the transformational infrastructure schemes needed to radically improve connectivity across the North of England.

Atlantic Gateway
Wirral has been a key player in developing the Atlantic Gateway strategy which recognises the potential for growth linked to the maritime, port and energy sectors.

Mersey Dee Alliance
The Mersey Dee Alliance (MDA) represents shared economic interests across West Cheshire, Wirral and the North East Wales area. The area is unique in the UK as although it is divided by a national boundary it is recognised as a single economic sub-region with a population of close to 1 million. MDA partners work together to realise the full sustainable economic growth potential of the region.
The Wirral Plan – A 2020 Vision

The Wirral Plan set out the vision for the borough and identifies 20 key outcomes to be delivered over the next three years that reflect the three key priority areas of Business, People and Environment. The Plan provides the impetus to create economic opportunities by attracting enterprise and investment and embraces new models of delivery.

Wirral Core Strategy Local Plan

The Core Strategy Local Plan will set the overall statutory framework for future land use planning decisions in Wirral over the next 15 years. It sets out the Council’s view of what will be a sustainable pattern of development for Wirral and the strategic policies to which neighbourhood plans must be in general conformity. The Core Strategy Local Plan is expected to be submitted to the Secretary of State for public examination in 2019 and once adopted, will be used to make decisions on planning applications and inform other planning documents including a site-specific local plan that will identify the sites needed to implement the policies in the Core Strategy.

At present, the emerging Core Strategy Local Plan sits alongside the Unitary Development Plan (UDP) for Wirral (adopted 2000), the Joint Waste Local Plan for Merseyside and Halton (adopted July 2013) and ‘made’ Neighbourhood Plans for Devonshire Park (2015) and Hoylake (2016). The strategic policies in the UDP will be replaced by those in the Core Strategy Local Plan and the site-specific elements of the UDP (including the Proposals Map) will be replaced by a follow-on site-specific Local Plan. In addition, a statutory Spatial Framework for the LCR is expected to be prepared by the City Region Mayor.

The LCR Housing Strategy Plan is being developed to identify common objectives for housing growth and investment across the sub-region.

The Wirral Growth Plan

The Wirral Growth Plan sets out the aspiration for growth for the borough and the implementation of the plan will support the delivery of the following thematic outcome areas, thereby providing a clear framework for investment and growth.

- Growing competitive businesses
- Increasing employment
- Workforce skills that match business needs
- Increase inward investment
- Develop a vibrant visitor economy
- Provide efficient, well maintained and accessible transport networks
- Assets and buildings are fit for purpose for Wirral businesses
- The provision of good quality housing

The Growth Plan defines the spatial areas that are seen as priorities for regeneration and key investment opportunities and they therefore provide the starting point as the footprint for the SRF. However, there are other areas across the Borough where there are opportunities for regeneration and these are included within the SRF so that development proposals can be taken forward within the context of the Vision and Principles set out in this document.

In addition there are further supporting strategies to the Wirral Plan which include key principles and actions that relate to economic growth. These also provide the context within which the SRF has been developed and include the strategies relating to housing, tourism, culture, digital connectivity, transport and sustainability.
Conclusion:
The review of key policies shows that there is a robust higher level framework in place within which the opportunities and needs of Wirral can be considered and which has informed the development of this SRF.

This is principally drawn from the national strategies, Wirral Plan and Growth Plan, together with their supporting strategies as well as from the LCR Growth Strategy and Devolution Deal.
Wirral offers a varied range of modern office, warehousing and industrial accommodation - plus the land to deliver much more. We have major opportunities including the potential to develop the most exciting mixed-use waterfront at Woodside, a new commercial and civic hub in Birkenhead and further development sites at dynamic New Brighton.

<table>
<thead>
<tr>
<th>Cost Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Cost of modern industrial space in Wirral per sq ft</td>
<td>£5.75</td>
</tr>
<tr>
<td>Cost of modern, new-build grade A office space in Wirral per sq ft</td>
<td>£21.00</td>
</tr>
<tr>
<td>Cost of industrial development land per acre</td>
<td>£250,000</td>
</tr>
<tr>
<td>Acres of available employment land in Wirral</td>
<td>464.1</td>
</tr>
<tr>
<td>Acres of Woodside Waterfront regeneration site</td>
<td>70</td>
</tr>
<tr>
<td>Number of sites/assets Wirral Growth Company will vest, initially, in its first series of joint ventures</td>
<td>32</td>
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DeLiVering growth

The ambition of the SRF is to deliver by 2020:
• 5,000 new jobs
• £250m of new inward investment
• £450m of tourism revenue
• 3,500 new homes
• 250 new businesses
• 250,000 sq ft of new employment space

The spatial priorities for the SRF are:
• Birkenhead Town Centre – including Hamilton Square and Woodside
• Wirral Waters Enterprise Zone
• The A41 employment corridor – including Wirral International Business Park
• New Brighton
• Local Town Centres

The strategic themes of the SRF for driving growth are:
• High Quality Housing
• Employment, Skills and Economic Development
• Excellent Connectivity – transport and digital
• The Tourism and Culture offer
• Sustainable development and a high quality environment
• A great place to live and work – healthier lifestyles and safer neighbourhoods

Details of these themes are set out in the appendix to this Framework.

We have also identified some key principles to support regeneration:

Maximise existing momentum
• A range of delivery approaches will be considered in order to ensure a step change in pace.
• For council owned assets and sites this will include direct delivery of schemes by the council or through partnership arrangements with investors / developers including the formation of a Joint Venture Property Company in order to enable market led development to take place in the future.
• The council is in the process of identifying an investor / developer partner to work with us in setting up a Wirral Growth Company. A joint venture to support the delivery of a number of key development opportunities across the borough.

Utilisation of public resources
• The LCR single investment fund has been established as part of the devolution deal with government and enables priority schemes across the city region to be driven forward.
• The Wirral Waters Investment Fund: The fund is one of the innovative approaches that the council has taken to support development in the EZ. The EZ status allows the council to prudentially borrow against the projected uplift in business rates to support new developments in the zone.

Engage the community
• Our communities must be at the heart of regeneration across the borough which will be taken forward through a range of mechanisms including our Constituency committees, our local council publication Wirral View and on-going resident consultation.
A council that supports growth

In line with the Wirral Plan, the Council will provide the strategic lead for Wirral’s sustainable growth and proactively co-ordinate dialogue and delivery with partners to achieve agreed outcomes. This includes:

- Providing strong leadership
- Communicating with and involving partners, stakeholders and businesses
- Understanding the needs of residents and local markets to shape places
- Ensuring a positive planning environment
- Using public sector assets much more responsively to meet the needs of communities and businesses
- Being ambitious to help deliver an even stronger future for the city region by influencing growth and decision making beyond our statutory boundaries

To advance this ambitious agenda we will build on the strong partnership arrangements and influence with our partners through local structures such as the Wirral Growth Board, and regional structures such as the CA and the Local Enterprise Partnership (LEP).
The Strategic Regeneration Framework has identified those spatial areas that provide the key opportunities for development and investment following analysis of employment land availability, business space and feedback from developers and investors.

The locality level is the one at which most actions will be delivered, within the overall framework of the SRF, but the boundaries of these areas are not rigidly fixed. There will be certain developments, activities and functions that reflect a clear sense of place and the council will need to be flexible as to linkage and the margins of each area. The Framework is an enabling, not a constraining document.

Viability is a significant issue for employment uses in Wirral and the draft Core Strategy notes that given the low rental and rateable values of industrial and office uses that public sector intervention may be needed in the short term to kick start development.

The SRF recognises this and has enabled the prioritisation of key sites to support the rationale for public funding from programmes such as the LCR Single Investment Fund, the Wirral Waters Investment Fund and other national government programmes.

Investment is already taking place in these areas and they provide the initial basis from which the Strategic Regeneration Framework will be driven forward, programmes developed and schemes delivered.

Profiles have been prepared for those areas identified as providing significant growth potential and they provide further detail on the spatial priority areas of:

- Birkenhead Town Centre
- Hamilton Square
- Woodside Waterfront
- Wirral Waters
- The A41 Corridor
- Borough-wide investment opportunities

**KEY DEVELOPMENTS**

- The Wirral Growth Company will drive development at pace
- The Wirral Waters Investment Fund is kickstarting projects in our Enterprise Zone (EZ)
- A new residential offer, including potential for student accommodation in Birkenhead to revitalise the area - supporting new retail and leisure uses such as an independent food, retail and music offer
- A new vibrant and refocussed market to position Birkenhead as a city region destination
- A civic cluster to support a modern thriving centre
GROWTH OPPORTUNITIES AND KEY ASSETS
BIRKENHEAD TOWN CENTRE

AMBITION

Birkenhead town centre will once again be a thriving town centre of choice, a destination in its own right as a result of the range and quality of its retail, food and leisure offer, and our civic hub. Its position in the sub-region will be cemented as a second-tier centre only behind Liverpool.

CONTEXT PLAN
POTENTIAL

Birkenhead Town Centre is the largest town in Wirral and a sub-regional destination for retail and leisure in the wider Liverpool City Region and Cheshire area.

The opportunity to maximise and grow the retail, leisure and evening economy in Birkenhead is significant given its catchment potential (both in terms of scale and affluence) and the presence of key assets under Council ownership strategically located in the centre.

Birkenhead has all the makings of a vibrant, creative and inspiring destination in the Liverpool City Region with a well established market and fantastic transport infrastructure, with the town centre having three train stations, and a modern bus station.

The opportunity is to redevelop and redesign existing assets into a modern highly functioning, thriving centre with a reconfigured civic function, a new, vibrant and refocussed market dedicated to fresh produce and local goods, with a retail and leisure offer worthy of its prime location in the LCR.

This is an area that is ready for change and is a key priority for the council.

WHY INVEST?

The Town centre has significant untapped potential within its catchment population. Birkenhead will be the new civic hub for public sector functions to support the growth and aspirations for the area, with reconfigured infrastructure to enable growth and improved linkages to other key locations such as Woodside, Hamilton Square and Wirral Waters.

Birkenhead is strategically located at the end of the A41 corridor which supports the growth of key employment and residential developments for Wirral and feeds directly into Birkenhead.

With Liverpool City Centre less than 3 minutes away on the train and the iconic Mersey Ferry on its doorstep, Birkenhead has the makings of a thriving and vibrant centre which supports the growth of Liverpool City Centre but which has a separate and distinct identity providing different, yet complementary functions and uses.

INVESTMENT OPPORTUNITY

Town centre key outputs:

• A civic cluster of 60,000sqm incorporating civic and commercial floorspace and car parking spaces.

• Increased and improved residential offer.

• An enhanced station gateway – a recognised entry point to the town centre, bringing in visitors from the City Region and beyond.

• An entertainment and leisure offer providing visitor and evening economy focussed space to complement the commercial opportunities.

• Total Gross Development Value across the neighbourhood in excess of in excess of £200m.
WHAT’S HAPPENING NOW

Clustering our civic functions
To underpin and support the regeneration of Birkenhead and the town centre, the council will commit to relocating the core of our civic functions to the centre, to be housed in a new purpose-built facility.

One public estate
Further to the clustering of our own civic functions within the town centre, we will work with our wider public sector partners to further support the delivery of a true concentration of public sector services within the town centre.

Strategic acquisitions
We have identified, as part of the preparation of this document, a number of sites which we believe will be key for the delivery of the ambitions that we hold for the town centre. We are progressing discussions with third-party landowners in each case to identify opportunities for strategic acquisitions to ensure that we have control of these sites. We will continue to work to identify and secure sites as required, alongside any future private sector delivery partner(s).

Transformational infrastructure delivery
We understand that we need to deliver more place-changing infrastructure across Birkenhead and the town centre, specifically to unlock potential in the future, building on previous major investment in a new bus station, removal of a redundant tunnel flyover, construction of Europa Boulevard and Conway Park railway station.

The Council has commissioned a scoping exercise to look at the future requirements to ensure that Birkenhead, the A41 corridor, Woodside and Wirral Waters are linked and connected in the most sustainable and effective way to ensure that people and places are intrinsically linked.

Planning policy integration
Our adopted development plan supports the regeneration of Birkenhead town centre, and our emerging Core Strategy Local Plan promotes it as a sub-regional retail centre, including supporting development for all key town centre uses (A1, A2, A3, A4, A5, B1, C1, D1, and D2) with residential supported at upper floor levels and backland sites.

We will work with delivery partners to develop a comprehensive masterplan for the centre, which will be signed off by the Council in advance of any planning applications, to give greater certainty to delivery and de-risk the process as much as possible.
HAMILTON SQUARE

AMBITION

Hamilton Square will be a unique sustainable residential neighbourhood for a new urban community within Birkenhead, attracted to the area by the economic, educational, retail and recreational opportunities within the town centre, Woodside, Wirral Waters, and Liverpool and the wider sub-region over the Mersey. Its identity will be steeped in its heritage, including its scale and the quality of development that will be brought forward.

CONTEXT PLAN
POTENTIAL

Hamilton Square has the largest collection of Grade I listed buildings in a square outside of London and is a truly iconic setting in the middle of Birkenhead.

Strategically located between Woodside and Birkenhead Town Centre, it is the key linkage between the waterfront at Woodside Ferry, Hamilton Square train station and the town centre. Hamilton Square is a distinct destination in its own right, with a spectacular setting of Georgian buildings and beautiful public space which forms key walking routes across Birkenhead. Liverpool City Centre can be reached in under 3 minutes by underground rail.

The listed buildings within Hamilton Square are a key asset for Birkenhead and require significant investment to realise their full potential, including investment in their surroundings to reflect their quality.

Birkenhead Town Hall overlooks the square and provides a major opportunity for re-use as a boutique hotel and conference facility which would sit alongside a mix of commercial and the re-emergence of a residential focus in the square.

WHY INVEST?

The surrounding area comprises a network of streets and buildings with exceptional character and regeneration opportunities. The area has the potential to become home to cultural and creative entrepreneurs looking to set up in what can be regarded as Liverpool’s new Left Bank.

The council’s assets here could therefore serve as a catalyst to the creation of a live/work town centre community, including the potential for student accommodation as part of a wider residential mix.

On the corner of Hamilton Square, the Treasury building boasts unrivalled views across Birkenhead to the Liverpool Waterfront. This building could accommodate a modern hotel or residential complex.

There is significant opportunity to regenerate Hamilton Square into a truly remarkable residential area and to create a vibrant neighbourhood to support the growth and aspirations for Birkenhead, Woodside, Wirral Waters and Liverpool City centre.

INVESTMENT OPPORTUNITY

Hamilton Square neighbourhood key outputs:

- Hotel offer.
- Residential units including student bed spaces, 3,600sqm of retail, food and drink floorspace.
- Total Gross Development Value across the neighbourhood in excess of £60m.
WHAT’S HAPPENING NOW

Use of our assets
We recognise that we have ownership of land and buildings within the Hamilton Square neighbourhood which could hold greater commercial potential in the future including the Town Hall. The potential is even greater when the wider public sector is considered – including for example the Police Station. We are committed to reviewing and where appropriate, rationalising our assets in this area to drive greater value returns for the public sector – through either direct disposal or inclusion within any future delivery vehicle that may be established to deliver our regeneration aspirations.

Strategic acquisitions
We have identified a number of sites which we believe will be key for the delivery of the ambitions that we hold for Hamilton Square.

We are progressing discussions with third party landowners in each case to identify opportunities for strategic acquisitions to ensure that we have control of these sites. We will continue to work to identify and acquire sites as required, alongside any future private sector delivery partner(s).

Transformational infrastructure delivery
We understand that we need to deliver place-changing infrastructure across Birkenhead to unlock potential in the future. We are committed, alongside public and private sector partners, to delivering this infrastructure to support our regeneration priorities. For Hamilton Square this could include consideration of a new parking strategy and vehicular flows around the square.

Planning policy integration
Our emerging development plan supports a focus of regeneration to preserve and enhance the character and appearance of the Conservation Area at Hamilton Square, to secure a long-term mixed use commercial future for the designated area. Delivery of additional housing in Wirral is also a corporate priority. We will work with future investment partners to deliver development within this quarter of the town.

Stakeholder engagement and lobbying
Working with Central Government alongside local partners such as the Local Enterprise Partnership, Birkenhead Business Improvement District and Wirral Chamber of Commerce, we will place Birkenhead’s regeneration at the forefront of stakeholders thinking including testing delivery strategy fundamentals and areas of innovation and best practice, and alignment of strategy and priorities with funding opportunities.
WOODSIDE WATERFRONT

AMBITION

At Woodside, Wirral will have a waterfront residential and commercial quarter of scale, style and built quality that reflects its positioning on the Left Bank of the Mersey, but which also respects and enhances the heritage assets within Birkenhead.

This will be an iconic and exciting residential and commercial hub within Wirral, a home to hotel and conference facilities, commercial office activity, and new residents overlooking one of the world’s most recognisable and spectacular views – that of the UNESCO World Heritage Liverpool Waterfront.

CONTEXT PLAN
POTENTIAL

Woodside is the jewel in the crown for opportunity and ambition for Wirral and the LCR. Woodside is under 3 minutes from Liverpool City Centre, by the fast, frequent underground Merseyrail network. It also has excellent bus and rail links to much of the Wirral and wider City Region. Woodside Ferry terminal provides an additional link to Liverpool city centre which has the potential to enhance its role as part of a regeneration project.

The council supports the principle of a key commercial core at Woodside with links to Hamilton Square and Birkenhead needing to be embedded in the plans to create a corridor of opportunity to Birkenhead Town Centre. The pieces are in place to create a truly unique, sustainable and cultural asset to the City Region and beyond.

WHY INVEST?

The area is perfectly located to act as the next phase of opportunity associated with the critical mass of activity within the Liverpool Central Business District.

The Woodside area holds the potential to deliver an innovative and modern, mixed use development within an area of huge opportunity, enviable connectivity, and with the presence of significantly underutilised public sector assets. It will form the gateway to Birkenhead from Liverpool, with the resulting opportunity undeniable.

INVESTMENT OPPORTUNITY

Woodside presents a once in a lifetime opportunity to achieve a landmark private sector-led development which should not only drive the regeneration of this important part of Birkenhead but also achieve a quality of design and visual impact worthy of its location. Woodside could comprise a mixed use series of buildings and public spaces which:

- Uses including commercial office, retail, food and drink, hotel and conference, and residential.
- Over 65,000sqm commercial floorspace, a 200-bed hotel, over 580 residential units, and 450 car parking spaces.
- Re-connects the waterfront with the centre of Birkenhead, including Hamilton Square, and Wirral Waters.
- Represents an attraction in its own right and creates a high quality and accessible environment for visitors, day and night and throughout the year.
- Total Gross Development Value across the area in excess of £300m.
WHAT’S HAPPENING NOW

Strategic acquisitions
We have identified a number of sites which we believe will be key for the delivery of the ambitions that we hold for Woodside, including public sector assets.

Woodside Steering Group
A Woodside Steering Group is set up that includes the Council and the key landowners for the Woodside Masterplan area. This is designed to bring third-party landowners and partners together to secure the redevelopment of Woodside through a collaborative partnership approach that builds on the 2010 BDP Masterplan.

Transformational infrastructure delivery
We understand that we need to deliver place-changing infrastructure across Birkenhead and Woodside specifically to unlock potential in the future. We are producing a Transport and Major Infrastructure and Delivery Strategy to support identified growth potential. We are committed, alongside public and private sector partners, to delivering this infrastructure to support our regeneration priorities. For Woodside this could include a potential realignment of the A41 at the Woodside gyratory, and redesign of the road and infrastructure layout, transformational public realm and enhanced, innovative public transport.

The Council has commissioned a scoping exercise to look at the future requirements to ensure that Birkenhead, the A41 corridor, Woodside and Wirral Waters are linked and connected in the most sustainable and effective way to ensure that people and places are intrinsically linked.

Planning policy integration
Urban Regeneration is a consistent theme in our existing and emerging development plans and the mixed-use redevelopment of Woodside to enhance the economic role and commercial offer of Birkenhead Town Centre would support these objectives as well as contributing to the delivery of additional housing in Wirral which is a corporate priority. The endorsed 2010 Woodside Masterplan is being updated by partners and the Council will work with delivery partners and landowners to develop a comprehensive masterplan for Woodside. This will provide a comprehensive framework and a holistic approach to delivery.

WATERFRONT VISION
- Creative and digital industries – supporting local entrepreneurs – start-up space and support at The Sheds
- Event space and meanwhile uses supporting an independent creative sector
- Reconnecting the waterfront to Birkenhead – a strong food offer
- New waterfront living will form the gateway to Birkenhead from Liverpool
- Innovative space is being discovered and enabled for use by creative businesses
- Major and iconic development to complement Liverpool’s world class waterfront
**WIRRAL WATERS**

**AMBITION**

Wirral Waters is the largest regeneration project in the UK and has Enterprise Zone status. It is also set to become the most sustainable. It will be a new place to live, work and play and a place for all. It is centred on the Wirral Dock system on the banks of the River Mersey, overlooking Liverpool’s world-class, city waterfront. At its heart the project seeks to use the unique water assets of the city to drive growth across all sectors; for trade, for jobs, for energy, for transport, for play and for ‘placemaking’.

**CONTEXT PLAN**
POTENTIAL

The scheme is jobs driven. The economy comes first for Wirral Waters as it seeks to create well over 20,000 permanent new jobs for the Liverpool City Region. The scheme seeks to create the workforce to deliver the project therefore being a catalyst for appropriate training and skills giving the young people of Wirral a brighter future.

Wirral Waters will transform the derelict docks in Birkenhead into a world class waterfront that is alive with activity on land and in the water. Although inspired from other places, Wirral Waters will certainly be ‘of Wirral’ a unique place known for its big skies, lush countryside, striking coastline as well as its pioneering spirit and distinctive culture.

WHY INVEST?

The Wirral Waters project is supported by Central Government. It was designated Enterprise Zone status in 2011 – one of the 1st four Enterprise Zones in the UK and known as the Mersey Waters Enterprise Zone. Wirral Waters has also been awarded Housing Zone status by the Government in 2017 which recognises the opportunity for housing growth within the Zone which has outline planning approval for upto 13,500 units to be developed throughout the duration of the project.

Wirral Waters seeks to match the undoubted opportunity of the site, its water, its open space, its mercantile infrastructure with the assets of the area and the undoubted quality of life, rich culture, its skills, coastline and countryside.

Wirral Waters is however immediately located within an area of economic need, thereby making the scheme essential to help drive economic growth in East Wirral as well as the Liverpool City Region.

This opportunity is recognised in the wider economic growth strategies of the Atlantic Gateway, the Liverpool City Region LEP, and the Combined Authority. It is a priority project for the Northern Power House.

Building on Peel’s track record of sustained investment and delivery in the region over the last decade, including Liverpool John Lennon Airport and the ongoing £350m investment into port infrastructure - Liverpool2, the Wirral Waters project seeks to catalyse the vision to re-harness the water assets of the area – its Port, the River Mersey, the Manchester Ship Canal, the Irish Sea and the wider Atlantic and for these to once again be the drivers of jobs and growth whether through increased trade, logistics & connectivity, energy, advanced manufacturing or through the visitor / creative economy for this genuinely distinct part of the UK.

Fundamentally, this is what underpins the Mersey Waters Enterprise Zone- a re-harnessing of the River Mersey to deliver jobs and growth.

In addition, Wirral Council has established the Wirral Waters Investment Fund based on the re-investment of the uplift in business rates. The Fund will enable loans or grants to be offered to developers who present clear ideas/projects for the successful development of land in the Enterprise Zone, with the effect that such development will ultimately lead to the generation of business rates for the WWIF once end users take occupation in the Enterprise Zone.

Key outputs:

• Transform 500 acres of docklands into an internationally recognisable waterfront destination.
• An Enterprise Zone where over 20,000 new jobs and 13,000 new homes will be created.
INVESTMENT OPPORTUNITIES

**Egerton Square**
A new amenity village on the banks of the East Float docks that provides local amenity for existing and new residents, students and workers that are starting to populate Four Bridges and Northbank East. The scheme can also provide a much needed hub for the artistic and creative industries of Wirral. Following an architectural competition, architects OMI are working up the project that will include some amenity retail, a new square with an events programme, managed workspace and studios and a restaurant.

**Laird House, Tower Road South**
Named after one of Birkenhead’s famous forefathers, Laird House at Tower Road South will provide new flexible and sustainable office space with views across the Docks and to Liverpool. This will be available as a single building or in suites. Designed by award winning architects, Glenn Howells Architects, the office will be circa 25,000 sq ft over 4 stories.

**Maritime Knowledge Hub**
The Maritime Knowledge Hub is to be developed at the Hydraulic Tower. Focussed on the maritime sector, it will provide up to 50,000 sq ft of new office, incubation, teaching, R&D and cultural space. It will also provide a tank for an Offshore Survival Training Centre.

The Maritime Knowledge Hub will be focussed on the Grade 2 listed Hydraulic Tower building, which is a copy of the Palazzo Vecchio in Florence. Bombed in the war and now largely derelict, the Hydraulic Tower is an important part of the history and heritage of the Dock Estate. The Maritime Knowledge Hub will once again become a beacon for the area, positioned at the very heart of Wirral Waters. Its refurbishment will be a barometer of progress for Birkenhead creating a centre for Marine entrepreneurship, enterprise, skills and culture to support the wider Marine & Maritime sectors.

Project partners: Liverpool John Moores University, Mersey Maritime, the Manufacturing Technology Centre, Wirral Council and Peel Holdings.

**Wirral Waters Catalyst Project - The Maritime Knowledge Hub**
MEA Park
MEA Park (Marine, Energy and Automotive Park) is a proposed new, multi-unit, 1 million sq ft waterside manufacturing, logistics, R&D and assembly campus. This is targeted to support the Marine, Maritime and Energy sectors.

Phase 1 of MEA Park is intended to be the conversion of the existing 42,000 sq ft existing Mobil building where we are targeting a Government R&D Catapult centre. The focus of the project will be a research centre for Modular Construction, skills factory and Digital Design.

It is envisaged that Phase 2 will be a multi-unit B1/B2/B8 project of circa 50,000 sq ft for engineering supply chains in the energy, maritime and automotive sectors.

MEA Park will seek to build on key strengths and growth sectors, in particular the Energy Sector – offshore wind and civil nuclear – as well as automotive in supporting Jaguar Land Rover in Halewood, GM Vauxhall and Bentley.

The 60 acre MEA Park is now remediated and serviced. This site also benefits from Enhanced Capital Allowances within the Enterprise Zone.

Northbank East Phase 2
Northbank will be a residential neighbourhood with waterside living, designed to attract new residents and strengthen the emerging residential community in the adjacent converted Grain Warehouses.

The development will provide a product that’s unique to the Liverpool City Region: aspirational, high quality design, construction and management, with a south-facing waterside location and views across the River Mersey to the world-class Liverpool city skyline.
WHAT’S HAPPENING NOW

Wirral Met College
The Wirral Met College Construction campus is the first building to have been delivered in Wirral Waters. This starts the educational / training ‘campus’ at Four Bridges. The new Wirral Met College is circa 38,000 sq ft with construction courses aligned to Wirral Waters and focussed on the Built Environment. The design of the building has secured a RIBA Regional Award, a RIBA National Award, a Civic Trust National Award and a Wirral Society Award for Excellence.

Egerton Square
A new amenity village on the banks of the East Float docks.

WHAT’S PLANNED

Between now and 2020, it is intended that delivery activity will be focussed at the Four Bridges / Northbank East neighbourhoods and at MEA (Marine, Energy & Automotive) Park. These ‘cluster’ areas are to be developed in parallel and will create new sustainable employment and residential, office, amenity and educational space within the Wirral dockland.

Site preparation and infrastructure come first. These initiatives create the platforms for delivery followed by the landscaping, the spaces between buildings being vital in ‘placemaking’. The ‘connecting threads’ are then the green infrastructure, and a commitment to cycling and improved public transport.
THE A41 CORRIDOR

AMBITION

The A41 corridor will continue to accommodate employment growth in the key locations from Eastham through Bromborough up to Birkenhead Town Centre and the Waterfront. It offers immense potential to contribute to the growth of the Borough and unlocking development opportunities and barriers to growth is a key priority for the Council through its growth ambitions.

POTENTIAL

The A41 is a Key Route Network for Wirral and has also been identified as part of the Major Route Network for the wider region. It intrinsically links the east of the borough and the key centres as well as some of the main employment locations in the borough including Unilever, Wirral International Business Park, Cammell Laird ship yard and Birkenhead.

Work has previously taken place to deliver improvements through a programme of environmental enhancements to the corridor and recently the Council has enabled developers to bring forward two supplier parks to serve the growing energy sector supply chain.

The potential to increase employment and grow existing and new locations along the strategic highway route is significant and the Council will support sustainable growth and investment in this area.

There is the opportunity to improve access to Birkenhead Town Centre from the A41 through the provision of a new Mollington Road link which could enable the future removal of the Town Link flyover as part of a wider regeneration aspiration to open up under-used and vacant sites south of the town centre.

Unlocking sites off the A41 through new road links to bring sites to fruition will be critical.

WHY INVEST?

The A41 corridor provides exciting development opportunities to grow and expand the employment and housing opportunities along this key corridor to Birkenhead. The A41 corridor has a proven track record of delivery of light industrial units and has successfully created a major employment destination which supports and sustains growing companies and adjacent residential areas.
INVESTMENT OPPORTUNITIES

Hind Street
Hind Street is a large under-utilised area to the immediate south of Birkenhead Town Centre and to the west of the A41, well served by public transport including direct rail links to Liverpool and Chester. The Council is working closely with partners to bring forward a key development location at Hind Street which will create a new gateway into Birkenhead Town Centre and provide a comprehensive mixed use scheme. A successful office development at Queens Gate, to the immediate north of the area, highlights the potential for high quality development and investment in this location.

Wirral International Business Park
A Strategic Regional Site in Bromborough, to the east of the A41, extending between the watercourse at Bromborough Pool and Eastham Country Park, is one of the Borough’s most successful business locations. There are a few remaining sites with the Business park which are yet to be developed out and the Council will be looking to secure suitable uses to complete the business park. Adjacent to the Business Park is the Croft Retail and Leisure Park which is one of the Borough’s main retail and leisure destinations.

Eastham QEII Dock
Eastham QEII Dock is adjacent to the entrance to the Manchester Ship Canal - a regionally important facility with links to Stanlow, Runcorn and Manchester, operated as part of the Peel Ports portfolio, with a large area of brown field land which is currently not developed. This is part of the Atlantic gateway prospectus across the City Region and is supported as a key investment location. The Mersey Ports Master Plan proposes the phased re-location of out-dated port facilities.

WHAT’S HAPPENING NOW

Work has taken place to deliver improvements through a programme of environmental enhancements to the A41 corridor, including significant cycling infrastructure along the whole length of the corridor. Several junctions have been identified for road capacity improvements and green corridors. Two new business parks have been established along the A41 which are looking to enable businesses to serve the growing energy sector supply chain.

Unilever Port Sunlight Factory and Research Laboratories
The Unilever factory and adjacent Research Laboratory at Port Sunlight is still one of the largest private sector employers in the Borough. Due for completion in 2017 a new Advanced Manufacturing Centre facility is to house a state-of-the-art pilot plant enabling scientists and engineers to test new ideas during personal care and home care product development on a factory scale.

Housing
The former Golf Driving Range at Bromborough - planning permission has been granted to Bellway Homes for 98 homes on a 4.5 Hectare site and the first batch of 22 units are currently under construction.

Persimmon Homes have planning consent for 169 dwellings on the former Croda site on Pool Lane as part of a mixed use development.
Cammell Laird

The site now provides a major marine engineering and ship building and repair facility. The open land to the south of the ship repair facility is currently in use for the assembly and construction of off-shore wind turbines and other associated equipment and has the potential to become a major supply and construction centre for the offshore renewable energy industry.

Cammell Laird and the Nuclear Advanced Manufacturing Research Centre (AMRC) have recently announced a new partnership which will see the opening of a Nuclear AMRC facility within the site. This will provide a base for the sector in the north west and be used to develop and industrialise technology and knowhow to service the nuclear industry.
WHAT’S PLANNED

Transport infrastructure

The A41 carries significant volumes of traffic and capacity issues are forecast by 2024. A number of transport schemes are planned which will improve capacity at several junctions, reducing delays and allowing the traffic to flow more freely through the junctions, reducing journey times and improving flow and journey time reliability of the A41 Corridor to support growth and opportunities in Wirral.

- New link road (Mollington Link) into the redevelopment of land at Hind Street to open up the site as part of the development.
- Improvements to the A41 / Green Lane Roundabout (Campbeltown Road) to increase capacity.
- Improved bus, cycle and pedestrian routes and connectivity along the A4
NEW BRIGHTON
New Brighton is located on the north eastern tip of the Wirral Peninsula and is surrounded by miles of spectacular coastline with stunning views of Liverpool’s waterfront. New Brighton is a year-round premier seaside destination, attracting increased day trippers and overnight stays. We want to extend the appeal of the resort to new markets, and regenerate areas with potential for growth to bring further new businesses and jobs.

Potential for New Brighton
In recent years, New Brighton’s seafront area has undergone significant regeneration which has led to a dramatic resurgence in its fortunes, restoring New Brighton’s reputation as an outstanding visitor destination. New Brighton is recognised as an attractive visitor destination with huge potential that could be further maximised through developing additional unique attractions to entice more visitors to explore and enjoy New Brighton’s natural seaside charm.

The Floral Pavilion Theatre and Conference Centre is a key asset within the £70 million New Brighton regeneration programme that includes a hotel; an 8 screen digital cinema; superstore; children’s play centre, restaurants & bars, and was rebuilt at a cost of over £11 million. Over 500 new jobs have already been created as part of the regeneration of the town, however Wirral’s key coastal resort still has room for economic growth and increased visitors.

The Economic Plan for New Brighton (Jan 2016) outlines that the visitor economy is worth £25.5m to the resort compared to just £15.8m in 2009 (excludes expenditure made by Wirral residents) and has helped Wirral become the fastest growing visitor economy in the city region.

Investment Opportunity
The Economic Plan sets out how we can build on the success of New Brighton to appeal to new markets and regenerate areas with potential for growth to bring further new businesses and jobs into the area. This includes the opportunity to invest in the development of a range of sites.
NEW FERRY
In March 2017 an explosion took place in the centre of New Ferry causing untold damage to business premises and residential areas located close to the site of the blast. High level discussions with Secretary of State for Communities and Local Government have taken place to secure investment for the area.

To ensure its survival it is clear that the district centre will need to contract, creating a smaller more accessible retail centre, using underused land and buildings for businesses to move into as part of a mixed use scheme. Investment interest could be further stimulated through the inclusion of some residential components within any proposed development.

HOYLAKE GOLF RESORT
Building on the success of hosting several Open championships, Wirral Council plan to establish Hoylake as the capital of England’s Golf Coast by developing a new world class golf resort. We have entered into a Joint Venture agreement with the Jack Nicklaus Group as preferred development partner.

Plans for the golf resort include an 18-hole championship course designed by Jack Nicklaus and the re-provision of a high quality municipal 18 hole course, a proposed top class hotel, including health and spa facilities and a clubhouse, and a ‘Links Academy’ where visitors can learn about the unique demands of playing links golf before embarking on a tour of the North West’s three championship links courses. Housing units are also included as part of the mix of the development as well as the provision of a new road to provide increased linkage to the site.
LOCAL TOWN CENTRES
In addition to the spatial areas identified here there are other key development sites within our town and district centres across the Borough and more detailed place shaping work is ongoing in order to set out the ambitions for each area.

Wirral’s town and district centres are key assets for our local communities as well as supporting the Borough’s economy and providing valuable local jobs. A successful centre is important to the surrounding neighbourhood and any development should support them to retain their vibrancy and vitality and reinforce the sense of community and ownership.

Currently six areas across the borough have been identified on the basis that they contain a high concentration of public assets - Bebington, West Kirby, Wallasey (Liscard), Bromborough, Moreton and Heswall and we are in the process of developing profiles for these areas to provide an overview of the sites and their current uses.

This will be the first step in developing more detailed Place Profiles to be included within the Strategic Regeneration Framework which will be shaped by consultation and engagement with communities and wider stakeholders.

The aim of the consultation and the delivery of the Place Profiles will be to set out a clear ambition for each of the areas that reflects local needs and contributes to the achievements of the aims of the Wirral Growth Plan and Wirral Vision. For example Liscard will be the focus of a pilot to revitalise the town centre and the Place Profile will develop alongside the pilot.

LOCAL TOWN CENTRES
- Innovative business support service will help high streets with new project activity
- The Birkenhead BID is supporting the use of our town centre spaces for creative community and visitor uses
- Promoting our local offer – farmers markets, food and drink festivals
- Use of Parks and open spaces to support our creative people through music and drama festivals, art events
This appendix sets out the series of strategic themes which will guide the development of our key investment opportunities. The themes will support the delivery of physical, economic, social and environmental change in a co-ordinated and cohesive way and deliver wider regeneration.

The Wirral Strategic Regeneration Framework provides the context for delivering the Growth Plan outcomes including existing and new initiatives that will accelerate delivery of physical, economic and social change in a co-ordinated way.

It enables a twin track approach by setting out the ambition and opportunities for development and investment in key spatial areas whilst also providing a series of strategic themes which will guide and support that development and deliver wider regeneration.

The following strategic themes have been identified:

• High Quality Housing
• Employment, Skills and Economic Development
• Transport connectivity
• Digital connectivity
• The Tourism and Culture offer
• Sustainable development
• A high quality environment
• Healthier lifestyles
• Safer Neighbourhoods
HIGH QUALITY HOUSING

INTRODUCTION

Access to good quality housing is a crucial component of strong and sustainable communities and maintaining and developing sustainable housing markets is at the heart of the SRF. The framework also seeks to maintain, and where appropriate, increase levels of choice in the market whilst protecting the character of our successful neighbourhoods.

Ensuring that Wirral has a sufficient range of high quality housing via new build and the existing stock together with a wide choice of housing tenure is a fundamental factor in delivering place shaping and our ambitions for growth and regeneration. Wirral’s draft Core Strategy’s spatial vision recognises that the focus of new development and investment will be on improving and regenerating the Borough’s existing urban areas. This includes ensuring that the housing market offer within the East of the Borough competes on a more equal footing with outlying residential areas. Wirral is a borough of sharp contrasts, with many affluent and attractive residential areas alongside areas of high deprivation and the SRF reflects the Wirral Plan in providing a framework through which this gap can be closed.

As part of the Combined Authority, work is taking place to deliver the LCR Strategic Housing Employment and Land Market Assessment and this, together with ambitious One Public Estate activity, will provide further opportunities for site acquisition and development as well as options for delivery models that will ensure that our assets are aligned to our economic and housing growth plans.

KEY ISSUES

The draft Core Strategy recognises that to meet national policy requirements there is a requirement for significantly more homes to be built over the next five years than have been built during the last decade. This is in part due to previous regeneration programmes, such as Housing Market Renewal, which saw a high level of demolitions as well as improvements to social housing stock taking place.

As a result Wirral’s Housing Strategy published in July 2016 reflects the need to build more homes to meet our economic growth ambitions and sets a target of 3,500 new homes by 2020, with 1,000 of these being at Wirral Waters. New housing will need to reflect a range of housing types and tenures so that it integrates into the existing communities whilst also reflecting the need for more family homes, single person accommodation and extra care facilities for Wirral’s ageing population. This is supported by Wirral’s Housing Market Assessment.

A number of sites have been identified for new housing development and a wider review of potential development options is currently under way to support the delivery of these new homes. This includes sites within our four key spatial focus areas where it is recognised that a significant residential population is highly important for the successful functioning of town centres and in particular the sub regional centre of Birkenhead. Within Birkenhead our aim is to provide more homes for families, workers and students to establish a high value market for retail, restaurants and entertainment and contribute to the general level of activity within the town centre. The challenge is to increase market confidence in the town centre for the provision of a wide range of housing types.
Wirral’s Housing Strategy

Our Housing Strategy has been informed by ongoing consultation with key partners, residents and stakeholders and is based on a strong evidence base. The priorities to be achieved through this strategy and associated plans are:

- Building more homes to meet our economic growth ambitions
- Improving the quality of housing available to our residents
- Meeting the housing and support needs of our most vulnerable people to enable them to live independently

Actions

We are establishing a dedicated housing growth team to support private sector and Registered Provider partners to accelerate development and we have reconvened Wirral’s Strategic Housing Partnership.

Completion of our Employment Land Study, taken alongside our Housing Market Needs Assessment, will support the wider review of development sites to support the delivery of new homes within key sites across the borough.

We have secured Housing Zone status within the following areas – Wirral Waters, Rock Ferry, Moreton and Bromborough. These areas will be a focus for accelerated delivery of new homes, but there are other areas of opportunity and scale which will be delivered alongside our housing zone work.

New building in the borough will also be supported by key activities to improve the borough’s private rented housing offer, creating a housing market that is flexible and of a quality to meet a variety of needs.

New homes and improvements to existing stock will support the provision of a high quality built and natural environment and reflect a distinct sense of place.

Housing and the Environment

- Residential sites supporting investment and regeneration
- Accelerated delivery of new homes to revitalise our town centres and waterfront opportunities
- Public realm improvements driving business growth and access to employment
- Using our parks, coast and open spaces for leisure, arts and tourism activities - Open Golf championship, Mersey River Festival of Light
EMployment, Skills and economic development

Introduction

The City Region’s Growth Strategy recognises that the success of the area is intrinsically linked with its ability to attract and retain workers with the right skill sets to meet the current and future needs of business. As a result the Combined Authority through its Employment and Skills Board has created a Skills Commission to work with businesses, learners and education providers to oversee a Skills Strategy for commissioning our locally devolved Adult Skills budgets.

Wirral is already a growing economy - closing the productivity gap with the North West, and a proactive and responsive approach to local skills provision is a core component of the SRF. It is vital in attracting investment and supporting business growth, as well ensuring that local residents are able to benefit from that growth.

We are already seeing existing businesses expand and grow and we have completely redesigned our Business Support Service to bring in investment and commercial expertise. Delivered by Wirral Chamber of Commerce the service will provide a strong offer to businesses including support for start-ups, growth, sector networks, relocation and workforce development.

We have responded to opportunities by linking the LCR Skills for Growth Advisors with the Wirral Business Growth Hub Advisors in order to provide businesses with potential access to funding and bespoke advice on skills. In addition our strong inward investment offer is promoted through a city region approach to maximise its impact.

Key Issues

The council is committed to providing suitable employment locations across the borough to accommodate the needs of indigenous businesses and supporting inward investment to Wirral. A flexible supply of employment land is needed to meet the demands and economic and commercial challenges that the economy faces and the council is therefore reviewing its employment land supply to ensure that we have a fit for purpose supply, in the right locations.

An LCR wide Strategic Housing and Employment Land Market Assessment (SHELMA) will identify the future need for employment land, across the City Region and at district level based on the LEP’s latest Growth Strategy projections. The Wirral Employment Land and Premises Study Update, which was commissioned in January 2017, will re-assess the adequacy of the Borough’s existing supply of employment land and premises alongside the findings of the SHELMA. When it comes to allocations in a future site-specific Local Plan, priority will be given to sites that are ‘market ready’ for development, able to accommodate the priority sectors identified above and which provide employment and training for people in areas of greatest need.

Areas within Wirral such as the Wirral International Business Park and the adjoining A41 corridor already provide successful and growing employment locations with a broad range of accessible jobs. We are working with our partner Peel Holdings to bring forward sites within our Wirral Waters Enterprise Zone and see these areas as opportunities to enable our economically active workforce to increase.
We have already seen key capital investments into the Borough to support skills development such as Wirral Metropolitan College’s new Campus for the Built Environment at Wirral Waters, their STEM centre and the North West College of Engineering. We know more is needed and we are working with our partners, including the Universities, to realise major new skills infrastructure projects including Phase 2 of the Maritime Knowledge Hub and a Manufacturing Technology Catapult Centre.

In spite of the presence of employment centres across the Borough and beyond, inactivity rates remain high and many employed residents are in lower paid jobs. These factors have a considerable impact on household income and we are delivering a £6.5m Ways to Work programme to help people access training and employment.

We have a commitment to ensuring that our young people are ready for work. Our emerging Schools Strategy will ensure that we build on existing high quality education provision and raise levels of achievement across the borough so that our young people have learning experiences which support them into employment. This includes raising the aspirations of our young people and ensuring access to a range of opportunities. This could involve apprenticeships, vocational training and employment or higher education.

**Wirral Growth Plan**

Ensuring that there are greater job opportunities within the Borough and that workforce skills match business needs are two of the key pledges within the Wirral Growth Plan.

To take these forward the Growth Plan sets out that we will work with partners to increase the number and range of jobs and reduce unemployment. We will also closely align the provision of training offered with the skills businesses will need to develop and grow.

**Key Growth Sectors**

- The Maritime Knowledge Hub project will deliver innovative and cost saving solutions through the co-location of businesses and HEI researchers
- Energy – use of physical assets and skills to attract investment – Dong Energy O&M base, business parks on the A41 to support Cammell Laird and the Advanced Manufacturing Research Centre in the civil nuclear sector
- Increase the value of the digital and creative sectors - development of applied technologies linked to the Wirral Waters EZ offer and maritime sector
- Major visitor economy attraction – Eureka – maximising links to Liverpool linked to shaping new places and spaces
We will seek to develop further skills initiatives with the Universities in order to provide higher level skills in our key growth sectors – reflecting the LCR’s Skills for Growth Agreements.

We will work with our partners to promote Science, Technology, Engineering and Mathematics skills through innovative engagement projects and the delivery of STEM Higher Level Apprenticeships.

We are putting in place programmes that are based on detailed insight into the needs of those residents furthest away from work. In partnership with Public Health colleagues, we are addressing those needs through a pioneering new programme that tackles the deep social isolation that our community researchers found in some of our neighbourhoods.

We are commissioning the delivery of an Enterprise Hub to support higher levels of innovation and entrepreneurial activity amongst our residents. This includes the provision of incubator facilities at ‘The Sheds’ put in place by Wirral Chamber of Commerce.

We will work with our major employers such as Unilever, Cammell Laird, Typhoo and Bristol Myer Squibbs to promote knowledge transfer partnerships utilising expertise from our universities, colleges and small business community.

**SKILLS**

- New infrastructure projects such as the Maritime Knowledge Hub and the Manufacturing Technology Catapult centre will deliver 21st century skills in applied technologies
- Devolution is delivering responsive adult skills training through the Skills for Growth Fund – responding to growth sectors, supporting Wirral’s businesses
- Projects to support residents with creative and innovative ideas are delivering new skills
- Young people are being encouraged to develop skills in the digital production sector - supported by work spaces and business services
TRANSPORT CONNECTIVITY

INTRODUCTION

Wirral benefits from a good transport network within the Borough together with strong city region, national and international links. It is well served by a range of transport types including bus, road, rail, ferry and walking and cycling routes. However, ensuring that our communities are well connected is essential for the Wirral economy and efficient, well maintained and accessible transport networks that meet the current and future transport needs of businesses and residents is a critical factor in supporting economic growth.

A key aim for transport in Wirral is to create a network that delivers good accessibility for a range of users from across the Borough and beyond and which enhances the sense of place for residents, businesses and visitors.

In this respect high quality public transport underpins economic growth and a key part of delivering that quality is through a greater reach of the bus network alongside the on-going upgrading of the buses.

The investment taking place through Merseytravel’s bus strategy is beginning to deliver that change and is supported by a programme that seeks to change travel behaviour to increase the usage of public transport.

In addition the Merseyrail network is one of the most extensive in the UK and there is strong year on year growth in its usage which is forecast to grow still further.

The SRF has been developed within the context of the Wirral Transport Strategy and the LCR Transport Plan for Growth and it will provide the broad framework through which investment in transport projects can be prioritised. This will ensure that we maximise the benefits from the city region transport investment in terms of public transport improvements, infrastructure works, demand management measures and behavioural change initiatives.
KEY ISSUES

Within the East of the Borough the current and future development proposals for Wirral Waters together with the Council’s aspirations for regeneration in the east of the borough such as Birkenhead Town Centre, Woodside and the A41 corridor require a co-ordinated approach to developing a transport network that will support investment and growth. This approach is critical to ensure that there is a prioritised programme of transport projects linked to development plans and the draft Core Strategy Local Plan for Wirral reflects the importance of these networks for Birkenhead and Wirral Waters.

The delivery of the Hoylake Golf resort also requires investment in appropriate transport infrastructure including the provision of new physical links and this is reflected in the Council’s pipeline of projects identified as a priority for city region funding.

Improving connectivity to employment and regeneration sites is critical in connecting people and communities to the opportunities in and around their neighbourhoods reflecting the Wirral Plan vision of promoting equity as well as growth. In addition to road links and public transport provision, the promotion of safer and better connected pedestrian and cycle routes is a fundamental part of delivering the outcomes within the Wirral Plan. Car park provision is a requirement of new developments and is seen as an important part of any regeneration plans for the Borough. Wirral’s car parking strategy reflects the need to support the long-term viability of the Borough’s commercial and shopping centres whilst also encouraging the greater use of public transport and the use of facilities such as Park and Ride sites.

THE WIRRAL TRANSPORT STRATEGY

The Wirral Transport Strategy has been developed to support the delivery of the Wirral Plan outcomes and includes the following priorities:

- Keep traffic moving safely and efficiently
- Reliable and affordable public transport
- Encourage healthy active travel
- Inclusive integrated transport that meets resident needs
- Provide suitable provision of car parking in key locations

The Council’s Car Parking Strategy contains ten clear objectives and supporting principles which reflect a range of issues including:

- That the pressures on the Borough’s retail and commercial centres are many and varied and the economic sustainability of each of the centres needs to be considered when reviewing any changes to the car parking strategy
- Parking facilities should be accessible and located in such places as to meet the needs of users of shops and commercial premises.
**ACTIONS**

We will improve transport links to key employment and regeneration sites through continued investment in improved road and public transport networks. This will include the development of a strategic transport framework for East Wirral to ensure transport investment supports regeneration and growth proposals and opportunities in Wirral.

We will maximise the potential of the Liverpool City Region Bus Strategy within Wirral by working with the LCR Bus Alliance. We will also work in partnership with Merseytravel to deliver a marketing and communications programme to help change the perception of bus travel for new and existing bus users.

We will support the delivery of the long term rail strategy by Merseytravel and use the re-opening of the Merseyrail network following major repairs as an opportunity for re-branding so as to emphasise the scale, coverage and accessibility of the system.

We will deliver transport schemes that cover all modes of transport including cycleways and pedestrian links. Wirral Waters schemes include the development of a number of active travel corridors and routes and we will develop a city region Local Journeys strategy to support access to key destinations, such as New Brighton.

We will also encourage the adoption by businesses of travel plans designed to change travel behaviour in favour of the uses of more sustainable and healthy modes such as buses, trains, cycling and walking.

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**TRANSPORT**

- Prioritising key schemes to support investment through the East Wirral transport study – linking our key regeneration sites
- Promotion of existing assets – the connectivity of Birkenhead to central Liverpool – 3 minutes on the train
- Devolved funding supporting priority schemes – Hoylake Golf Resort, Wirral Waters
- Using digital technology to deliver transport solutions for access to work, education and leisure
INTRODUCTION

A digital strategy for Wirral is critical to ensure that the Borough remains competitive as a location for businesses to grow and to attract new investment.

Wirral’s Digital Strategy commits to ensuring that technology and infrastructure in the Borough is modern, fit for purpose and allows our businesses to succeed and compete in global markets. This approach includes harnessing digital technology to create efficient and seamless services that respond to our residents and businesses expectations as to how public services should be delivered or accessed. Our aim is to create a truly connected Wirral through enabling our businesses and every resident to access services online in as simple, accessible and seamless format as they are in person.

Many cities are investing in advanced fibre connectivity and it is important that Wirral is not left behind in this area. We recognise that every business will need to be connected to global markets through high speed and reliable broadband. We are working to increase internet access and high speed connectivity so that our businesses can increase their performance, profitability and ability to invest and grow. In conjunction with this we are exploring opportunities to create a ‘smart city’ for Wirral to ensure that our key retail and business areas are fully connected with each other and with the world. It is our ambition to create a borough and an economy which is truly digital enabled, so that every Wirral business, regardless of sector or size, is able to use digital technologies to expand their horizons and grow.

KEY ISSUES

We want to maximise the opportunities contained within the Government’s current Digital Economy Bill which includes plans for a broadband Universal Service Obligation as a safety net for those residents and businesses with poor connectivity. This aims to ensure that all residents and businesses have access to 21st century digital connectivity. We wish to work in partnership with commercial operators who have the obligation to extend coverage as we have a clear overview of the areas’ digital connectivity needs.

Technology is changing the way the world operates and transforming the way we live our everyday lives; in terms of how we communicate, buy goods and access services. Digital inclusion is therefore a key priority to ensuring that all residents and businesses are equipped with the skills to live in a modern word. We know that for some groups within Wirral and in some of our neighbourhoods there are significant concentrations of digital exclusion. We need to address this and ensure that all people regardless of age or ability are supported to develop the digital skills that businesses want and have the confidence to be able to utilise digital platforms to start their own business.

Wirral has a vibrant and growing digital and creative business sector and some strong and dynamic business networks. We want to enable these sectors to grow by supporting the creation of information, networking and business opportunities to local companies, through harnessing new and innovative ways to connect businesses, entrepreneurs and public organisations by utilising online platforms such as social media and digital marketplaces.
The strategy’s aim is for Wirral to become a truly digital borough, where businesses and residents are connected to each other, services and the world. The priorities this Strategy will work to are:

- Connected People: every resident with the ability and the skills to get the most out of technology to improve their lives.
- Connected Business: every business benefiting from market-leading technology infrastructure, helping them to open up new markets and compete globally.
- Connected Services: every public service joined up, integrated and available online in a way which makes it simple and accessible to get support online.

We want to enable our businesses and places to be at the forefront of the digital revolution and we will ensure all businesses have access to superfast broadband and are supported on the specific advantages of digital connectivity and superfast connections.

We will work with Wirral Chamber of Commerce to use information data to tailor our business support offer and to review our processes and systems to make sure we interact with businesses using digital technology in ways which best suits them.

Within the Liverpool City Region the sector has a significant economic presence with an employment base of some 26,000 people across 3,500 business units. Businesses will be targeted with a Digital Makeover to identify opportunities and challenges, and to implement digital equipment and processes to improve systems, increase effectiveness and reduce costs.

We will develop digital entrepreneurship skills with young people to use digital tools to build business opportunities including business planning and learning how to sell ideas.

We will procure a customer access platform that will support improvements to customer services across all access channels making it easier, faster and more efficient to do business with the Council.
TOURISM AND CULTURE: THE OFFER

INTRODUCTION

Tourism and culture today is much more than specific events or attractions and is inextricably linked to growth in the local economy.

Wirral is a key destination; its unique character and picturesque coastal and countryside offer are unrivalled, with Wirral’s attractive scenery acting as a magnet to visitors. Wirral boasts the fastest growing visitor economy in the Liverpool City Region and this is driven by an outstanding tourism offer that combines our leisure, cultural and heritage assets. The SRF recognises that both culture and the visitor economy are important factors in contributing to local economic growth, developing local talent, creating jobs and developing skills.

Local strategies for taking forward culture and the visitor economy are therefore reflected in the physical development proposals that will be progressed through the SRF.

The emerging Wirral Visitor Economy Strategy identifies the need to promote and grow the borough’s tourism offer through attracting new visitor markets and making the best use of our heritage, leisure and cultural assets to drive tourism, the associated creation of jobs and increase revenue for Wirral’s visitor economy.

There is a more proactive and co-ordinated approach being taken by a range of partners in this area and this will assist, not only in positioning and profiling Wirral as a strong tourism destination, but will also drive economic activity. The SRF will provide the framework within which infrastructure projects including accommodation development can be co-ordinated with wider investment proposals.

There are a range of opportunities for Wirral that are generated through the further development of the borough’s visitor economy. Research indicates that key areas for growth include a targeted increase in day visitors, together with the overnight stay and business markets.

There has been a total increase of 25% in visitor numbers and 39% in related spend since 2011 in Wirral. This has already resulted in an additional £113.4 million of spend within local visitor economy during the same period. This can be increased even further through partnership, product development and strategic marketing to achieve the Wirral Plan Pledge of £450m of tourism revenue by 2020.
KEY ISSUES

We have already begun to revitalise the tourism offer on the East of the Borough through better linkages, and hosting events in areas such as Hamilton Square and Birkenhead Park, together with making use of both banks of the River Mersey for attractions such as the River of Light, International Guitar Festival and Mersey River Festival. However, there is the opportunity to do much more and the SRF must provide the structure within which the unique Wirral waterfront, with its stunning panoramic views of the Liverpool skyline, can contribute far more to the growth of this sector.

We recognise the need to strengthen the quality and diversity of the current offer. Whilst we know that there is low awareness of Wirral’s wider tourism offer from the recent research conducted, there are strong links to the North West leisure and corporate markets highlighting that there is great potential for growth.

We will ensure linkage with the Borough’s cultural offer and Culture Strategy to ensure that partners and key organisations in arts, cultural & creative industries work together to deliver exciting and unique opportunities that support growth and maximise the contribution to the local economy.

WIRRAL’S CULTURE STRATEGY

The Culture Strategy aims to ensure that more people are able to enjoy the wide range of leisure, culture and sporting opportunities on offer across Wirral and to ensure that strategies for leisure, tourism and growth complement each other.

The priorities addressed by the strategy are:

- Develop creative partnerships and a cultural events programme to promote arts, culture and heritage in Wirral
- Increase resident and visitor participation in Wirral’s arts, culture and heritage offer to promote its educational, social and wellbeing benefits
- Promote Wirral on the global stage as part of the LCR to attract world class arts, culture and heritage events and exhibitions
- Maximise the contribution of the arts, culture and heritage to the local economy
**ACTIONS**

We will host further events with the wider city region such as the annual River of Light; The Giants in 2018 and The Walker Cup at the Royal Liverpool Golf Club, Hoylake in 2019.

There is a clear economic impact of such events. For instance the Liverpool Giants in 2015 resulted in spend of some £46m into the local economy with some 300,000 visitors attracted from outside the City region.

Wirral’s unique venues and vast open spaces will be utilised and promoted to deliver blockbuster events that build on Wirral’s brand as a tourist destination and celebrates the Borough’s distinctiveness. This will enable us to attract more visitors from both within the region and from across the UK as a whole.

We also have the ambition to increase the number of businesses operating within the sector – further linkage of the Visitor Economy Network with the Wirral Chamber of Commerce will enable better engagement and a stronger, more focussed business support offer.

The SRF will provide the framework to consider how the planned development within Wirral Waters, Birkenhead and other sites can best drive new markets for tourism, for instance the new Visitor Economy Strategy recognises the opportunity to bring more day and multi-day conferences to Wirral through capitalising on the peninsula’s close proximity to Liverpool, Cheshire and North Wales. Through promoting and hosting business meetings and events we will attract regional markets to Wirral and generate more returns from this sector.

We will identify opportunities to build on Wirral’s vibrant creative sector to further grow this sector and attract new businesses and individuals to locate in the Borough. This is reflected in the SRF’s place shaping profiles which identify potential physical locations for this sector.

It is only by taking full advantage of the assets and opportunities within the Borough, that Wirral will be able to succeed in an increasing competitive marketplace, in order to achieve the Wirral Plan tourism and culture pledges by 2020.

**TOURISM**

- Building on our culture and heritage to deliver a thriving new music culture – events, festivals
- Better use of our assets to support the growth of the creative sector
- Working with partners across the city region to enable our creative and diverse cultural industries to develop with new facilities such as an independent music venue
- Delivering innovative events to showcase and re-position Wirral – The Giants, Wirral’s Year of Culture (2018) and the Walker Cup (2019)
- Maximise use of sports facilities and venues – Tranmere Rovers – for events, promoting healthier lives and skills development
SUSTAINABLE DEVELOPMENT

INTRODUCTION

Sustainable development is development that meets the needs of the present without compromising the ability of future generations to meet their own needs. The National Planning Policy Framework (NPPF) states that there should be a presumption in favour of sustainable development and that this is a golden thread that should run throughout decision making. It identifies three dimensions to sustainable development: economic, social and environmental and states that pursuing sustainable development involves seeking positive improvements in the quality of the built, natural and historic environment, as well as in people’s quality of life.

KEY ISSUES

The Council is committed to supporting sustainable development and growth across the borough.

Policy CS1 of the emerging Core Strategy Local Plan states that when considering development proposals the Council will take a positive approach that reflects the presumption in favour of sustainable development contained in the NPPF. The Council will always work proactively with applicants jointly to find solutions which mean that proposals can be approved wherever possible, and to secure development that improves the economic, social and environmental conditions in the area.

We will ensure that sustainability is at the heart of all future developments and we recognise the need to ensure consistent levels of urban design across the borough to achieve sustainable development credentials.

WIRRAL’S CLIMATE CHANGE STRATEGY AND EMERGING CORE STRATEGY LOCAL PLAN

The Council’s emerging local plan and the Climate Change Strategy reflect the commitment to supporting sustainable development and growth. This will be achieved by supporting:
• Sustainable transport
• High quality built and natural environment
• Encouraging health and well being
• Energy efficiency and carbon reduction
• Sustainable urban design
• Meeting community and social needs

These factors underpin the key principles of the growth strategy and will be embedded in future regeneration schemes and developments. A key factor in achieving sustainability is:
• Developing resilient communities, places where people want to live and work both now and in the future
• Places which meet the diverse needs of residents and communities, which are sensitive to their local environment and positively contribute to health and wellbeing
• Areas should be safe and welcoming to all, well planned and seek to provide a flourishing economy and good services for all.
Wirral’s Climate Change Strategy sets out six aims for substantially cutting climate pollution associated with Wirral namely:

- Reduce demand for energy and make Wirral more energy efficient
- Generate and source more of our local energy needs from ‘Renewable’ sources
- Use more sustainable modes of transport, more fuel-efficient vehicles and less polluting means of getting around
- Reduce the indirect negative impacts that our decisions have for climate pollution in Wirral and elsewhere
- Identify the risks and vulnerabilities from expected changes and bring forward plans and actions to limit negative impacts and improve resilience
- Build capacity for action by strengthening local networks and partnerships and by developing wider awareness and education initiatives

**ACTIONS**

Sustainable transport: Reducing dependency on the car and providing safe and efficient access to public transport and cycling and walking routes will be crucial to creating a good quality environment where people want to work, live and play. We will future-proof transport needs into new developments and ensure they are planned for in emerging strategies.

We will support high quality employment: Creating and supporting new and growing employment opportunities through the Council’s growth sector priorities and through our key regeneration areas. The Council is committed to providing good quality, well paid jobs for residents in an environment which can attract and sustain businesses.

We will develop a network of high quality neighbourhoods: This driver provides the social and community emphasis of creating and sustaining a network of high quality neighbourhoods. The Council will support this through seeking to create attractive neighbourhoods which attract and retain people with skills and aspirations to flourish and grow, providing links from successful neighbourhoods to areas of need. The Council will drive high quality housing and environmental design into new urban neighbourhoods to support the growth aspirations of the Council.

This will be achieved by working successfully with the private sector to promote sustainable growth and development through collaborative working and where appropriate joint ventures and partnerships.
A HIGH QUALITY ENVIRONMENT

INTRODUCTION

The environment is one of the major influences on a person’s quality of life, impacting on their physical, mental and social well-being. Good design and a healthy, unspoiled physical environment are not only about the aesthetic improvement of our environment, but also about improved quality of life, equal opportunities and economic growth.

Within Wirral we have worked hard to ensure our countryside and coast are of the highest standard. Wallasey Beach has been awarded a Blue Flag which is the gold standard for beaches and brings international recognition. In addition we now have 24 Green Flags for our parks - the most in the North West region.

Our mission is to improve the quality of life for those living and working in Wirral by raising aspirations for excellent design. Well-designed homes and neighbourhoods create better and healthier places to live and build strong communities; they can reduce crime, make people feel safe and provide homes that maintain their value. Good-quality, well designed public spaces help create healthy communities, desirable properties, increase professional productivity and can revitalise run-down neighbourhoods.

The Strategic Regeneration Framework will look to ensure that the principles of good design are applied across new development in the borough.

KEY ISSUES

The council will ensure a consistent approach to high quality design which is fit for purpose and location. Setting the principles and actions to address this will help drive investment and give developer confidence to the approach which the council is taking.

National policy requires local authorities to plan positively for the achievement of high quality and inclusive design for all development, including individual buildings, public and private spaces and wider area development schemes based on the defining characteristics of the area.

We will ensure the quality of design of buildings and spaces is a fundamental factor in securing sustainable physical, economic, social and environmental regeneration within the borough. It should be used to protect or enhance local distinctiveness, improve the environment and the conditions in which people carry out their daily lives.
**STRATEGIC CONTEXT**

Emerging Core Strategy Local Plan Strategic Objective 5- Environmental Quality - aims to ensure that new development will preserve and enhance locally distinctive characteristics and assets which make Wirral a healthy and attractive place to live, work and visit. Draft Core Strategy Policy CS43 proposes that all new development will be expected to enhance the character, quality and distinctiveness of the area in which it is located and relate well to surrounding property and land uses and the natural and historic environment.

In addition Wirral’s Leisure Strategy includes a commitment to encouraging more residents and visitors to enjoy the wide range of leisure, culture and sporting opportunities including accessing Wirral’s Parks, coast and green open spaces. Wirral has a range of fantastic natural leisure assets and many of our parks, beaches and open spaces have won national awards.

**ACTIONS**

We will aim to safeguard and enhance local identity and character and ensure that all new development that comes forward will enhance the character, quality and distinctiveness of the local area.

We will promote innovative thinking and quality design: Innovative building designs which present exciting, contemporary and thought provoking solutions will be encouraged for developments. This could take the form of new mixtures of uses, innovative building materials which promote sustainable and strong design principles. Enhancing existing high quality or unique elements of buildings should where possible be retained, if this is not possible new, statement architecture will be promoted.

We will promote high quality public realm, Public realm needs to be well designed and integrated into the surrounding area and building form to ensure that a new urban fabric is created to link existing and new development together. High quality public realm also plays a critical role in creating a place through green and blue infrastructure provision. Public realm should be appropriate to the place and location within the borough and should be used to maximise connectivity and sustainability.

To maximise the potential of our parks, beaches and open spaces. We will develop our country parks as national tourist attractions and further enhance these assets by preparing a plan for each of the country parks. We will use our natural leisure assets to increase the number and variety of events held in Wirral, including festivals and local activities for the benefit of all our residents.
Access for all: We will ensure all new developments and proposals enable access for all to be embedded into the design and concept of the movements and flows to, through and from the area. It will need to ensure that other sustainable transport infrastructure is well integrated into the streets, buildings and place.

We will promote successful relationships between public and private space, to create successful and engaging developments and incorporate a balance of both public and private amenity space. Public space should be available to be utilised by all with a mix of day and evening uses available.

To promote quality, choice and variety we will create a balance between quality and commercial viability can be a challenge. However the Council believes that a strong sense of quality and variety must exist in developments to capture the sense of place and diversity of Wirral. Without this we will lose our distinguishing features and create places with a lack of ambition, style and distinction which will be reflected in the type and mix of schemes and occupiers which chose to locate here.
HEALTHIER LIFESTYLES

INTRODUCTION

Our ambition to grow the local economy and to expand and diversify employment opportunities is integral to our commitment to improve the health of Wirral residents. We will utilise growth, development and strategic planning opportunities to maximise health outcomes so that Wirral residents will be able to contribute to, and benefit from, sustained prosperity, decent employment and a good quality of life. This will also enable our economically active workforce to increase in order to maintain a sustainable and balanced population as people live longer.

We also recognise the importance of creating sustainable places that give people the opportunity to live healthy, active lifestyles and which improve health. This includes developing good quality housing, providing access to community and healthcare facilities; creating Active Travel opportunities and well-maintained, safe open spaces for physical activity and food growing. Quality public realm can also have a significant positive effect on people’s mental well-being.

A healthy workforce is fundamental to economic growth. We have been working with a number of key local employers to ensure that as well as robust health and safety policy and practice, there is a holistic approach to employee wellbeing. The Strategic Regeneration Framework will look to ensure that these principles are inherent to those of the partners we work with.

KEY ISSUES

Ensuring that there are opportunities to increase access to quality employment and that places are developed in ways that enable residents to stay healthy.

We know that deprivation is higher than average in Wirral and are aware that the main cause of health inequality is living in poverty. This has a fundamental impact on other factors that influence health such as education, living environment, employment and lifestyle. We need intervention across the borough, but with a focus on our communities with the greatest health needs to ensure we reduce these health inequalities to enable our local residents to live healthier lives and contribute to the local economy.

Wirral Residents Live Healthier Lives Strategy:

Our health and wellbeing is influenced by many factors – where we live, whether or not we have a job and the lifestyle choices we make. We have identified the following priorities in order to tackle health inequalities and help our residents live healthier lives.

- Reduce the number of smokers in Wirral
- Reduce the impact of alcohol misuse on individuals and communities
- Promote healthy eating
- Support local people to take control over their own health and wellbeing
**ACTIONS**

- Deliver the actions within The Wirral Residents Live Healthier Lives Strategy to support the delivery of the Wirral Plan outcomes and the ambitions of the Wirral Growth Plan.

- We are working alongside businesses and local residents to reinvent the high street as a community asset and to meet the changing needs of communities; increasing desirability as a place to live and work, promoting economic regeneration and to improve health and wellbeing. We are starting this work in the following four high streets; Laird Street in Birkenhead, Upton, Liscard and New Ferry.

- We are working with business partners to ensure that good quality employment recognises the importance of holistic health and wellbeing in the workplace.

- We will consolidate the Better Food Wirral brand and implement Better Food Wirral innovation Schemes to increase access to good food, support the local food ecosystem to thrive and enable communities to make better food choices.
SAFER NEIGHBOURHOODS

INTRODUCTION

Community safety is essential to the quality of life of the people in Wirral affecting how people value their neighbourhoods and what is considered to make a neighbourhood a good or bad place in which to live and grow up. Neighbourhood sustainability and the viability of an area can be compromised by both the reality and perception of crime and disorder. This is true for Wirral residents, but it is also an important factor for Wirral neighbourhoods in respect of their potential as locations for business and investment.

Success in building safer neighbourhoods cannot be delivered by the Police or the Council alone and a renewed Community Safety Partnership, the Safer Wirral Hub, will be central to delivering community safety locally. The Safer Wirral Hub will also be working with communities to deliver local solutions, to make people feel safer and ensure the voices of local people are heard.

KEY ISSUES

Ensuring Wirral’s neighbourhoods are safe is the responsibility of all who live and work in Wirral and integrated multi-agency working has already started to show results with the overall crime rate in Wirral continuing to fall. The activities that the Safer Wirral Hub are taking forward, reflect the four priorities outlined in the safer neighbourhoods strategy, and are built on a strong evidence-base of crime data and analysis, feedback from Wirral residents and a clear understanding of what works.

A fundamental feature of the activities is that services are integrated across agencies and communities involved in their delivery. This underpins the approach which aims to combine appropriate enforcement action with preventative and educational work including placing a greater emphasis on activities which positively engage both young people and communities to prevent anti-social behaviour.

Despite the fact that reported crime and anti-social behaviour have continually fallen over the past 11 years residents perception of crime is sometimes at odds with this. Whilst continuing to work towards further reductions in the levels of crime, work also needs to take place to communicate the significant improvements that have been made.
ENSURING WIRRAL’S NEIGHBOURHOODS ARE SAFE

This strategy sets the direction for community safety in Wirral for the next few years and identifies the following strategic priorities:

• Build stronger and more confident communities where people feel safe
• Improve community safety by tackling the cause and impact of crime and anti-social behaviour
• Protect the most vulnerable people in our communities
• Deliver greater integration of all partner agencies to achieve a Safer Wirral

ACTIONS

Introducing the website ‘Merseynow’ will enable residents and agencies to access information, including that relating to tackling anti-social behaviour. This provides the basis for encouraging businesses and the voluntary sector to become a part of the solution to tackle the causes of crime and anti-social behaviour.

We will build on the opportunities provided by the recently opened £6m ‘Hive’ project which is Wirral’s first Youth Zone. There have been dramatic reductions in the levels of anti-social behaviour in similar locations across the country where such Zones have been created.

The establishment of the Safer Wirral Hub will join up services, delivering improved results, making Wirral safer, our communities stronger and our places friendlier and more welcoming.

Targeted interventions will be delivered to raise awareness of hate crime, zero tolerance of domestic abuse and encourage people to report incidents of crime and/or anti-social behaviour. This will support strong and inclusive communities.

We are working across the Liverpool City Region Combined Authority to identify future opportunities for delivering services across that wider footprint.

We will have a greater focus on the quality, design and management of the built environment to reduce the level and perception of crime. This can be achieved through applying imaginative design solutions to schemes and developments.
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Councillor Chris Jones, said:

“We have made great progress in supporting people to live healthier lives: focussed action on helping people stop smoking, drink more responsibly and eat healthier has delivered some outstanding results.

“We know there are still challenges to overcome, and the 2017 Public Health Annual Report provides an extremely helpful snapshot of the health of the Wirral population. It is there to help us plan our services and how we invest our resources, and I am sure will help us continue to achieve new and greater successes in the coming year.”

REPORT SUMMARY

This report provides Cabinet with the annual report of the Director of Public Health (DPH). The annual report is the professional statement of the Director about the health of the local population.

The 2017 annual report focuses on avoidable deaths and is titled Expect Better. It supports the delivery of the Wirral 2020 Plan and the Pledge ‘Wirral Residents Live Healthier Lives’.

The annual report aims to inform the public and local services of the principal causes of avoidable deaths in Wirral and demonstrate the inequalities seen across the borough. It also advises local services and residents on actions to improve health and prevent avoidable deaths. To aid awareness, this year’s report is accompanied by a short animated film. This displays and explains much of the data contained in the report and aims to improve understanding of the problems and suggested solutions.
RECOMMENDATION/S

Cabinet is requested to support the communication of the annual report which is appended to this report and the animation https://youtu.be/kEC2W41ZtIc
1.0 REASON/S FOR RECOMMENDATION/S


The production of an annual report is a statutory requirement of the Director for Health & Wellbeing (DPH). It is an important vehicle to identify key issues, flag up problems, report progress and inform local inter-agency action. The council has a duty to publish the report.

2.0 OTHER OPTIONS CONSIDERED

No other options have been considered.

3.0 BACKGROUND INFORMATION

Avoidable mortality refers to deaths from a defined list of conditions, which may be preventable through improvements to the environment, public health interventions and effective healthcare delivery. Around a quarter of deaths in Wirral are classified as avoidable.

Cancers accounts for 1 in 3 avoidable deaths in Wirral and cardiovascular disease for 1 in 4. In our most deprived areas the rate of avoidable mortality is 3 times higher than in our least deprived areas.

Smoking, poor diet, high blood pressure and alcohol are responsible for many of the early deaths experienced by local people.

There are big differences in uptake rates of important vaccinations and screening tests for cancers across Wirral, lives could be saved by reducing these variations.

This report and accompanying animated film asks that Wirral’s residents expect better for their own health and work with local health services to reduce the variations we see across the borough.

4.0 FINANCIAL IMPLICATIONS

There are no financial implications arising from this report.

5.0 LEGAL

There are no legal implications arising from this report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

The communication of the annual report and film will be co-ordinated by existing staff resource.
7.0 RELEVANT RISKS

There are no financial implications arising from this report.

8.0 ENGAGEMENT / CONSULTATION

There is a communication plan to share the report and film with a wide range of stakeholders to increase awareness and encourage people to take action. This includes, for example, Wirral Clinical Commissioning Group and local GPs, Wirral University Teaching Hospital NHS Foundation Trust, Wirral Community NHS Foundation Trust, Cheshire & Wirral Partnership NHS Foundation Trust, Wirral Council, local residents and third sector services.

9.0 EQUALITY IMPLICATIONS

The potential impact has been reviewed with regard to equality; the impact assessment will be published on the Council website in due course.

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APPENDICES

Appendix 1 – Expect Better 2017 Annual report of the Director for Health & Wellbeing (DPH) for Wirral

REFERENCE MATERIAL

THE WIRRAL PLAN: A 2020 VISION, WIRRAL RESIDENTS LIVE HEALTHIER LIVES

SUBJECT HISTORY (last 3 years)

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Life expectancy at birth has improved both nationally and in Wirral over several decades. Despite this, gaps persist between the north and south of England and between men and women.

This report highlights the inequalities in life expectancy we see across Wirral and shows that this can be partially explained by differences in avoidable mortality - deaths which might be prevented through public health interventions or better healthcare provision. Rates of deaths due to conditions considered avoidable vary by as much as 5 times in men and 3 times in women across the borough.

People living in our more deprived areas tend to live shorter lives with a greater proportion of their lives spent in poor health. The early onset of illnesses or disability can place a greater burden on the health and social care system than when people live longer in good health. Around a quarter of deaths in Wirral are from conditions considered avoidable, i.e. diseases related to smoking, poor diet, high blood pressure and alcohol. Taking action at any age is important.

There is marked variation in the uptake of immunisations, NHS Health Checks and cancer screening tests across the borough and these inequalities need to be addressed. Improving rates of uptake could have significant health benefits to Wirral’s residents. It would save lives.

How people perceive their symptoms and the likelihood of developing serious diseases can have a big impact on how they react to them. If people see illnesses as unavoidable or untreatable, they may be less likely to attend screening appointments, consult for symptoms or take up offers of treatment.

There are many reasons why people might have lower expectations for their health. We can all expect better. Wirral Council is committed to taking action to support people to live longer, healthier lives.¹

The Wirral Plan 2020 pledges to:

- Reduce the number of people who smoke in Wirral
- Reduce the impact of alcohol misuse on individuals and communities
- Increase the number of people with a healthy weight in the borough
- Support people to take more control of their health and wellbeing

We ask that Wirral residents take control of their own health and wellbeing by:

- Following health advice
- Making use of the many opportunities to improve their wellbeing that Wirral offers
- Seeking appropriate treatment for their symptoms
- Attending offers for vaccinations and screening tests
- Most of all, expecting better for their own health and that of their families.

Wirral’s health and social care organisations must design and put in place services that recognise the inequalities in the borough. One size does not fit all.² It is our responsibility to ensure that everyone in Wirral has the chance to live a healthier life.

Fiona Johnstone,
Director of Public Health,
Wirral Council

² http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review
“It is our responsibility to ensure that everyone in Wirral has the chance to live a healthier life”
Executive Summary

HOW LONG DO PEOPLE IN WIRRAL LIVE?

- Life expectancy has increased over recent decades. A baby boy born in Wirral today can expect to live to 78 and a baby girl to 82. However, there are large differences in life expectancy across the borough, with some areas having a life expectancy which is 10 years lower than more affluent areas.
- People living in deprived areas have shorter life expectancies and tend to spend more years of life in poor health.

“A baby boy born in Wirral today can expect to live to 78 and a baby girl to 82. However, there are large differences in life expectancy across the borough, with some areas having a life expectancy which is **ten years lower** than more affluent areas.”

WHAT CAUSES WIRRAL RESIDENTS TO DIE EARLY? AVOIDABLE MORTALITY

- Differences in life expectancy may be partly explained by differences in avoidable mortality; deaths due to a defined list of conditions which are preventable (through reduced exposure to lifestyle factors or injury) or amenable to healthcare interventions.
- The proportion of deaths which are classified as avoidable deaths seems to be rising in Wirral. Avoidable deaths are around 50% higher in men than in women.
- Cancers accounted for 1 in 3 avoidable deaths in Wirral and cardiovascular disease accounted for 1 in 4. Coronary heart disease, lung cancer, chronic obstructive pulmonary disease, falls and alcohol-related liver disease were the most common specific causes of avoidable death for the period 2014-2016.
- There is marked geographical variation in avoidable mortality in Wirral. The rate of avoidable mortality, adjusted for population size and age, was 5 times higher for men and 3 times higher for women living in Birkenhead and Tranmere than in Heswall.
- As shown in the figure below, the rate of avoidable deaths in our most deprived areas is 3 times higher than our least deprived areas (2012-2016, 5 years pooled data).
WHAT ARE THE MAIN FACTORS CONTRIBUTING TO AVOIDABLE DEATHS IN WIRRAL?

- Smoking, poor diet, drinking too much and sedentary behaviour are amongst the major risk factors contributing to avoidable deaths in Wirral.
- People aged 40-60 experience increasing illness as diseases begin to develop as a consequence of the cumulative effect of social, economic, environmental and lifestyle risk factors. A third of 40-60 year olds in Wirral drink more than recommended, a third don’t exercise enough and two-thirds are overweight or obese. Being in work is generally good for people’s health but many working adults have chronic health conditions.
- National data suggests that the provision of healthcare varies across England. Some conditions are underdiagnosed in Wirral, such as diabetes, heart disease, hypertension and chronic obstructive pulmonary disease. Screening rates for bowel and breast cancers and abdominal aortic aneurysms are lower than the national average.
- There is a wide variation in uptake of important vaccines like the influenza and pneumococcal vaccines in high-risk groups. People with chronic diseases are at much higher risk of dying from flu. The flu vaccination programme can reduce hospital admissions for people with chronic diseases.
- Screening rates for cancers vary dramatically across Wirral. Breast cancer screening uptake ranges from less than 60% to more than 80% and bowel cancer screening uptake ranges from less than 40% to more than 60%. For both programmes, those GP practices in more deprived areas consistently have lower screening uptake rates.
- There is marked variation in invitations to and uptake of NHS Health Checks between practices in Wirral.

HOW CAN WE REDUCE AVOIDABLE DEATHS?

- Tackling avoidable deaths and reducing health inequalities requires a comprehensive and system-wide programme of activity. Resources need to be targeted at those most in need.
- Partnership working across organisational boundaries will allow us to share expertise and make the best use of scarce resources.
- We need a continued focus on smoking and cardiovascular risk factors, with health and social care professionals offering advice and support to patients as part of routine care.
- Reducing variation in healthcare provision can yield improvements in the health of our population. For example, if all GP practices had breast screening rates at least at the current Wirral average, we would expect to screen an additional 1200 women per screening round, saving 7 lives.
- We can expect better for Wirral and tackle inequalities in health by ensuring our efforts are focused on those with the greatest need. Our offers should be universal but with an emphasis on supporting those with the greatest need.
## Contents

1. Life expectancy in Wirral  

2. What causes Wirral’s residents to die early?  

3. What is contributing to preventable deaths?  

4. The main factors contributing to amenable deaths  

5. How can we reduce avoidable deaths?  

6. Recommendations
1. Life expectancy in Wirral

Life expectancy is an important measure of population health. Monitoring it is crucial as it enables us to follow trends in health and health inequalities over time. For example, as healthcare and living conditions improved in England in the twentieth century, life expectancy showed dramatic increases - from 46 years for males and 50 years for females in 1900, to 76 years for males and 80 years for females in 2000, and has continued to increase since then.

INAQUALITIES IN LIFE EXPECTANCY

In 2014-16, life expectancy in Wirral was 78.4 years for men and 81.9 years for women. During the period 2013-15, life expectancy for men in England was 79.5 and for women was 83.1 years. The longest life expectancies were seen in the South East. The London Borough of Kensington and Chelsea had a life expectancy of 83.4 years for men and Hart in Hampshire had a life expectancy for women of 86.7 years.

The gap in life expectancy between Wirral and England has not decreased significantly over the past few decades.

Increases in life expectancy have not been uniform across the population. Marked increases have been observed in more affluent social groups, while progress has been significantly slower for people in more deprived social groups, meaning that in recent years, inequalities in life expectancy have widened.

Wirral has wide health inequalities, which are illustrated by the differences in life expectancy across the borough. Figure 1 and Figure 2 show that life expectancy at birth for males is around 11 years lower in Bidston and St James than in Heswall, and for women it is 10 years lower in Rock Ferry than in Greasby, Frankby and Irby.

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3 The way life expectancy is estimated is based on people dying within a given period, so even though it is labelled as ‘life expectancy at birth’ children born today may actually be expected to live a lot longer. It might be more accurate to label it ‘expected age of death’. Life expectancy is a summary measure of the mortality experience of a group of people, rather than a predictive tool for individuals.


5 http://www.phoutcomes.info/

Figure 1: Male life expectancy by Wirral ward, 2014-2016 (3 years pooled data).
The causes of health inequalities are complex and involve interactions between social and structural factors including educational attainment, employment status, income level, gender and ethnicity, as well as access to essential services.\(^6\)

**YEARS LIVED WITHOUT DISABILITY**

Inequalities in life expectancy are not the whole story. The total number of years you can expect to live is an important measure, but so is the number of years you can expect to live before developing significant illness or disability. Inequalities in disability-free life expectancy are more pronounced than those for life expectancy. Nationally, the difference in disability-free life expectancy between the poorest areas and the richest is 17 years.\(^7\) This means that not only will people living in deprived areas live shorter lives on average, they also tend to spend more years of life in poor health.\(^8\),\(^9\)

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\(^6\) http://www.who.int/features/factfiles/health_inequities/en/

\(^7\) Disability-Free Life Expectancy (DFLE) estimates lifetime free from a limiting persistent illness or disability. This is based upon a self-rated assessment of how health limits an individual’s ability to carry out day-to-day activities.

\(^8\) http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review

\(^9\) https://publichealthmatters.blog.gov.uk/2016/03/22/health-inequalities-and-dementia/

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Figure 2: Female life expectancy by Wirral ward, 2014-2016 (3 years pooled data).
The Marmot Review reports that those living in our most deprived areas become ill earlier and have a lower life expectancy than the least deprived areas (see Figure 3). Many will experience significant illnesses before they reach the statutory pension age, which will impact significantly on their working lives. Other conditions such as anxiety, depression or chronic back pain make significant contributions to the years people live in poor health.

Between 2012-2014, the disability-free life expectancy for men in Wirral was 59.6 years and 60.5 years for women, compared to 63.3 years and 63.2 years for men and women in England respectively. This means that Wirral residents spend a greater proportion of their lives in poor health than those in England overall. This data is likely to mask further variation within Wirral, with people living in our more deprived areas likely to experience a greater burden of chronic ill health.

Increasing life expectancy does not necessarily lead to an increased burden on the health system, as those living the longest lives are living fewer years with illness. Increased demand comes from increased illness and the number of illnesses residents have. Healthcare spending is highest in the final year of life but this spending declines as the age of death increases.

**Figure 3: Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999-2003.**

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2. What causes Wirral’s residents to die early?

In this chapter we examine avoidable deaths in Wirral. Definitions of avoidable conditions are produced nationally and relate to specific age ranges. For example, a death from breast cancer is considered avoidable if it occurs under the age of 75, whereas deaths from falls are avoidable at all ages.

**AVOIDABLE DEATHS**

Avoidable mortality can be broken down into:

**Preventable deaths**
Where most or all deaths from a particular cause could be avoided by interventions or changes to an individual’s environment or behaviour. This could mean through action on smoking or alcohol, the types of food on sale, improvements to road safety or prevention of suicide.

**Amenable deaths**
Where most or all deaths from a particular cause could be avoided through good quality healthcare. These deaths might be prevented if services are easily accessible and effectively diagnose and treat conditions in all groups.

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12 https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/qmis/avoidablemortalityinenglandandwalesqmi
Figure 4 provides examples of conditions, which are considered preventable and those considered amenable to healthcare interventions. Some conditions, such as certain cancers, may appear in both groups as they would occur less frequently if certain risk factors were eliminated, they can also be diagnosed early through screening programmes and treated effectively.

As Figures 5 and 6 show, the largest cause of avoidable death in Wirral for the period 2014-16 was cancer (neoplasms). Cancer accounted for 1 in 3 of all avoidable deaths in Wirral (n=844) in this period. The next largest cause was cardiovascular disease (CVD), which accounted for 1 in 4 of all avoidable deaths (24% or 596 deaths). Reductions in smoking and other risk factors produce a reduction in CVD more quickly than cancer. Deaths from CVD are falling while deaths from cancer are not reducing as quickly.

It is worth noting that alcohol will have had a wider impact than the 119 deaths from alcohol-related liver disease reported, as it will have made a sizeable contribution to deaths from other causes such as circulatory disease, cancer and digestive disease.

Figure 4: Comparison of Mortality from Causes Considered Preventable and Mortality from Causes Amenable to Health Care.13

13 14 15  
This uses standardised years of life lost (SYLL) to indicate the potential number of years lost when a person dies prematurely.
Figure 5: Number and proportion of avoidable deaths by cause of death, 2014-2016.

Figure 6: Causes of avoidable mortality in Wirral 2014-2016 (calendar years) pooled data.
Trends in avoidable deaths

Figure 7 shows that 1 in 4 of all deaths in Wirral in 2016 was classified as potentially avoidable, which is similar to the figure for England. This varied by gender in Wirral, however, with a considerably higher percentage of deaths classified as avoidable in males (29%) compared to females (19%).

The percentage of all deaths in Wirral classed as avoidable rose by 2% between 2012-2016.

Local estimates suggest that 40-60 year olds in Wirral are exposed to more risk factors than in England as a whole, with a third of our 40-60 year olds drinking over 14 units of alcohol per week, a third being inactive and two-thirds being overweight or obese.

Many long term conditions such as type 2 diabetes and hypertension increase in prevalence for this age group, contributing to avoidable mortality.

Analysis of rates of avoidable deaths by where people live shows a stark picture. The difference between quintile 1 (most deprived) and all of the other quintiles is large (and statistically significant) as illustrated in Figure 8.

The avoidable mortality rate for quintile 1 is almost 3 times higher than quintile 5. This data illustrates that people living in areas of deprivation have 3 times the rate of avoidable mortality compared to those living in less deprived areas.

The Office for National Statistics (ONS) will report on inequalities in avoidable mortality in England and Wales using area-level deprivation measures in late 2017.

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17 https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/avoidablemortalityinenglandandwales/2015#upcoming-changes-to-this-bulletin
Figure 9 illustrates the geographical differences in the rates of avoidable deaths experienced by local people. The rate of avoidable deaths (adjusted for population size and ages) was 5 times higher for men and 3 times higher for women who live in Birkenhead and Tranmere than those who live in Heswall. For males, the 4 wards with the lowest life expectancy at birth in 2014-2016 were also the 4 wards with the highest rates of avoidable mortality in 2012-2016.

Figure 9: Avoidable mortality rate by Wirral Ward, 2012-2016 (5 years pooled data).
The maps in Figure 10 and Figure 11 below show that the areas with the highest rates of avoidable mortality are in the north and east of the borough.

Figure 10: Male avoidable death rate by Wirral Ward, 2012-2016.

Figure 11: Female avoidable death rate by Wirral Ward, 2012-2016.
3. What is contributing to preventable deaths?

Cancers, cardiovascular disease, respiratory disease, gastrointestinal diseases and external causes are the key factors responsible for avoidable deaths in Wirral. Many diseases in these groups are more likely to occur in the presence of environmental and behavioural risk factors such as smoking, poor diet and alcohol.

GLOBAL BURDEN OF DISEASE

The global burden of disease (GBD) is a multinational project funded by the World Bank, the World Health Organisation, and the Bill & Melinda Gates Foundation, which aims to estimate the burden of disease around the world, by disease group, and by behavioural, metabolic and environmental risk factors.\(^{18}\)

Burden of disease data is useful for prioritising health policy and investments, for instance by knowing whether lifestyle risk factors like smoking or alcohol use cause the most deaths. There is specific GBD data for England available at regional level.\(^ {19}\)

For the North West of England in 2015, the biggest population-level risk factor for early death was tobacco smoking, followed by dietary risks (e.g. not eating enough fruit and vegetables or eating too much salt), high blood pressure, high cholesterol and being overweight or obese. The leading risk factors for years lived in poor health were being overweight or obese, followed by alcohol and drug use, high fasting plasma glucose, smoking, and iron deficiency.

Figure 12 below shows the estimated number of deaths in Wirral due to selected leading risk factors (those that cause more than 100 deaths per year).

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4. Factors contributing to amenable deaths

DIFTERING HEALTH EXPECTATIONS

Some of the variation in health outcomes seen between groups and areas may be explained by differences in attitudes to illness and health-seeking behaviours. These may emerge from different perceptions of health and illness in different groups or different expectations for health and the type of care received.

PERSONAL AND SOCIETAL FACTORS

Having low socioeconomic status (SES) means living without sufficient resources, be it financial or educational to meet your needs. Financial pressures and competing priorities constrain people’s ability to manage their own health. Decisions often focus on the here and now and it is often difficult to put valuable resources (be it time, money or the delay of pleasure) into things that may or may not occur in the future.

An individual’s economic status is not the only determinant of their health. It has been argued that more societal inequality is associated with poorer health outcomes, partly through increased stress and anxiety.

Perceptions of illness also differ between groups. Research into the experience of angina in a deprived area of Liverpool found that patients often feared hospitals and actively avoided healthcare. People didn’t know about available treatments for angina so learned to cope with their increasingly troubling symptoms. People attributed angina to old age even when they were only in their 50s and 60s or worried about taking valuable treatment away from a younger person, feeling that they were less deserving of this care.

Other work looking at lung cancer in Liverpool found that the diagnosis was feared and that there was a significant amount of fatalism – a feeling that lung cancer could not be prevented or treated. At-risk groups perceived lung cancer as a death sentence with undesirable treatments, leaving some to feel that they ‘would rather not know’ if they had lung cancer. Many attributed high cancer rates in Liverpool to pollution and industry rather than smoking or other personal risk factors. Symptoms such as a persistent cough were seen as normal and not worthy of healthcare consultation.

One theory for why people may respond differently to hardship suggests three key factors:

- Whether life events are understandable and happen in a seemingly ordered fashion
- Whether you believe that you have the skills, resources, support or help to take things on
- Whether life is interesting and a source of satisfaction and therefore worthwhile

These factors are all negatively impacted by poverty - low socioeconomic status may make ‘appropriate’ reactions to symptoms and illness more difficult.

HEALTHCARE FACTORS

The health system itself may have lower expectations for the health of those living in our deprived areas. Findings from the English Longitudinal Study of Ageing found a substantially higher illness burden in less wealthy participants. However, this was not matched by appropriately higher levels of diagnosis and treatment. Equitable receipt of a medical diagnosis may have an important role in reducing health inequalities.

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21 https://www.equalitytrust.org.uk/resources/the-spirit-level
22 http://www.bmj.com/content/319/7207/418
24 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2465600/
25 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4212182/
IMMUNISATIONS

Influenza (Flu)
Immunisation against seasonal flu is recommended for those aged over 65 or those in an at-risk group, as well as pregnant women and children. For under 65s, those in at-risk groups are more than ten times as likely to die from flu as those not in a risk group. The flu vaccination is associated with a lower risk of cardiac events in those with heart conditions, and reduced hospitalisations among people with diabetes and chronic lung disease.

In Wirral, the uptake of the flu vaccine in high-risk under 65s varies between GP practices from more than 70% to under 40%. This is illustrated in Figure 13. Our vaccination coverage for flu in all at-risk individuals (all ages) was 49.6% in 2015-16, significantly lower than the national average, though similar to other areas in the North West.

Figure 13: Uptake of influenza vaccine in high-risk groups aged 6 months to 65 years (2015/16) by Wirral GP practice.

Pneumococcal
This vaccination is recommended to people aged over 65 and high-risk groups and is effective in protecting against a common cause of pneumonia, a significant cause of avoidable mortality. While the majority of Wirral’s GP practices are achieving uptake rates of over 70%, several are achieving under 60%. The gap between the best and worst performing practices is considerable, as seen in Figure 14.

Figure 14: Uptake of pneumococcal vaccine (PPV) in Wirral GP practices (2015/16).

SCREENING

Bowel Cancer
When we look at the percentage of eligible people aged 60-69 years with a screening test result recorded in the previous 2.5 years from the NHS bowel cancer screening programme in Wirral, our rates are lower than comparable CCG areas at 55.9%. We can also see that rates vary significantly between GP practice.

27 https://www.cdc.gov/flu/about/qa/vaccineeffect.htm
30 https://www.cdc.gov/vaccines/vpd/pneumo/public/
Figure 15 shows the percentage of eligible people screened by GP practices, ranked in order. Rates vary from more than 60% to less than 40%. We can also see in Figure 16 that as the deprivation score for a GP practice increases (located in a more deprived area), screening rates decrease.

**Figure 15:** Persons aged 60-69 screened for bowel cancer in last 30 months (2.5 year coverage, %) by Wirral GP practice.

**Breast Cancer**

For breast cancer screening, we have an average screening rate of 74.2%, which is higher than our peers.

However, Figure 17 shows that the percentage of women aged 50-70 screened within the last 3 years varies from more than 80% in some practices to less than 60% in others. Again, as GP deprivation score increases, screening rates decrease, as shown in Figure 18.

**Figure 17:** Females aged 50-70 screened for breast cancer in last 36 months (3 year coverage, %) by Wirral GP practice.

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31. The R² value of 0.82 means that 82% of the variation in screening rates seen between GP practices is explained by the change in deprivation score.

32. The R² value of 0.75 means that 75% of the variation in screening rates seen between GP practices is explained by the change in deprivation score.
NHS HEALTH CHECKS

The NHS Health Checks programme is the biggest CVD screening programme in the world, with more than 5 million people in England screened since 2013. NHS Health Checks should be offered to men and women aged 40-74 every 5 years. The programme aims to identify vascular risk factors and reduce diabetes, heart disease, kidney disease, stroke and dementia. In England, approximately half of those offered a Health Check receive one and 1 in 3 of those eligible received a Health Check in the previous 5 years.

In Wirral, 80% of those eligible have been offered a Health Check over the past 5 years. 44% of those offered received a Health Check, which is 35% of the eligible population; similar to national figures.

However, there is marked variation by GP practice. If eligible people should receive a Health Check every 5 years then we would expect 20% to be invited and attend a Health Check per year. As Figure 19 shows, some GP practices invited more than 50% of eligible people for a Health Check in 2014-2015, whereas others invited less than 10%.

The uptake rates also vary significantly between practices. In some, almost all of those invited receive a Health Check, whereas for others it is fewer than 1 in 3, as illustrated in Figure 20.

Figure 20: Percentage of invited patients taking up the offer of a Health Check (1st April 2015 - 31st March 2016) by Wirral GP practice.

VARIATION IN HEALTHCARE BETWEEN WIRRAL AND OTHER AREAS

COMMISSIONING FOR VALUE

NHS RightCare and Public Health England produce Commissioning for Value packs, which helps local areas identify conditions and treatments where outcomes vary significantly compared to other parts of the country. Many relate to conditions responsible for avoidable deaths in Wirral.

The NHS RightCare approach to quality improvement provides support on:
- Where to look
- What to change
- How to change it

33 http://www.nhs.uk/Conditions/nhs-health-check/Pages/NHS-Health-Check.aspx
34 http://www.healthcheck.nhs.uk/commissioners_and_providers/data/
Improving Wirral’s healthcare system performance to that of its peer Clinical Commissioning Groups could lead to significant improvements in illness rates or early deaths, as well as reducing the financial burden on the system.\textsuperscript{37}

Examples include:

- Breast and bowel cancer screening rates are poorer than in comparable CCG areas. For lung cancer, our 1-year survival from diagnosis is lower than our peers.
- Hypertension and coronary heart disease are recorded less frequently in Wirral than prevalence estimates would suggest. Cholesterol levels in patients with coronary heart disease or diabetes and blood pressure in those with hypertension are inadequately controlled in more of our patients than for our peers.
- Chronic obstructive pulmonary disease is an important cause of avoidable death in Wirral, yet it is underdiagnosed compared to its estimated prevalence.
- Our rates of emergency admissions for peptic ulceration or upper gastrointestinal bleeds are higher than our peers, as are our alcohol-specific hospital admissions.
- Wirral’s death rates from accidents are higher than our peers, as are injuries due to falls, and fracture admissions in those aged over 65.
- The proportion of patients being seen within 6 weeks of an IAPT (Improving Access to Psychological Therapies) referral is lower than our peers and our excess deaths in adults under 75 years old with severe mental illnesses is one of the worst in England.

### VARIATION IN DIAGNOSTIC TESTING

There are marked differences in rates of diagnostic testing across England (e.g. screening or other tests to determine presence or absence of disease). These differences may be due to variations in need, provision, referral or access and the availability of alternative tests. Appropriate use of investigations must be balanced against the risk of harm from the test or from overdiagnosis of the condition.\textsuperscript{38}

Our coverage of men aged 65 in the NHS abdominal aortic aneurysm (AAA) screening programme was lower than the England average at 77%, though this had improved between 2013/14 and 2014/15.

Our bowel cancer screening rates are significantly lower than the national average and colorectal cancer is a notable cause of avoidable mortality in Wirral.\textsuperscript{38}

Upper gastrointestinal investigation rates (gastroscopies and endoscopic ultrasounds) are high in Wirral. Some of this will be explained by the high rates of alcohol-specific admissions and upper gastrointestinal bleed admissions seen locally.\textsuperscript{38}

Such aggregate figures can mask inequalities within Wirral. For example, it is likely that there will be higher rates of AAA (abdominal aortic aneurysms) in more deprived areas (due to risk factors such as smoking and high blood pressure). There is a lower uptake of many screening programmes in these areas.

Those who would benefit most from this screening are the least likely to receive it.

\textsuperscript{37} Our peer, demographically similar CCG areas are Wakefield, Wigan Borough, North Tyneside, South Sefton, Barnsley, Stockport, Sunderland, St Helens, Rotherham, Durham Dales, Eastington and Sedgefield
\textsuperscript{38} https://fingertips.phe.org.uk/documents/DiagnosticAtlas_FINAL.pdf
5. How can we reduce avoidable deaths?

To reduce avoidable deaths we need local organisations and people to work together to make the borough a healthier place to live and work.

Action needs to span prevention, diagnosis and treatment, as illustrated in Figure 21, and begins with continued efforts to reform the structural and socioeconomic determinants of health before examining individual and healthcare domains.

In his influential 2002 report, Derek Wanless modelled three scenarios to estimate their impacts on the future of the NHS and the health of British people.\(^{39}\) The most optimistic described a state of full engagement, where the public use all available information to take control of their own health. There is a dramatic decline in risk factors such as smoking and obesity with the greatest improvements seen in areas of deprivation. People would then live longer lives and spend fewer years in ill health and health and social care services would modernise rapidly to deliver innovative, high quality services to the engaged population.

Such a scenario requires a different conversation between public services and the public, where goals are shared and each take responsibility for improving health. Though the report was produced 15 years ago, these aspirations are as relevant and desirable today.

Empowering people to take control of their own health and become experts in their own conditions is key to improving care, as even those with chronic conditions will have limited contact time with health professionals.\(^{40}\)

New models of care that offer easy access to information, and digital technologies like wearable devices, telehealth and home monitoring are critical.

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**Figure 21: Domains of intervention, reproduced from Living Well for Longer (DoH, 2013).\(^{41}\)**

<table>
<thead>
<tr>
<th>PREVENTION</th>
<th>DIAGNOSIS</th>
<th>TREATMENT</th>
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<td>Wider social determinants</td>
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<td>Behavioural factors</td>
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<td>NHS Health Check</td>
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<td>Public awareness campaigns</td>
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<td>Screening programmes</td>
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<td>Providers making every contact count</td>
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<td>Acute diagnostic test</td>
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<tr>
<td>Hospital or community treatment</td>
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</tbody>
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39 [http://www.yearofcare.co.uk/sites/default/files/images/Wanless.pdf](http://www.yearofcare.co.uk/sites/default/files/images/Wanless.pdf)
WORKING TOGETHER

Working across the domains of prevention, diagnosis and treatment means working across organisational boundaries and making our residents’ health and wellbeing our primary focus. However, our current ways of working often focus on treating those with established disease in acute settings. We must incentivise the health and social care system to prioritise prevention and reduce variation in care and outcomes. We must share knowledge, expertise and resources and be prepared to work in new and innovative ways.

Services should be integrated across primary, community, social and acute sectors, with connections into the voluntary sector to reduce the risk of hospital admission and increase the availability of care in a local community based setting and, where possible, in people’s homes.

All providers and commissioners should see themselves as responsible for the health and wellbeing of all Wirral’s residents.

Public Health England recommends that clinical commissioning groups (CCGs), local authorities and other local partners work collaboratively to establish effective and comprehensive pathways of care based on the local population needs.42

Wirral Council and Wirral CCG have taken the first steps in creating a system of integrated commissioning and this is an exciting opportunity to join up health and social care across the borough.

Focus on specific causes of avoidable death

**Smoking**

Smoking remains the single biggest risk factor for early death in Wirral and is the primary reason for the gap in life expectancy between our most and least deprived areas. Smoking is a significant contributor to avoidable mortality in Wirral through heart disease, cancers and chronic obstructive pulmonary disease. We must continue to target reductions in tobacco use.

Smokers who manage to quit reduce their lifetime health and social care costs by 48% and the biggest short-term savings come from helping those in contact with the NHS to stop smoking. Delivering assessment, very brief advice and referral during every patient episode in secondary care would increase quit rates and be cost-saving within 5 years.

CASE STUDY 1: SMOKE FREE NHS

The Clatterbridge Cancer Centre has partnered with Wirral Council in an ambitious project to become a smoke-free site. Not only does stopping smoking massively reduce your risk of developing cancer, but it also makes treatment for cancer more effective.

The Trust’s policies are being updated following a thorough examination of the patient pathways to find out what works and identify any blockages. This work also challenges the perceptions of staff and patients through innovative internal and external marketing. The goal is that all patients and relatives who smoke are supported to quit.

CASE STUDY 2:

Even those who are very ill can be supported to stop smoking. A 42 year old man admitted to Arrowe Park Hospital with kidney and liver failure related to alcohol use, was supported to quit with nicotine replacement therapy during his inpatient stay. He had ongoing home visits and telephone support after discharge and remained smoke free 30 weeks later.

**Screening**

Reducing inequalities in screening uptake within Wirral could lead to health gains and reductions in premature mortality. For example, 8 women in every 1000 who are screened for breast cancer are found to have breast cancer. Women whose breast cancer is diagnosed through screening are more likely to be alive at three years than through any other route and breast screening saves approximately 1300 lives in the UK annually.

If all GP practices whose breast screening rates are below the current Wirral average (74.2%) improved to the Wirral average, we would expect to screen an additional 1200 women per screening round. This could identify an additional 10 breast cancers and save 7 lives, as illustrated in Figure 22.

Beyond this relatively modest ambition, if every eligible woman in Wirral was screened, we could save 60 lives per screening round. Though a 100% uptake may not be a realistic ambition, it does illustrate the potential benefits if improvements are made.

For bowel cancer screening, if all GP practices whose rates were below the Wirral average (55.9%) improved to that average, we would expect to find 4 additional cancers per screening round. Public Health England produce a return on investment tool for colorectal cancers, which includes

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44 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5201385
a number of interventions to increase screening rates and allows calculation of expected costs and benefits.\textsuperscript{47} Five-year survival is vastly improved by earlier diagnosis of bowel cancer and a patient diagnosed late costs the NHS around £12,500 compared to £3,400 if diagnosed early.\textsuperscript{48} The cost and impact on them and their families would also be considerable.

**Diet, exercise and obesity**

Poor diet and being overweight or obese are important underlying causes of death in Wirral. Factors such as food composition, marketing, availability and price have considerable impacts on consumption and health but there are many areas where we can have a local impact.

Our weight management services should be co-commissioned so that patients experience a comprehensive and integrated service.\textsuperscript{49} Wirral CCG and Wirral Council will soon be co-commissioning tier II and tier III services.

All public sector sites should provide healthy food and drink options. Wirral Council should continue to work with local retailers to increase the availability of healthy food options.

Increasing physical activity can improve cardiovascular health and mental health and reduce cancers and type II diabetes. Options to help people be more active range from encouraging active travel through transport and planning policy, incentivising cycling to work through bike schemes and staff parking policies, using national campaigns to promote exercise, and helping healthcare staff to deliver brief advice around exercise.\textsuperscript{49}

**CASE STUDY 3: TIER II WEIGHT MANAGEMENT SERVICE**

Since April 2016, Wirral has taken a new approach to supporting individuals who need some help with achieving and maintaining a healthy weight. Wirral Council has entered into an arrangement with Slimming World and Weight Watchers under which qualifying residents can access 12 weeks of free healthy lifestyle (Tier II) intervention from their choice of these providers. The sessions provide a balance of healthy eating advice, help with becoming more active and motivational input to support individuals with challenging changes.

Target weights for service users are discussed and set early on in the intervention and if these are met, there are opportunities to stay within services and receive free, on-going support. Access to this service is via the GP surgery where GPs, practice nurses and sometimes health care assistants can refer people for support.

So far, the new approach has been very successful and proved to be popular with both service users and referrers alike. Up until February 2017, when the service had been operating for 12 months, a total of 1240 individuals had accessed support with 28% of these losing a clinically significant 5% of their body weight – a degree of weight loss linked directly to reduced health risks e.g. type 2 diabetes.

Encouragingly, we have seen more referrals from our more deprived areas than less deprived areas but more than 85% of referrals are in women, suggesting that men are less likely to benefit from the services. Despite the good outcomes that some experience following engagement with these services, we must be honest about the scale of the problem that obesity presents. Two-thirds of Wirral’s adults are overweight or obese.\textsuperscript{50} A third of Year 6 primary school children are overweight or obese and for many this means a lifetime of excess weight. It is not desirable or feasible for this problem to be managed through individual engagement with services and we need an upstream approach that prevents obesity across the life course.

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\textsuperscript{47} https://www.gov.uk/government/publications/return-on-investment-tool-colorectal-cancer
\textsuperscript{48} https://www.incisivehealth.com/uploads/Saving%20lives%20averting%20costs.pdf
\textsuperscript{50} http://www.phoutcomes.info/public-health-outcomes-framework#page/0/gid/1000042/pat/6/par/E12000002/ati/102/are/E08000015
High Blood Pressure
Heart disease and strokes are key causes of avoidable deaths in Wirral and high blood pressure contributes to both. The Cheshire and Merseyside Public Health Collaborative (Champs) have developed a programme to prevent, detect and treat hypertension. This ambitious approach aims to help the estimated 350,000 people across Cheshire and Merseyside with diagnosed high blood pressure and the further 275,000 who are thought to be affected, but are unaware that they have the condition.

Coronary heart disease was the largest single cause of avoidable mortality in Wirral, and nationally it is responsible for 1 in 4 premature deaths. A Public Health England tool estimates that if all GP practices performed as well as the 75th percentile for managing blood pressure in people with hypertension (better than the bottom three-quarters of practices), then over 5 years we would expect to prevent:

- 20 strokes
- 13 heart attacks
- 8 diagnoses of heart failure
- 10 deaths

This would equate to savings to the NHS of over £370,000 per year, as well as social care savings of nearly £80,000.

Diabetes
Approximately 10% of the NHS budget is spent on diabetes treatment. Prevention of obesity is a key component in preventing and ameliorating type 2 diabetes but the impact of the disease can be reduced through improved patient education and access to regular checks and reviews.

The management of diabetes is an excellent example of how patient empowerment could improve outcomes. We need to design services that promote self-care; allowing people to become experts in their own health so they can manage their condition more effectively and reduce complications related to their disease.

The Healthier You: Diabetes Prevention Programme delivered in Wirral offers evidence based interventions to delay or prevent onset of Type 2 diabetes in those already identified to be at high risk.

By supporting people to take control of their own health, and make changes to their diet, weight and the amount of exercise they do the programme can reduce the risk of, or even stop people, developing Type 2 diabetes.

CASE STUDY 4: KNOW YOUR NUMBERS WEEK, SEPT 2016
About 1 in 4 UK residents have undiagnosed and untreated high blood pressure. Wirral Council joined pharmacies across the borough in pledging to check as many blood pressures as possible during Know Your Numbers Week in late 2016.

As part of this, the team set up a stall in Birkenhead Market for a day. Of nearly 400 blood pressures checked, 75 were found to be elevated and a further 10 were deemed dangerously high and required urgent assessment. We have built on this success with several more events across Wirral this year.

If you are aged 40 – 74, with no previous history of cardiovascular disease, you are eligible for a free Health Check every 5 years at your GP practice. This is an excellent opportunity to get your blood pressure checked as well looking at your weight, diet, smoking, lifestyle, memory and family history.
**Health Checks**

We must make efforts to better understand the difference in invitation and uptake rates in NHS Health Checks seen within Wirral. Nearly 100,000 people are eligible for an NHS Health Check in Wirral but fewer than 40,000 received one in the past 5 years. Performing just 1000 extra Health Checks might identify 100 people at high risk of cardiovascular disease, diagnose 5-10 cases of type II diabetes and find more than 25 people with high blood pressure.

**Alcohol**

Wirral’s residents, families, communities and services experience a particularly high burden of ill-health and social harm from alcohol. We are working to improve the environment through licensing interventions and changes to the way alcohol is sold. We are also minimising harm from super-strength alcohol through our Reducing the Strength Scheme. We should ensure that our hospital alcohol care team delivers evidence based care and training to the wider workforce on delivering identification and brief advice (IBA).

Brief advice for people drinking to excess should be delivered in primary and secondary health care with robust referral pathways to those who need additional support. On average, for every 8 people who receive brief advice, 1 person would reduce their drinking to safer levels and if this is implemented systematically, there is great potential to help a large number of people.

**Respiratory disease**

It is likely that chronic obstructive pulmonary disease (COPD) is underdiagnosed and insufficiently monitored in Wirral. In addition to this, the variations in vaccination rates seen mean that some of our high risk residents are not protected against influenza or pneumococcal pneumonia. One episode of community acquired pneumonia is avoided for every 21 people with COPD who are given the pneumococcal vaccination. Vaccinating just 8 people should prevent one exacerbation of COPD over the next 2 years.

**Falls and external causes**

Falls are a significant cause of avoidable mortality (all ages) and the largest external cause of mortality. In Wirral, 7 in 10 people attending A&E for falls are aged over 65, and of those, 7 in 10 are female. Apart from avoidable deaths, falls account for 40% of care home admissions and cost the health and social care economy around £8.9 million per year.

Interventions and services that target a range of risk factors for falls are the most successful at preventing them and treating between 5 and 25 people in this way will prevent one fall on average. PHE advocate strength and balance exercise programmes for older people and the development of fracture liaison services in acute trusts. Suicide is most common in those aged under 65 and is more common in men than women in Wirral. The causes and possible ways to prevent suicide are complex and a comprehensive programme of activity is needed to reduce its impact.

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**Case Study 5: Wirral Local Alcohol Action Area**

In early 2017, Wirral was awarded Local Alcohol Action Area status by the Home Office. This means that Wirral is part of a prestigious national project which aims to reduce health harms to local people from alcohol misuse through improved data sharing and intelligent use of information between local organisations.
CASE STUDY 6: SUICIDE PREVENTION
Wirral Council is playing a leading role in developing and delivering the No More Suicide strategy across the Cheshire and Merseyside region through the Champs Public Health Collaborative. This comprehensive programme of work aims to improve mental wellbeing and resilience in at-risk groups and reduce access to the means of suicide. Suicide prevention training will be delivered to key members of the local workforce and the stigma associated with poor mental health will be challenged through a programme of events including several on Tranmere Rovers Football Club match days, which should engage with men aged 20-40 who are at the greatest risk of suicide.

EMPOWERING PEOPLE AND COMMUNITIES
Wirral is one of only 15 areas selected to work with NHS England to support local people to take a more active role in their own health and wellbeing. This includes working in partnership with communities to build public health and wellbeing through connecting people to activities and support in their local communities and Supporting self-care for people living with long-term conditions. As part of this programme there is a focus upon identifying people with long-term conditions who need more support to manage their health and wellbeing in order to improve their health outcomes.

REDESIGNING LOCAL SERVICES TO PROMOTE SELF-CARE AND EARLY INTERVENTION
As part of the Healthy Wirral Programme local partners have been piloting new ways of delivering care for people living with diabetes and respiratory disease in Wirral. This involves care being delivered in an integrated way across primary, community, social and acute sectors with connections into the voluntary sector.

The programme aims to empower and enable people to understand and manage their condition in order to stay healthy and out of hospital. There is a focus on improving outcomes for all and reducing health inequalities. Specialist care has been moved out of the hospital and into local community settings with a focus on areas of greatest need.

http://www.no-more.co.uk/
This report has demonstrated that there are high numbers of avoidable deaths occurring across Wirral and that these deaths are more likely to occur within our poorest communities and in males.

The main reasons people are dying at an early age are cancer, heart disease and strokes, respiratory disease, alcohol related liver disease, falls and suicides.

There are numerous examples of good practice across Wirral to reduce avoidable deaths. However, if we are going to have an impact on avoidable mortality and the health inequalities that drive it, there is a need to put prevention first and develop interventions on an industrial scale. Potential measures that could be introduced across Wirral in order to reduce avoidable mortality include:

For Wirral partners:

- Wirral Council and partner organisations working together to tackle the wider determinants of health such as housing, environment, economy etc. The Marmot Review into health inequalities in England (2010) put forward an evidence based strategy to address the social determinants of health. It recognised that the conditions in which people are born, live, work and age lead to health inequalities.

- Introducing a minimum price per unit of alcohol. The Independent Review of the Effects of Alcohol Pricing and Promotion found that introducing a minimum price per unit would save lives, reduce hospital admissions and reduce levels of crime. Introducing a minimum price of 50p. per unit would save 4 lives each year and prevent 149 hospital admissions across Wirral.

- Actively promoting and facilitating healthy lifestyles within private and public sector workforces (targeting manual workers). Even within the current economic climate, the business case for creating healthier workplaces remains strong (including such benefits as improved staff morale, service quality and reduced sickness absence).

For health and social care organisations:

- **Train frontline staff in brief interventions** on lifestyle issues, e.g. alcohol, smoking, healthy weight. The use of brief advice has been shown to be effective and cost-effective; for every eight people who receive simple advice on alcohol misuse, one will reduce their drinking to within lower-risk levels.

- **Increase uptake and accessibility to Stop Smoking Services**, smoking remains the main cause of avoidable death; it is the primary reason for the gap in healthy life expectancy between rich and poor.

- **Increase the uptake of national screening programmes** across Wirral by the use of GP led initiatives and social marketing campaigns aimed at high risk groups. Locally 1 in 5 women do not take up the offer of breast screening and 1 in 3 people do not take the opportunity to be screened for bowel cancer. **Analysis suggests focusing initial campaigns on 4 cancer sites: colorectal, breast, bladder and skin could potentially save 1 life every 4 days in Wirral.**

- **Raising awareness of early signs and symptoms of cancer** in all frontline health and social care staff.

- **Increasing the uptake of the influenza vaccinations** amongst younger people classified as being at high risk. Currently in Wirral only 50% of people classified as being at high risk, under 65 years of age, have a seasonal flu jab leaving around 18,000 people unprotected during the winter flu season.

- **GP practices investigating the potential barriers to accessing healthcare for high risk groups** particularly males living in deprived areas and developing services to reflect the needs of this population.

- **Implementing NHS health checks.** If the Health Checks programme in Wirral had achieved the local uptake target of 60% (the actual was 42.6%) we could have identified an additional 123 people with high blood pressure, 29 people with type 2 diabetes and 14 people with chronic kidney disease.
CONCLUSION

The recommendations highlight potential measures to reduce avoidable deaths across Wirral. However it is in no way exhaustive. It is recognised that, in reality, there will always be some deaths from avoidable causes simply due to the range of factors that impact on people’s lives, including lifestyle, health beliefs, availability and access to healthcare, accidents, etc.

However, reducing avoidable deaths by improving the health of the population and reducing or delaying the onset of long-term conditions, such as heart disease, chronic obstructive pulmonary disease, etc., is an essential part of increasing the quality of life for local people, whilst helping to reduce the impact of an ageing population on health and social care services.
Councillor Chris Spriggs (Cabinet Member – Delivering differently) said:

“Making sure residents are able to access the very best, most efficient, services possible is so important, particularly for the most vulnerable people.

“For too long, navigating between the NHS, social care and other related services has been incredibly complex, frustrating and challenging for people. People want one phone number to call, one person to speak to, who can give them advice and make sure they get the services they need.

“Wirral has made huge progress. We are integrating our services at every level with our colleagues in the NHS, creating the seamless, efficient and well-designed services which people want, need and expect. This report is another significant step on this process and I am delighted we have been able to make it happen so quickly.

“I believe this new, integrated service will help many people all across Wirral get better support and enjoy more tailored services to meet their needs.”

REPORT SUMMARY

This report relates to the delivery of social care assessment and support planning functions for people with a disability or mental health need.

Cabinet approval is sought to progress plans for the formation of a single integrated all age health and social care assessment and support planning, service for people with complex disability or mental health needs.

This service is being developed in line with the All Age Disability Strategy and feedback that we had from people that need support from services. Cabinet (March
2016) approved the establishment of a Transformation Programme with the development of an All Age Disability and Mental Health service as a key Transformation project.

Social care services play an important role in enabling vulnerable people to maximise their independence, to take an active part in their communities and to keep well in Wirral. The inter-dependency between health and care systems has become increasingly clear over recent years. Nationally, Councils are faced with increasing demand on social care services which presents as a challenge to meet within the available resources. Local Authorities and NHS providers are increasingly working to integrate social care and health services locally to provide both sustainability and a better experience for people who use those services.

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

This key proposal is to integrate the assessment and support planning processes for children and adults with disabilities and adults with mental health needs, with Cheshire and Wirral Partnership NHS Trust (CWP) in order to deliver a range of assessment and support planning services on behalf of the Council.

The new single integrated service would provide seamless support to young people, adults with a complex disability and adults with a mental health need. Services will ensure that people with disabilities remain as independent as they can be, and when they need support, are able to have as much choice and control over how they receive their support as possible. People who use services will be supported to plan ahead for their futures and to play an active part in their communities. People will be encouraged to aspire to employment, access mainstream support, universal services and draw on support from their natural networks, families and communities.

People will receive the specialist support that they need at the time they need it, and from the right professionals, as part of a whole team approach. People will be placed at the centre of their support arrangements and will play an active part in choosing how their support is arranged. People will be encouraged to use direct payments and to have the support of independent brokerage services to tailor their packages of support to their needs.

A family carer recently told us, “Communication is all important and parent/carers should need only to tell their story once, with updates being entered as and when appropriate”.

Services can be developed more effectively to meet the needs of local residents. With social care and health staff working within one organisation it is possible to streamline assessment processes, reduce duplication of multiple professional involvements, and develop a single point of contact and single social care and health support planning.
The all age service will work directly with a range of community, not for profit, and community enterprise organisations to add social value and to directly contribute to community development.

A Wirral resident recently told us, “The main issue is to break down the barriers between organisations and ensure that everyone in each of the organisations understands what the others do”.

A fully integrated service will be able to adapt and react more effectively to emerging local needs. A single social care and health delivery provider will have the scale and ability to focus its staff resources more effectively where most needed.

An integrated all age delivery service can ensure that both social care and health staff work to common outcomes and the use of preventative and independence building approaches can be maximised by professionals across the health and care system.

Oversight of quality standards, professional development and safety will be incorporated as a key component of the final proposed model.

The functions of safeguarding children, and some other functions related to looked after children, would not be delegated to the integrated service and would remain as functions delivered by the Council. Joint working arrangements with the NHS to safeguard vulnerable children would be enhanced by this approach.

Key Strategic Outcomes to be delivered through this initiative will contribute to the following Wirral Pledges:

Community Services are joined up and accessible
Services will be commissioned across health and care to get the best outcomes for people within available resources.

People with disabilities live independently.
The All Age Disability and All Age Mental Health Service will ensure that people are supported to remain as independent as is possible, to be in more control of their support arrangements and to participate in their local communities.

Wirral Residents live healthier lives.
Services will be provided on an all age, whole system basis ensuring that there is a clear link between the 2020 partnership pledges and the Healthy Wirral Programme.

Vulnerable children reach their full potential
Children with disabilities will be supported to plan towards greater independence and to achieve their goals.

RECOMMENDATIONS

1. It is recommended that Cabinet approve the Full Business Case (Appendix 1).
2. It is recommended that Cabinet approve plans to develop an integrated all age disability and mental health service.

3. It is recommended that Cabinet approve the progression towards a formal partnership arrangement with Cheshire and Wirral Partnership NHS Trust (CWP).

4. It is recommended that Cabinet approve staff consultation as required.

5. It is recommended that Cabinet approve the sharing of one off transformation costs with CWP, including the estimated one off transformation costs of £250K attributable to the Council for 17/18.

6. It is recommended that Cabinet delegate decisions on the final arrangements to the Cabinet Member, Delivering Differently supported by the Director for Health and Care and the Director of Children’s Services.
SUPPORTING INFORMATION

REASON/S FOR RECOMMENDATION/S

The proposal aims to ensure that the Council and NHS partners use our collective resources to provide better and more joined up support to people with disabilities and mental health. The following key features of the all age service are essential to success;

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

1 OTHER OPTIONS CONSIDERED

1.1 Careful consideration has been given to a range of other alternative delivery models. These include retaining and developing the services within the Council, the setting up of a community interest company to provide the services, developing an informal partnership with a public sector provider to provide the services differently.

2 BACKGROUND INFORMATION

2.1 The Transformation Office has overseen the development of the Full Business Case for an alternative delivery model (Appendix 1).

2.2 An Outline Business Case (OBC, appendix 2) describes the strategic, economic, commercial, financial and management considerations of this project. This was subject to a joint Adult Health and Care Scrutiny Committee and Children and Families Scrutiny Committee workshop in July 2017. A report was submitted to both scrutiny committees in September 2017 (Appendix 3).

2.3 The Transformation Office has overseen the development of the Full Business Case for an alternative delivery model (Appendix 1).

3 FINANCIAL IMPLICATIONS

3.1 It is not anticipated that this proposal will achieve additional budget savings directly.

3.2 The main financial benefit is that the transfer anticipates the integrated service will contribute towards reducing costs in the Council’s Community Care budget by working differently with people who need support. There is a target budget saving to the care budget totalling £7M over the next four years.
3.3 The proposed s75 agreement will address a) staff transfer and b) the supply of the services. The staff resource required to provide the service would be addressed by a payment from the Council to CWP equivalent to the cost of the front line staff that are being transferred. In addition, the Council would allocate funding (to be agreed) for mid office support functions that CWP would require to provide the service.

3.4 Arrangements for draw down of support services and support package costs by CWP to meet assessed social care needs, against the allocated care budget would be contained in the S75 agreement. The Council will remain the budget holder for care services.

3.5 Estimated transformation costs are detailed in the Full Business Case (Appendix 1, page 33) which includes one off transformation costs estimated to be £250K for 17/18.

4 LEGAL IMPLICATIONS

4.1 The statutory duties placed on the Council will continue to rest with the Director for Health and Care and Director of Children’s Services, whilst the delivery of the specific functions related to assessment and support planning may be delegated to CWP under a Section 75 contract arrangement.

4.2 The Council therefore propose to enter into a S75 agreement with CWP to deliver the Council’s statutory adult social care duties as a fully integrated service.

4.3 It is considered that as CWP are the NHS provider within the Council administrative boundaries providing community services for the grouping of service users on this integration programme there is no requirement to undertake a competitive tender process as there is no other operator that can deliver the integration required.

4.4 Further detail in relation to legal issues is available in the Full Business case (Appendix 1, Section 3)

5 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

5.1 These will be identified as part of the project management. Initially the resource implications will be officer time.

6 RELEVANT RISKS

6.1 A Risk Log will be developed as part of the project

7 ENGAGEMENT/CONSULTATION

7.1 Stakeholder, public and staff engagement has been undertaken over a number of years through Healthy Wirral, Vision 2018 and Vanguard events, together with recent staff engagement sessions. If Cabinet approve the proposal then formal staff consultation will commence.
7.2 Local people and staff have been consulted widely as part of the various work streams through the “Healthy Wirral” programme and work over recent years with AQUA as part of an integrated health and care community approach. The service design reflects the views of residents who expect to receive timely and joined up services that do not differentiate unnecessarily between health and care provision.

7.3 Communication has been held with Trade Unions from the outset.

7.4 Staff engagement is planned as part of the programme.

7.5 Wider public and stakeholder engagement is also planned as part of the programme to communicate change. There will be no requirement for full consultation as the changes outlined build on previous requests and intentions to join up services for the benefit of people that use services.

8 EQUALITY IMPLICATIONS

Has the potential impact of your proposal(s) been reviewed with regard to equality?

No because of another reason which is:
An Equality Impact Assessment will be conducted at a later stage in the project and once the service model is developed.

REPORT AUTHOR:

Graham Hodkinson
Director of Health and Care

telephone: 0151 666 3651
e-mail: grahamhodkinson@wirral.gov.uk

APPENDICES

Appendix 1 Full Business Case
Appendix 2 Outline Business Case
Appendix 3 OSC Scrutiny Report
## Full Business Case (FBC) Overview (maximum 2 Pages)

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<tr>
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<td>Ursula Bell</td>
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### Governance Route

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### Overview of Project / Initiative:

The transfer of 128 Full Time Equivalent (FTE) staff from Children’s and Adult Social Care Services across from the Council to Wirral Cheshire and Wirral Partnership Trust for the delivery of social care assessment, care co-ordination, care planning and support services - annual contract value of £5.19m (gross staff budget only).

**Governance Route**

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**Overview and Scrutiny Committee**

(Adult Care and Health, Business, Children and Families, Environment)

Workshop Report from 2nd August 2017 presented at Adult Care and Health OSC on 13.09.17, and Children and Families OSC on 26.09.17

### Engagement with Portfolio Lead

- Councillor Bernie Mooney - Children & Families
- Councillor Chris Jones - Social Care & Health

**Meeting Dates**

- 04.08.17
- 26.07.17

**Please detail how many Workshops have taken place?**

- 2 sessions - Senior Leaders in March and April
- 9 sessions - Front Line Staff in July and August

**Please detail how many Project Meetings have taken place?**

- 5 sessions – April 2017 to August 2017
- 1 session – August 2017

### Rationale / Case for Change:

- Enabling Residents to experience a person-centred assessment and care plan which considered all areas of support.
- 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.
- 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.
- Join up the delivery across partners to improve service user experience particularly during the transition from childhood to adulthood.

### Scope:

128 FTE staff from Children’s and Adult Social Care Services - Community Mental Health Service (Adults), Integrated Disability Service (Adults), Children with Disability Services.

### Direct Benefits to Residents:

- Improve integration across disability pathway and mental health pathway, Improve transition between children and adults services - Improve continuity of care through all age approach, Improve assessment and care planning arrangements, Improve multi-agency working, Improve crisis management, Less disjointed, and Reduce duplication

### 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

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Page reference liked to larger Full Business Case Document: Page 5

Page reference liked to larger Full Business Case Document: Page 14

Page reference liked to larger Full Business Case Document: Page 12

Page reference liked to larger Full Business Case Document: Page 8

Page reference liked to larger Full Business Case Document: Page 9
Key Drivers for Transformation:
- National and local policy direction across health and social care provision
- Reduce service barriers related to age and eligibility criteria
- Improve quality and consistency, Promote health and wellbeing, Improved multi-disciplinary support
- Deliver fully integrated services for children, young people, adults, their carer's and family members
- 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

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 available budget. Meet the statutory duties of the Council and NHS. Align service delivery models in line with national policy, direction and best practise

Recommendation / Preferred Alternative Delivery Model / Option:
- Transfer Council staff to integrate with the NHS Provider
- Transfer 128 FTE staff to CWP – and commission a 4 year contract to deliver social work function completing assessments, support plans, and coordinating care for children, young people and adults with Disabilities and Adults with Mental Health Issues across Wirral.

Financial Costs: Contract value £5.19m (gross staff budget only)
Transformation Costs: Approximately £250,000

Engagement/Consultation with Stakeholders:
- Approximately 80 Staff attended Workshops in July and August 2017
- Online Stakeholder Survey – being completed from August to September 2017 (Mencap completed an Easy Read Version)
- Service User Engagement scheduled for September 2017

Strategic/Project Risks:
- The timeframes are tight to meet the desired implementation of April 2018, driving the project to move at pace.
- There are still a number of unknown quantities as due diligence has not yet commenced.
- Children’s Safeguarding and Governance arrangements need to be agreed (children’s safeguarding and child protection function will remain in house)
- Pressures upon Children’s SLT managing Transformation Programme and Ofsted Developments.
- Financial/Transformational Costs, and Legal details are still be analysed/agreed; transferring staff requires complex legal work to be undertaken, in partnership with Council and CWP Legal Team.

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

Key Partners/ Stakeholders:
- Cheshire and Wirral Partnership Trust (CWP)
- Clinical Commissioning Group (CCG)

Outcome/Decision required from Board / Meeting: 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.
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

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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.
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.

<table>
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<th>Governing Strategic Group</th>
<th>Date of consideration</th>
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<td>Strategic Leadership Team (SLT)</td>
<td>27th June, 2017</td>
</tr>
<tr>
<td>Customer Experience Transformation Programme Board</td>
<td>3rd July, 2017</td>
</tr>
<tr>
<td>Transformation Portfolio Board</td>
<td>10th July, 2017</td>
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<tr>
<td>Cabinet and SLT</td>
<td>24th July, 2017</td>
</tr>
<tr>
<td>Scrutiny Workshop</td>
<td>2nd, August 2017</td>
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</table>

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.
- 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:

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

- **All Age Disability Social Work Service**
  - Children, young people and adults with a disability, children in need, complex need or health problem

- **Mental Health Social Work Service**
  - Adults with a range of mental health conditions

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 adulthood, 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.
- 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:

<table>
<thead>
<tr>
<th>No.</th>
<th>Risk Category</th>
<th>Risk and Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Safeguarding</td>
<td>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.</td>
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<tr>
<td>2</td>
<td>Governance</td>
<td>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.</td>
</tr>
<tr>
<td>3</td>
<td>Implementation Timescales</td>
<td>The timeframes are very tight and there is a risk that the project could fail to meet the desired implementation of April 2018.</td>
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<tr>
<td>4</td>
<td>Project Management</td>
<td>Failure to successfully manage the key stages throughout project management of the ADM – Due Diligence, Consultation with staff prior to April 2018.</td>
</tr>
<tr>
<td>5</td>
<td>Children’s Transformation Programme</td>
<td>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.</td>
</tr>
<tr>
<td>6</td>
<td>Transformational Costs to implement ADM</td>
<td>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.</td>
</tr>
<tr>
<td>7</td>
<td>Risk Management</td>
<td>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.</td>
</tr>
<tr>
<td>8</td>
<td>Financial</td>
<td>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.</td>
</tr>
<tr>
<td>9</td>
<td>Community Care Budget</td>
<td>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.</td>
</tr>
<tr>
<td>10</td>
<td>Legal</td>
<td>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.</td>
</tr>
<tr>
<td>11</td>
<td>Workforce and TUPE Transfer</td>
<td>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.</td>
</tr>
<tr>
<td>12</td>
<td>Bringing Children’s and Adults provision together</td>
<td>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.</td>
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</table>
SECTION 2- ECONOMIC

The localism agenda further encourages the diversification of public service delivery (Green Book, Pubic 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

- Workshop held on 10th March, 2017
  - 1. Discussed Scope and ADMs Options

- Workshop held on 12th April, 2017
  - 2. Confirmed Scope and Long-List of ADMs

- Project Meeting held on 28th April, 2017
  - 3. Evaluate Long List of ADM’s and developed Strategic Outline Case

- Project Meeting held on 23rd May, 2017
  - 4. Agreed Short List of 4 ADM’s

- Project Meeting held on 20th June, 2017
  - 5. Agreed Preferred ADM and developed Outline Business Case

- Project Meetings in July and August, 2017
  - 6. Developed Full Business Case

- Scrutiny Workshop - 2nd August, 2017
  - 7. Outline Business Case Scrutinised

- Design Team Meetings - August and September, 2017
  - 8. Developed Target Operating Model (TOM)

- Stakeholder Engagement in July August and Sep, 2017
  - 9. Staff Workshops
  - Customer engagement
  - Stakeholder Survey

Next Stages September 2017 to April 2018

- Commissioning Meetings

- Work stream Meetings – September 2017 to April 2018

- Procurement Phase in September and October 2017

- Senior Legal and Finance negotiating Meetings November 2017 to January 2018

- 10. Agree Service Specification

- 11. Develop Joint Project Implementation Plan

- 12. Complete Due Diligence for Council and CWP

- 13. Agree Section 75 Contract Agreement
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

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 competenecy 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.
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 2222, 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.

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

4.2 Transformation Costs

<table>
<thead>
<tr>
<th>Transformation Cost</th>
<th>Role</th>
<th>Unit Cost</th>
<th>Weekly Hours</th>
<th>Weeks</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline Business Case</td>
<td>Senior Business Designer</td>
<td>£41.88</td>
<td>36</td>
<td>4 weeks</td>
<td>£6,030.20</td>
</tr>
<tr>
<td>Full Business Case</td>
<td>Senior Business Designer</td>
<td>£41.88</td>
<td>36</td>
<td>6 weeks</td>
<td>£9,046.08</td>
</tr>
<tr>
<td>Project Management</td>
<td>Project Manager</td>
<td>£40.95</td>
<td>36</td>
<td>30 weeks</td>
<td>£44,226</td>
</tr>
<tr>
<td>Project Management</td>
<td>Programme Manager</td>
<td>£48.32</td>
<td>1 day per Month</td>
<td>October to April 2018</td>
<td>£2,435.33</td>
</tr>
</tbody>
</table>

|                      |                       |            |              |       | £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

<table>
<thead>
<tr>
<th>Description</th>
<th>2017/18</th>
<th>2018/19</th>
<th>2019/20</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Estimated Staffing Costs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children with Disability</td>
<td>-</td>
<td>1.06</td>
<td>1.07</td>
</tr>
<tr>
<td>Integrated Disability Service</td>
<td>-</td>
<td>1.04</td>
<td>1.05</td>
</tr>
<tr>
<td>Mental Health Team</td>
<td>-</td>
<td>3.09</td>
<td>3.12</td>
</tr>
<tr>
<td>1% Pay Award</td>
<td>-</td>
<td>0.05</td>
<td>0.05</td>
</tr>
<tr>
<td>Vacancy Factor (est. 2.5%)</td>
<td>-</td>
<td>(0.13)</td>
<td>(0.13)</td>
</tr>
<tr>
<td>4 Days Unpaid Leave (est. 1.5%)</td>
<td>-</td>
<td>(0.08)</td>
<td>(0.08)</td>
</tr>
</tbody>
</table>

| Estimated One-Off Costs                  |         | 5.03    | 5.08    |
| Project and Programme Managers           | 0.04    | -       | -       |
| Due Diligence                            | 0.04    | -       | -       |
| Actuarial Valuation                      | 0.01    | -       | -       |
| Software Licences                        | 0.11    | -       | -       |
| I.T. Hardware                            | 0.05    | -       | -       |

| Estimated Recurrent Costs                |         | 0.25    | -       |
| Additional Staffing                      | -       | 0.11    | 0.11    |
| Training                                 | -       | 0.02    | 0.02    |
| Pension Liability                        | -       | tbc     | tbc     |
| Support Costs                            | -       | tbc     | tbc     |
| VAT Liability                            | -       | tbc     | tbc     |

**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

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

5.1 The Sponsor
The Sponsor of the project is Graham Hodkinson, 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:

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

5.4 The Project Board
The Project Board meets monthly and governs the project.

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

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.

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

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.
➢ 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 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
- Directly affected staff across children and adults services
- All Council Staff
- Trade Unions
- All Age Partnership Board
- Patients / Service users / Families / (Unpaid) Carers
- Wider public
- Health Partners - Health Trusts, GP’s
- Healthwatch
- Health Commissioners - CCG
- MPs, Councillors
- 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:

- Processes and activities – the work that needs to be done
- Organization and people – the people doing the work and how they are organized
- Locations, buildings and other assets – the places where the work is done and the equipment in those places needed to support the work
- Information and other links – the IT (and other links) needed to support the work
- Sourcing and partners – those outside the organization supporting the work
- Management 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

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<tr>
<th>Benefit Area</th>
<th>Benefits to be realised</th>
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<tbody>
<tr>
<td>System</td>
<td>Mitigating effects of increased demand by using public resources effectively, as described in Cheshire &amp; Merseyside STP</td>
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Non-cash releasing productivity savings have been assumed to enable the system to meet rising demand with a flat budget

- through skill mixing and role development
- developing single processes, creating integrated and single support functions, common management arrangements

Bringing the two groups of staff together under CWP employment:

- 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

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<tr>
<th>Staff</th>
<th>Staff satisfaction improved through more effective working:</th>
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<tr>
<td></td>
<td>Clear set of standards and working practices</td>
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<td>Shared systems that will support information sharing, good personalised planning and documentation</td>
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<th>Service Users</th>
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<tr>
<td></td>
<td>A more integrated health and care system will bring benefits to many people</td>
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<td>Better joined up care and support means a real difference to local people.</td>
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<td>Service users should receive a better experience resulting from more coordinated and responsive care through:-</td>
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<td></td>
<td>Single referral, screening, assessment and care planning processes</td>
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<td></td>
<td>Management under one organisation facilitating greater clarity on timescales, workloads and access to resources</td>
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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.
- 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.
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:

<table>
<thead>
<tr>
<th>Phase</th>
<th>Dates</th>
</tr>
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<tbody>
<tr>
<td>Transition and Mobilisation phase - Business case approval to contract start date</td>
<td>September 2017 – March 2018</td>
</tr>
<tr>
<td>Contract start date</td>
<td>1\textsuperscript{st} April 2018</td>
</tr>
<tr>
<td>Post implementation review (PIR) and Project evaluation review (PER)</td>
<td>April/May 2018</td>
</tr>
<tr>
<td>Stabilisation phase - Year 1 of contract</td>
<td>April 2018 – March 2019</td>
</tr>
<tr>
<td>Development and transformation phase</td>
<td>Year 2 of contract onwards – April 2019</td>
</tr>
</tbody>
</table>

5.33.1 Transition and Mobilisation phase - Business case approval to contract start date - Oct 2017-April 2018
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 been 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 to 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.

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

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 1\textsuperscript{st} 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)
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
Monitoring the Mental Health Act in 2015/16. CQC 2016.
Appendix 2 – ADM Scoring - Scoring completed by the project team in May 2017 for the Social Work Assessment and Care Plan, Care Coordination

<table>
<thead>
<tr>
<th>Service: Social Work Assessment and Care Plan, Care Coordination</th>
<th>Options for Alternative Delivery Model</th>
<th>Critical Success Factors</th>
<th>Total Score</th>
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<td>Business fit</td>
<td>Strategic fit</td>
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<td>0 – 5</td>
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<td>In-house</td>
<td>Remain In-House and Restructure</td>
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<td>Insourcing</td>
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<td>3</td>
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<td>Joint Management</td>
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<td>Co-ownership of a newly created corporate entity</td>
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<td>Spinning out a service to a separate independent enterprise</td>
<td>Trusts</td>
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<td>Community Interest Companies</td>
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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
The Outline Business Case (OBC) builds on the Strategic Outline Case and signals a potential new programme or project. The OBC sets out that the programme or project:

1. **Strategic** Meets a business need  
2. **Economic** Will deliver clear benefits and/or provide value for money  
3. **Commercial** Is viable  
4. **Financial** Is affordable and realistic  
5. **Management** Is achievable with the capability and capacity to be delivered

<table>
<thead>
<tr>
<th>Programme/Project Name:</th>
<th>All Age Disability and Mental Health Transformation Project</th>
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<tr>
<td>Programme/Project Sponsor:</td>
<td>Graham Hodkinson</td>
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<tr>
<td>Senior Business Lead</td>
<td>Jason Oxley, Elaina Quesada, Michael Murphy</td>
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<td>Programme Manager:</td>
<td>Jane Clayson</td>
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<td>Project Manager/Author of Outline Business Case:</td>
<td>Ursula Bell</td>
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<td>Financial Accountant:</td>
<td>Matt Gotts/Asako Brown</td>
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**DOCUMENT REVISION HISTORY**

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SECTION 1 - STRATEGIC

1 Executive Summary

The Outline Business Case sets out a proposal to transform the Council’s Mental Health Service and the Disability Teams across Children’s and Adult Services by developing integrated pathways to work more closely with key partners, driving forward integration and service efficiencies to improve the health and wellbeing of local residents. 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 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 differently by working with local health providers within the Borough.

Mental Health Services for adults are managed separately to Child and Adolescent Mental Health Services (CAMHS), and would benefit from being better aligned to support young people transitioning into adulthood. CAMHS is not within scope of this project; Cheshire and Wirral Partnership Trust deliver CAMHS to residents commissioned by the Council and CCG. Developments in Children’s Mental Health Services is addressed through a nationally driven programme via the Local Transformation Plan (LTP) and the Future in Mind transformation monies that each CCG were given to help deliver each area’s vision of improvement.

Currently the social work teams for children and adults supporting people with disabilities are managed separately, which is disjointed, with difficulties around transition. 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.

National policy for ‘All Age Disability Integration’ and ‘Health and Social Care Integration’ provides the national direction for change and key driver for local transformation across services. The variety and number of services provided through ADM’s continues to grow, and includes both back office functions and frontline services. The Outline Business Case has explored a range of ADM options, and presents the preferred option to develop a formal partnership arrangement with a local community health trust/provider to align health and social care colleagues to enable integration, and improve the experience for residents who access the service. The Council, stakeholders, and partner organisations would work collectively to co-design the service; ensuring residents are invited to engage in the service design. The preferred model will be analysed further within the Full Business Case and will maintain a strategic fit with the local health agenda for the development of Accountable Care Systems within Wirral.

The new service model will provide greater flexibility and dynamism while maintaining continued commitment to public service and wellbeing, developing a single service for health and social care professionals. The combination of innovation in public enterprise and public/social purpose will make the new ADM an effective vehicle for improving service outcomes, enabling budget savings through economies of scale, and integrated model and service design.
The All Age Disability and Adults Mental Health Transformation Project proposes to bring together services for children, young people and adults with disabilities or mental health problems, ensuring a whole family lifelong approach is taken. The aim is to reshape teams that currently work 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 All Age Disability and Adults Mental Health Transformation Project will impact upon an internal workforce of approximately 145 staff who fulfil challenging and complex roles, supporting vulnerable children, young people, adults and families. The future model of delivery will achieve the desired benefits to improve the current provision, whilst safeguarding resident’s welfare, effectively managing demand for services, promoting good employment conditions, supporting and retaining a talented workforce, 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 associated to transition from children’s to adult disability services. Bringing together the responsibilities for services that support disabled people provides a tremendous opportunity to harness the expertise, energy and resources within Wirral, to deliver excellent outcomes for disabled children, young people and adults.

The Council will take a ‘whole-life’ and ‘whole family’ approach by working in an integrated way with all partners to ensure services meet people’s needs in a joined up way, linked to a holistic assessment and support plan. This will ensure consistency, 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 do 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 does require different expertise and professional governance and the new service will ensure residents of all ages are appropriately supported in line with relevant legislation, policy and governance.

If the All Age Disability and Adults Mental Health Transformation Project gains approval to progress to the Full Business Case stage then key internal and external stakeholders and members of the project team would continue to collectively steer the way forward in collaboration to implement a new ADM aimed to be in operation within twelve months’ time, April 2018.

The All Age Disability and Adults Mental Health Transformation Project is aligned with other transformation projects across the Council, ensuring that options considered for future direction of service delivery are in line with local and national drivers of best practise across Children’s and Adult Social Care Services.
The Outline Business Case 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.

1.1 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
- Providing single point of contact across health and social care
- Effective planning and assessment across health and social care with firm links to education – aiding the Education, Health, Care (EHC) planning process.
- Improve transition from CAMHS to Adult Mental Health Services
- Improved transition between children and adults services
- Improved assessment and care planning arrangements
- Improved continuity of care through all age approach
- Better engagement with community assets
- Improved multi-agency working
- Improved crisis management
- Improved integration
- Earlier intervention
- More responsive
- Less disjointed
- Reduced duplication
“1.2 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 Council’s desire to achieve the best possible results for people with disabilities and mental health needs of all ages, and the changing social care landscape means that we cannot stand still. Over the forthcoming years the Council will continue to make changes so that, regardless of age, all people with disabilities and mental health needs receive smooth and uninterrupted support to ensure that they live fulfilling and independent lives.

The evolution of the new All Age Disability and Mental Health Service will achieve better results for local people, and will deliver our shared vision to ensure that all disabled people are well and live healthy lives, having access to employment, are financially resilient, maintaining choice and control over their lives. These plans are ambitious which will require the co-operation and vision of all partners including disabled people and their families. We need to make the leap toward the provision of personalised support that’s based on ‘integrated pathways’ that make the lives of disabled people and their families easier, transforms their journey through their lifespan, provides greater equality, and promotes community cohesion and maximises the use of resources.

We believe that disabled people of all ages and their families know what is best for themselves and that enabling them to shape the help and support they need, is the best way to make disabled people equal citizens. We will ensure communities influence Council decisions and are committed to delivering services in partnership with communities. We 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. The Council will offer people with disabilities and mental health needs a transformed personalised service and 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, and deliver excellent outcomes for disabled children, young people and adults. We know that this agenda is much larger than Wirral Council and our vision and approach will truly reflect the requirement for a whole Wirral approach, recognising the vital part that all partners across the health service and agencies play in actively sharing this vision.
1.3 Introduction

There is already great change happening at such pace within the Council’s internal delivery functions across Adult and Children’s Social Services.

Children’s Services are going through whole-service transformation throughout 2017-2018, delivering a transformation programme in partnership with the Transformation Team to support improved quality and efficiencies, creating sustainable fit-for-purpose services for children and young people, and their families.

The Department of Adult Social Services (DASS) has implemented vast transformation through two recent projects of ‘DASS Integration of Care Co-Ordination Teams with Wirral Community NHS Foundation Trust’ and ‘Council and Clinical Commissioning Group (CCG) Pooled Budgets through the Integrated Commissioning Hub’ as well as many other initiatives and developments being managed at service level, including local health developments for Healthy Wirral Programme and developments around Accountable Care Systems.

Throughout April and May 2017, Children with Disabilities and Special Educational Needs Disability Service has moved into the delivery directorate under the same management team as Adult Social Care which will support the first key step of integration and partnership working across All Age Disabilities, following on from the work driven by the All Age Disability Partnership Board, and the delivery teams over the past few years.

Currently the Council has separate disability services for children, young people and adults. The Outline Business Case explores the opportunity of creating an ADM for an integrated disability service from April 2018 which will bring these services together. It is envisaged that an All Age Disability Service would fit with the Council’s programme of early intervention and prevention which is about reducing demand, empowering families and maximising independence for young people supporting their transition into adulthood.

In developing the Age Disability and Mental Health Service, the initial aim will be to undertake 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.

1.4 Council Pledges

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

- Older People Live well
- Children are ready for school
- Young people are ready for work and adulthood
- Vulnerable children reach their full potential
- Reduce Child and Family Poverty
- People with disabilities live independently
- Wirral Residents live healthier lives
- Community Services are joined up and accessible
1.5 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 and family members
- Improved multi-disciplinary support
- Optimise Value for Money - Create longer term financial efficiencies and reduce operating costs
- 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 Transformation Project are detailed in Appendix 1.

1.6 Core Project Deliverables

The Core Project Deliverables are:

- To lead on the development of options for an integrated model for an All Age Disability and Mental 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 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 in scope for this project.
- 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 for April 2018.

1.7 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.
In order to deliver the All Age Disability Strategy, to align with recent changes in legislation and policy across children and adult social care, improve the quality of local services, and to ensure that we operate in a way which is financially sustainable, the Outline Business Case provides a case for change exploring ADM’s for the social work team across adults and children’s disabilities and mental health services.

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 Strategy, and oversee developments around the All Age Disability Service.

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 the service.

1.8 All Age Disability Strategy Top Three Priorities

Three priorities that are detailed within the Council’s All Age Disability Strategy include:

- 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

1.9 All Age Disability Partnership Board

All Age Disability Partnership Board oversees the implementation of the All Age Disability Strategy. The Chair of the Board, Lead Commissioner for All Age Independence, and the Board in general, will influence the direction of the All Age Disability and Mental Health Transformation Project. The All Age Disability and Mental Health Transformation Project will support the implementation of the All Age Disability Strategy, governed by the following Transformation boards: Project Board, Customer Experience Transformation Programme Board, and Transformation Portfolio Board. Other Key Boards that will support the work of the Transformation Office are detailed within Appendix 1.

1.10 Case for Change

The Outline Business Case 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 Outline Business Case to implement a new All
Age Disability and Mental Health Service in 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 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.

In order to plan effectively to meet the needs of people with disabilities and mental health issues 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 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 adulthood, 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 new ADM will reflect national policy and guidance to how people disabilities and mental health needs should be supported to improve lives across children and adult services. 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 and Health, Care Planning and Support Service will enable the following:

- To put the patient/service user of the services at the centre.
- For 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.
- Align and integrate assessment and planning with the NHS which takes a whole view of a disabled person’s life.
To enable 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.

To enable 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.

To effectively manage increase in demand.

1.11 Accountable Care Systems (ACS)

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. At this point the following services are within scope for ACS: Health and Social Care, Acute, Community, Mental Health, Primary care – GP, Dental, Opticians, Pharmacy and Specialist services.

1.12 Key Health Partners

We will develop a new way of delivering, one which encourages the delivery of outcomes in a collaborative way by working with health providers, residents and other community assets.

- Clinical Commissioning Group (CCG)
- Cheshire and Wirral Partnership NHS Foundation Trust
- 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, or National Providers
1.13 Strategic Outcomes

The All Age Disability and Mental Health Transformation Project is expected to deliver the following strategic outcomes:

- Provide a high quality social work and safeguarding 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 available budget
- Meets the statutory duties of the Council and NHS
- 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

1.14 Scope of Service

The All Age Disability Service and Mental Health Transformation Project covers a number of areas of provision as detailed in the table below, impacting upon approximately **145 staff members**, across three service areas within the Delivery Division of the Council across Children and Adults Social Care:

<table>
<thead>
<tr>
<th>Team</th>
<th>Office Location</th>
<th>Approx. Staff Numbers</th>
<th>Provision/Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Community Mental Health Service (Adults)</td>
<td>St Catherine’s Health Centre, Birkenhead.</td>
<td>85 Staff</td>
</tr>
<tr>
<td>2</td>
<td>Integrated Disability Service (Adults)</td>
<td>Old Market House, Birkenhead Moving to Millennium Centre</td>
<td>27 Staff</td>
</tr>
<tr>
<td>3</td>
<td>Children with Disability Services</td>
<td>Social Work Team based at Wallasey Locality Office, Wallasey - Moving to Millennium Centre</td>
<td>33 Staff</td>
</tr>
</tbody>
</table>
1.14.1 Community Mental Health Team (Social Work team for Adults)

The Community Mental Health Team employs around 85 staff and is co-located, working directly in partnership with Cheshire and Wirral Partnership NHS Foundation Trust (CWP). The 85 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.

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

The Integrated Disability Service supports people with a range of disabilities and complex needs. The Service is due to relocate into the Millennium Centre in 2017 to be co-located with the Children with Disability Social Work Team. The 27 staff employed by the IDS is based within the following smaller teams: Integrated Disability Service, Transitions Team, Continuing Health Care (CHC) Specialist Review Team and Back-Office Team Support.

1.14.3 Children with Disability Services (CWD)

Approximately 71 Staff are based in the CWD Group within the following smaller teams, Children’s with Disability Services, Transitions Team CYPD, Children with Disability Family Support Team, Willow Tree Resource Centre Residential Respite Unit and Back Office Team Support. 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. There is 33 staff within scope of this project, from the Children with Disability Services, Transitions Team CYPD and Children with Disability Family Support Team.

1.14.4 Services Not in Scope

1.14.4.1 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 project will look to transform the Council’s in-house social worker function for people with a disability or mental health problems. Services across Wirral that are currently commissioned by the Council and/or CCG for these cohorts are not within scope of this project. Support services available for social workers to sign posts residents is a key and valuable resource and the project will consider how services within scope work in partnership with the wider support provision across Wirral.

The Council is working in partnership with the CCG to form the Integrated Commissioning Hub which will jointly commission future health and social care services. When designing the new care pathways for people with Disabilities and Mental Health problems, they will need to interface and partner with other support services and community assets to promote the health and wellbeing of residents. If the project identifies any gaps in service provision, when redesigning the pathways for services for people with Disabilities and Mental Health Problems,
then this information will be shared with the Integrated Commissioning Hub to help inform their commissioning priorities throughout 2017.

1.14.4.2  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 from 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.

1.14.4.3  Special Educational Needs Disability (SEND) Services

It is acknowledged the importance of Special Educational Needs Disability (SEND) Services working closely with the disability teams, and future consideration will be taken within the Full Business case to ensure SEND services and All Age Disabilities Services are closely aligned. Special Educational Needs Disability (SEND) Services are not within scope of this project.

1.15  Residents/Cohorts who access the services within scope

The following cohorts of residents will access the services:

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<thead>
<tr>
<th>All Age Disability Social Work Service</th>
<th>Mental Health Social Work Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children, young people and adults with a disability, children in need, complex need or health problem</td>
<td>Adults with a range of mental health conditions</td>
</tr>
</tbody>
</table>

1.16  Operating Footprint

The service will operate across the local footprint across Wirral. There is general agreement across the health and social care sectors that place-based planning is the right way to manage scarce resources at a system-wide level. Wirral Council has formed partnerships across local, regional and national geographical footprints. Wirral has existing business relationships and partnerships with Health and Social Care Providers/Agencies based across Cheshire, Merseyside, Liverpool City Region, Northwest and England.
1.17 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 view to keep the two services separate in April 2018, 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.
- For a long time now, when we consult with our residents with disabilities, they highlight the importance of not being supported by the same service as those people with mental health conditions as they feel their support needs are distinct and would prefer to access a dedicated disability service.

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

The Outline Business Case 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 project is to remove barriers for all types of disabilities, and to change 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.

1.19 Mental Health Service

Nearly 1 in 4 people 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 pathway, 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 with those people living with a disability or complex needs.

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 put on 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. Mental Health Services will be accessible and available 24/7 to people who need it.

In 1999, the National Service Framework for Mental Health set out the then government’s quality standards for mental health: Mental health promotion, primary care and access to services, effective services for people with severe mental illness, caring about carers and preventing suicide.
The project will consider the early publications, whilst ensuring more recent mental health policy is included. The Project will be aligned with National Policy on Mental Health as detailed within Appendix 1. 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.

The quality standard for service user experience in adult mental health requires that services should be coordinated across all relevant agencies encompassing the whole care pathway. An integrated approach to provision of services is fundamental to the delivery of high-quality care to service users. The new Mental Health Pathway in 2017 will support the following outcomes:

- People using mental health services, and their families or carers, feel optimistic that care will be effective.
- People using mental health 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 community mental health services are supported by staff from a single, multidisciplinary community team, familiar to them and with whom they have a continuous relationship.
- People using mental health 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.
- People using mental health services understand the assessment process, their diagnosis and treatment options, and receives emotional support for any sensitive issues.
- People using mental health services jointly develop a care plan with mental health professionals.
- People using mental health services who may be at risk of crisis are offered a crisis plan.
- People accessing crisis support have a comprehensive assessment, undertaken by a professional competent in crisis working.
- 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.

1.20 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 will mitigate risks by developing a multi-functional project team that gains insight into all areas of risk. 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.

The All Age Disability and Mental Health Transformation Project present the following strategic risks:
<table>
<thead>
<tr>
<th>Risk Category</th>
<th>Description of Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Management</td>
<td>➢ There is a risk that if risks are mis-managed it could jeopardise successful delivery implementation</td>
</tr>
<tr>
<td>Financial</td>
<td>➢ There is a risk that the ADM fails to achieve value for money. ➢ 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.</td>
</tr>
<tr>
<td>Change</td>
<td>➢ Failure to effectively manage, implement, achieve, major change within specification.</td>
</tr>
<tr>
<td>Timescales</td>
<td>➢ Failure to implement the ADM within twelve months, ready for April 2018.</td>
</tr>
<tr>
<td>ADM</td>
<td>➢ Failure to select, implement, optimum ADM most suitable to Wirral.</td>
</tr>
<tr>
<td>Legal</td>
<td>➢ Failure to ensure all the legal safeguards are in place when developing the ADM will put the Council at risk.</td>
</tr>
<tr>
<td>Partnership</td>
<td>➢ Failure to create efficient partnerships. ➢ Failure to collaborate with the most effective and efficient provider.</td>
</tr>
<tr>
<td>Demand / Demographics</td>
<td>➢ New model fails to effectively manage the high demand for services. ➢ High demand for services creates pressure within reduced budgets. ➢ New ADM fails to scale up and down depending on fluctuating demand for services.</td>
</tr>
<tr>
<td>Volume</td>
<td>➢ The risk that actual usage of the service varies from the levels of forecasted.</td>
</tr>
<tr>
<td>Health and Social Care Integration</td>
<td>➢ Significant challenges are posed by the local health population and demand for services, against reducing financial resources presenting challenges to Healthy Wirral Partnership. ➢ Bringing together health and social care could also expose the partnership to the uncertainties of NHS funding.</td>
</tr>
<tr>
<td>Safeguarding</td>
<td>➢ 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.</td>
</tr>
<tr>
<td>Governance</td>
<td>➢ Major acts of non-compliance with internal and external 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.</td>
</tr>
<tr>
<td>Resources and Infrastructure</td>
<td>➢ The availability of sufficient and fit for purpose IT and communications, buildings and other assets could be undermined by inadequate planning and allocation, or a future major disruptive incident. ➢ Insufficient resources and infrastructure might affect the delivery of essential services, harming the reputation of Council and partners.</td>
</tr>
<tr>
<td>Workforce and TUPE Transfer</td>
<td>➢ TUPE process is very complicated and difficult for transferring large workforce to alternative service providers which can have legal impact and moral of the workforce. ➢ The process of moving to a new ADM may prompt staff to go off sick, or leave, losing talent and expertise from the service.</td>
</tr>
<tr>
<td>Reputation/Public Confidence</td>
<td>➢ Delegating the delivery of statutory duties to other providers can be seen as a risk in the event that the target operating model is not fit for purpose, creating negative publicity and risk of operational failure.</td>
</tr>
<tr>
<td>Business Case Process versus Implementation</td>
<td>➢ A risk that the implementation of the ADM does not accurately or fully reflect the business model that was detailed within the business case gateways.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk Category</th>
<th>Description of Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business</td>
<td>➢ The risk that the new ADM cannot meet its business imperatives.</td>
</tr>
<tr>
<td>Service</td>
<td>➢ The risk that the service is not fit for purpose.</td>
</tr>
<tr>
<td>Operational</td>
<td>➢ Operational risk that operating costs vary from budget and that performance standards are impacted.</td>
</tr>
</tbody>
</table>
**SECTION 2- ECONOMIC**

### 2 Alternative Delivery Models (ADM)

The Council is facing challenges, which drives the need for transformation and innovation across business operations in order to find more cost effective ways of delivering services. The introduction of a newly designed ADM in April 2018, will provide a ‘fit for purpose’ organisational structure, designed to drive forward effective integrated services across health and social care landscape, working directly with our partners and being closer to our communities. The reconfiguration will result in social workers being better equipped to support residents leading to improved independence and better outcomes. The All Age Disability and Mental Health Transformation Project is about working with key partners in Wirral who agree to sign up to a shared set of outcomes for people with a disability or mental health problems, and using budgets, buildings, people and any other resources to achieve these common goals in the most economical way. Commercial viability for the new ADM over the length of the contract is imperative.

ADMs of various shapes and sizes are increasingly being used to deliver a growing number and range of public services in many locations in the UK. An ADM can be a different way collaborating and contracting with external stakeholders. Developments in the application of ADMs are contributing to a wider process of change and reform.
of public service delivery. 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).

The project approach is informed by a good understanding of local markets within Wirral and neighbouring areas, and an understanding of how different types of providers can be best engaged in further improving services and better meeting needs. The Council will capitalise upon excellent links with CCG, Health Trusts, the Private and Voluntary Sector and other partners, taking advantage of the opportunity to deliver integrated commissioning and maximise the accessibility and availability of universal services. The Council will maximise choice and control, build capacity and quality and ensure value for money across all partners.

The Business Leads for the project have re-assessed the direction of national health and social care policy since the general election in June 2017 and at this point in time there are no changes that would affect this project.

2.1 Critical Success Factors (CSF)

The critical success factors (CSFs) are the attributes essential to the successful delivery of the Project, against which the available options are assessed. The All Age Disability and Mental Health Transformation Project is expected to achieve the following CSF’s:

➢ 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

(Appendix 5 – Provides an Explanation of Critical Success Factors)

2.2 Options Appraisal

Throughout April, May June 2017, the Transformation Office met with key Senior Managers across the Council and members of the Project Team to review the range of ADM’s available for consideration for the All Age Disability and Mental Health Transformation Project. Staff who manage and deliver these functions are the experts and will ultimately drive forward the preferred model for the Council. The options appraisal assists the Council in taking the right decisions by ensuring that project explores advantages and disadvantages of each option against the critical success factors. The options appraisal process is crucial to ensure decisions are fully informed and based on robust evidence/criteria. Appendix 6 – Provides an overview of staff involved in the options appraisal process and project governance, including sponsor and project team.

All available options have been considered in relation to the project requirements and critical path for delivery presented as a long list of options within (section 2.5). Some options have been ruled out for legal, financial or political reasons, and in such cases, undue time, effort and expense will not be expended on appraising these options. A short list of three ADM’s has been agreed to be analysed further (section 2.6), scoring the models against the Critical Success Factors (CSF).
The Project Team explored the shortlisted options throughout May and June 2017, taking account a range of such factors including, the strategic fit and contribution to strategic objectives, types of need, level of demand, nature of the market, appetite for change, and risks; as well as what each model offers in terms of value and potential social, environmental and economic benefits.

The Council had four overarching options when reforming All Age Disability and Mental Health Service:

- Retain the Service in house
- Commercialise the Service
- Outsource/Commission the service
- Share the service/collaborative working

The below diagram provides an overview of the project stages applied from March to August 2017 to determine design of the preferred ADM for the All Age Disability and Mental Health Service.

### 2.3 Long list of ADM’s

The long list of ADM’s that have been explored for the project throughout March, April May 2017, are detailed below:

<table>
<thead>
<tr>
<th>Option</th>
<th>Alternative Delivery Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retain the Service in house</td>
<td>Improving/innovating/restructuring service delivery</td>
</tr>
<tr>
<td>Commercialise the Service</td>
<td>Is there scope to generate revenue by trading to other Local Authorities?</td>
</tr>
<tr>
<td>Outsource/Commission the service</td>
<td>Improve both performance and costs, enables integration</td>
</tr>
<tr>
<td>Share the service/collaborative working</td>
<td>Service shared between a number of parties</td>
</tr>
</tbody>
</table>
1. Do nothing and remain in-house by continuing to directly provide Social Work delivery function via the Council.

2. Restructure and remain in-house - joining Children’s and Adults Social Work Provision (within scoped services).

3. Insourcing – option to bring services inwards within scope - such as bring Children’s Mental Health Provision in-house, alongside Adults Mental Health Team.

4. Commission services externally from:
   A) Private sector
   B) VCSE Sector (voluntary, community and social enterprise)
   C) Public Sector Organisations

5. Working with the private sector, VCSE sector or public sector, or a combination of these - Various approaches to outsourcing.
   The Public Sector Option - Transfer the function to an established provider to create an integrated NHS and Social Care Service. Public Health Provider Options available:
   A) Cheshire and Wirral Partnership NHS Foundation Trust
   B) Wirral Community NHS Foundation Trust
   C) Wirral University Teaching Hospital NHS Foundation Trust
   D) Other Health Providers/Trusts - based across Merseyside, Cheshire, Liverpool City Region, Northwest, or National Providers

6. Joint working with other Public Sector Bodies
   A) Joint Commissioning
   B) Joint Management
   C) Shared Services
   D) Joint Committees
   E) Informal Collaborations
   F) Partnerships
   G) Joint Ventures
   H) Co-ownership of a newly created corporate entity.

7. Spinning out a service to a separate independent enterprise
   A) Trusts
   B) Public Sector Mutual
   C) Limited Companies
   D) Charitable Incorporated Organisations
   E) Community Benefit Societies
   F) Community Interest Companies
   G) Social Impact Bonds - Payment-by-results Contracts

8. Local Authority Trading Company - Company owned by one or more local authorities.

9. Hybrid Model - using two or more options - combines elements of the Private, Public and Social Sectors.

2.4 Advantages and Disadvantages of Short listed ADM’s
A separate evaluation has been conducted to explore the advantages, disadvantages and suitability of the range of ADM’s available, and the table below provides some of the highlights associated to each ADM.
Formal partnership with a local community public sector health trust (full integration)

- Differing perspectives, insights, environment to stimulating innovation.
- Creates one service/culture for health and social care staff - driving mutually beneficial outcomes.
- 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.
- Reduced operating costs over period of contract.
- Council will retain responsibility for monitoring the service to ensure that agreed outcomes are met.
- Health Trusts have knowledge of local communities and already deliver health services to residents. The partner organisation should be a known and trusted brand and already networked.
- Partner organisation may have access to alternative funding streams. Increase in spending power and joined up provision.
- Common strategic goals and business plan for the service across health and social care.

Joint working with other Public Sector health provider(s) – joint committees, joint management team. (less formal partnership arrangements than the option above)

- Management posts are jointly funded by multiple organisations.
- Joined up policies.
- Shared knowledge and resources.
- We already have joint working systems in place.
- Shared decision-making and shared risk.

ADM Type

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remain In-House and Restructure/Re-engineer Services.</td>
<td>Retain full control of service delivery and development - greater cost control.</td>
</tr>
<tr>
<td></td>
<td>Flexibility to service change. Retention of institutional and organisational knowledge and skills held by an in-house workforce.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2.5 Short List of ADM’s

After considering the long list of options in March and April 2017, the shortlist of options analysed in May and June 2017, against the Critical Success Factors to recommend a preferred delivery option:

<table>
<thead>
<tr>
<th>Ranked</th>
<th>Shortlist of 4 ADM Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>Formal partnership/contract with a local community public sector health trust/provider – full staff transfer to integrate health and social care colleagues within the All Age Disability and Mental Health Setting.</td>
</tr>
<tr>
<td>2nd</td>
<td>Joint working with other Public Sector health provider/s – Exploring Joint Management arrangements, Joint Committees, Joint Ventures (less formal arrangements that option 1)</td>
</tr>
<tr>
<td>3rd</td>
<td>Remain In-House and Restructure/Re-engineer Services.</td>
</tr>
<tr>
<td>4th</td>
<td>Set up a community interest company/trust as a joint venture with a local health trust.</td>
</tr>
</tbody>
</table>

Detailed Scoring of ADM’s conducted against the CSF by the Project Team detailed in Appendix 4.

2.6 Preferred ADM

Council to agree a formal partnership/contract with a local community public sector health trust/provider to integrate health and social care colleagues within the All Age Disability and Mental Health Setting.

Overview of the structure and of preferred Model:
Formal partnership with Community Health Trust.

Formally joining health and social care staff together creates maximum potential for a better experience of health and care services.

Statutory functions carried out 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.

It would be agreed that the Health Trust would operate a social model and provide clinical services only when needed.

Provided by a local community health trust, but could be as a distinct part of their organisation that is not identified as an NHS provision.

Local Health Trusts are developing services to fit with the Hub Model, which will fit with the ACS development.

The Health Trust would continue to develop their community offer around wellbeing and independence.

The new ADM will have contractual obligation to deliver outcomes.

Compliance with the Public Services (Social Value) Act 2012, ensuring that social, economic and environmental issues are considered – adding value to Wirral communities.

The new ADM will have a contractual obligation to support the development and growth of community interest companies and innovative community projects that improve the lives of people with disabilities and which support the delivery of people’s aims and outcomes.

The new ADM will have a contractual obligation to contribute to the delivery of the All Age Disability Strategy for Wirral.

Effectively support residents within complex disabilities and mental health needs, not diagnosis specific.

Fit-for purpose and safeguard children, young people and adults against abuse or harm and have good links to the court process.

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.

A focus on wellbeing, strengths, linking residents into their community.

A focus on goals and independence building.

A whole life approach embedding support with education, housing, leisure, meaningful activity, transport, employment.

A focus on mainstream learning for younger people.

Support with educational needs with a whole team approach.

Flexible support, Personal Budgets (shared budgets for health and social care) and Direct Payments.

Independent Brokerage Services.

Reduced reliance on support from formal services.

Continuity of care coordination, one person to call as one person holds the customer’s case.

Personalised support is a fundamental part of Education, Health and Care Plans (EHC) for disabled children.

More effective planning and assessment across health and social care with firm links to education – aiding the EHC process.

Seamless health and care assessment and support processes, residents tell their story once.

Specialist support when needed including behavioural support team.

Recovery and treatment services available when needed.

Longer term support planning, help to think ahead.
- Outcome based support arrangements.
- 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.
- Improved pathways to support for young people with disabilities and their families.
- Meets 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.
- Community connectors linking people to their communities and helping to navigate the system.
- Services will be shaped by staff and service users, families and key stakeholders.
- Engagement with people who use services will help shape the model.
- Sustainable model resistant to future challenges within health and social care to effectively support and safeguard children and adults.

**SECTION 3 – COMMERCIAL**

3  

**Commercialism**

The current climate, in particular the national economic situation, has created challenges for Wirral. 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. Rising commercialism across the Council is a positive development, providing opportunity to reflect upon current ways of working and try new ADM’s to support the Council pledges.

3.1  

**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. The commissioning and procurement approach taken will be influenced by the preferred ADM that the Council decide to implement, and will be addressed further within the Full Business Case presented in September 2017.

The Project Manager will liaise with the relevant Business Services, such as Legal, Procurement and Commissioning over the forthcoming months to ensure the Council develops the ADM appropriately considering the following questions:
The type of contractual arrangement?

The method of procurement to be considered?

Should services be subject to open competition?

What period of contract will be given?

Commerciality/Efficiency?

The preferred delivery structure is determined based on a combined assessment of efficiency and deliverability to achieve the following:

- Support the changes required to transition to the preferred service model.
- Deliver long term viability and efficiency of that model through the analysis period and thereafter.
- Allocate risks and rewards on an efficient and equitable basis.
- Secure the requisite level of commitment and support from stakeholders.

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

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 model below provides an overview of health and social care integration initiatives and enabling legislation, produced by Department of Health and the Department for Communities and Local Government, 2017.

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).

The Department of Health and the Department for Communities and Local Government have identified barriers to integration, such as misaligned financial incentives, workforce challenges and reticence over information sharing (National Audit Office, Feb 2017) but these issues can be managed in partnership by Wirral and any issues can be overcome to gain the true benefits of integration.

In the face of increased demand for care and constrained finances, the principal of integration will improve joint working and over the longer term contract period 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 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 Boroughs 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, and are joined-up around their individual needs and those of their carers (ADASS, 2016).

The project 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, 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.

The aim of the project will be to redesign the health and social care landscape for All Age Disabilities and Mental Health Assessment and Support planning functions together with partners, jointly being responsible for what may be difficult decisions within a complex, challenging and changing system. The essential characteristics for a fully integrated All Age Disability and Mental Health Transformation Project are based on considerable learning and evidence from across the country, where local leaders are transforming services for the benefit of their users and residents.

Appendix 3 – Provides more information about the benefits of health and social care integration.

3.3 The Care Act 2014

The Care Act 2014 made a number of significant changes to how local authorities assess for, 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. We have begun to work with partners to enable our social care teams to move beyond the traditional social care offer of home (domiciliary), residential or nursing care and meet individual need in a more personalised, multi-agency, joined-up way. 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.

3.4 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.

3.5 Personal Budgets

With the right to a Personal Budget, a cash amount equivalent to the level of need the person has, also explicit in The Care Act 2014, the ability to have greater control and choice. The right to request a personal budget to deliver the provision in an 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.

SECTION 4 – FINANCIAL

4 Staffing Costs

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 145 staff delivering the services within scope. Children with Disability, Integrated Disability Service and Mental Health Teams will initially transfer over in April 2018 with the same staffing financial budget. The approximate staffing budget is £4.5m.

<table>
<thead>
<tr>
<th>Teams within Scope</th>
<th>Budget (£m)</th>
<th>Costs (£m)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Mental Health Team</td>
<td>2.84</td>
<td>2.64</td>
</tr>
<tr>
<td>Integrated Disability Service</td>
<td>0.69</td>
<td>0.56</td>
</tr>
<tr>
<td>Children with Disability Service</td>
<td>0.97</td>
<td>0.91</td>
</tr>
<tr>
<td>Total</td>
<td>4.5</td>
<td>4.11</td>
</tr>
</tbody>
</table>

4.1 Financial Savings

£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.

It is envisaged that financial savings will be achieved by the All Age Disability and Mental Health Transformation Project over the longer-term period. Savings can be quantified further in the full business case, once the operating model has emerged.

4.2 Financial Expertise

The Integrated All Age Disability and Mental Health Transformation Project will be informed and advised by financial experts within the Council. Mathew Gotts Principal Accountant for Adult Services and Asako Brown Senior Accountant for Children’s Services will attend monthly project meetings until April 2018.

4.3 Transformation Costs

<table>
<thead>
<tr>
<th>Transformation Cost to complete Outline Business Case</th>
<th>1 FTE Senior Business Designer</th>
<th>£41.88 Unit Cost</th>
<th>7.20 hours</th>
<th>20 days</th>
<th>£6,030.20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transformation Cost to complete Full Business Case</td>
<td>1 FTE Senior Business Designer</td>
<td>£41.88 Unit Cost</td>
<td>7.20 hours</td>
<td>30 days</td>
<td>£9,046.08</td>
</tr>
</tbody>
</table>

SECTION 5 – MANAGEMENT

5 Local Authorities implementing All Age Disability Approaches

The Council’s idea for an All Age Disability Strategy, Partnership Board and Service, mirrors lots of thinking by other Local Authorities in England. The Full Business Case will build upon recent research and innovations, by
contacting other Council’s to gain insight, researching public information available, to enable best practise to influence the final service design for the All Age Disability and Mental Health Service.

Wirral can learn from other Councils who have already taken 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.

5.1 The Delivery Teams across Children’s and Adult Services

Workshops and a range of group and 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 Transformation Project (detailed in Appendix 2). It is important that the Council can retain staff members who possess a wealth of skills and expertise. It is crucial to have the right leadership and people are in place with the right commitment, capacity, mix of skills and levels. Systems will be in place to encourage, enable and develop staff to be active in the development processes of the ADM throughout the transformation phase to enable staff at all levels to help drive improvement.

5.2 Engagement, Co-production, Co-Design and Consultation of the Preferred Model

The Outline Business Case has been co-produced by members of the Project Team and Project Board who are employed by the Council.

This section of the Outline Business Case acknowledges the importance of engagement, co-production and consultation with key stakeholders and shares a vision around the process to deliver this with people with disabilities and mental health issues, their carers, families, partner agencies and the wider community.

To deliver on the Council’s Pledges, services will listen to people and 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 All Age Disability Partnership Board has overseen various consultation activities which will inform the project.

Further work will take place across June to September 2017 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 us.

Co-production and co-design of the ADM is imperative that all key stakeholders will help shape the approach and format of the new All Age Disability and Mental Health Services. The Transformation Project will provide an opportunity to redesign integrated disability and mental health services, taking into account people’s views, ensuring easy access to services which are fit for the future.
The Project Team will launch a comprehensive consultation process that will give people with disabilities and mental health problems the opportunity to shape the design of the ADM, before the Council moves forward to a detailed implementation plan following approval of Full Business Case. The Council will develop and deliver public services and facilities in equal partnership between the people using such services and their families, community and professionals. Residents with a disability or mental health problems will continue to drive this work, with their views, positive and negative, informing the priorities, actions and the preferred ADM; they are the catalyst for the change that will happen.

The project will respond and adapt to the views of residents, as well as utilising new research or data. The Council’s willingness to listen to stakeholders means that some of the changes the Council will make will be bold and transformational. The Council want residents, their families and professionals in Wirral to see and feel speedy improvements. A range of engagement meetings that have taken place from March to June 2017 with managers across the Council to enable them to inform the Outline Business Case are detailed in Appendix 2.

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.

The Communications & Engagement Manager will develop the project’s Communications Plan to support the communication of the project with key stakeholders from June 2017 to May 2018.

<table>
<thead>
<tr>
<th>Project Activity</th>
<th>Timescales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engagement, Co-production, Co-Design</td>
<td>6 week engagement July to August 2017</td>
</tr>
<tr>
<td>Consultation</td>
<td>12 week consultation period from 09.10.17 – 08.12.17</td>
</tr>
</tbody>
</table>

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

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.
5.3  **Focusing on service users and families strengths and skills**

Our approach to supporting children, young people and adults with learning disabilities and their families will be based upon recognition of their strengths and skills, complementing our needs assessments.

We understand that families have a lot of expertise and knowledge about family members and we will 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.

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5.4  **Stakeholders**

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 we commission.

The project will conduct full stakeholder mapping detailed in the Full Business Case, highlighting all stakeholders who will be accountable, responsible, consulted or informed about the project.
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 this Outline Business Case acknowledges and recognises the vital role of Carers and families. This is a key priority for the Council and its partners. 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.

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Method of Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directly affected staff across children and adults services</td>
<td>Team Meetings, Staff Workshops, Email briefings, Intranet Briefings, Online Surveys</td>
</tr>
<tr>
<td>All Council Staff</td>
<td>Email briefings, Intranet Briefings</td>
</tr>
<tr>
<td>Trade Unions</td>
<td>Meetings, Emails</td>
</tr>
<tr>
<td>All Age Partnership Board</td>
<td>Meetings, Workshops</td>
</tr>
<tr>
<td>Patients / Service users / Families / Carers</td>
<td>Online Briefing and Survey on Council website, Workshops</td>
</tr>
<tr>
<td>Healthwatch</td>
<td>Promote Council survey on their website.</td>
</tr>
<tr>
<td>Wider public</td>
<td>Online Briefing and Survey on Council website.</td>
</tr>
<tr>
<td>Health Partners - Health Trusts, GP’s</td>
<td>Meetings, Emails</td>
</tr>
<tr>
<td>Health Commissioners - CCG</td>
<td>Meetings, Emails</td>
</tr>
<tr>
<td>MPs, Councillors</td>
<td>Business Case Proposals, Briefings, Committee meetings</td>
</tr>
</tbody>
</table>

5.5 The Form of the ADM
The Project Team and Project Board will work together with key stakeholders to agree the form of the ADM which will be detailed further within Full Business Case shared with SLT in September 2017:

- The degree of control the Council wishes to retain
- The complexity or uniqueness of the service
- The number of collaborators in the process
- The resources available (time, money and skills)
- How the service will be delivered
- Alignment with other operations
- Level of Risk

5.6 Practicalities Considerations
The Project Team will be working in partnership with stakeholders to design the ADM throughout June to September 2017 considering the following elements of the operating model and service design.

- Objectives, Vision, Strategy, Policy
- Legal structure
- Due diligence
- Terms and conditions –agreements/sanctions
5.7 Important factors to consider when transforming services

There are a range of reasons as to why transformation is successful or not. The below table highlights some of the barriers that the Project will manage:

<table>
<thead>
<tr>
<th>People</th>
<th>Management</th>
<th>Resources</th>
<th>Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personality</td>
<td>Ability to:</td>
<td>High up front costs</td>
<td>Politics –Local/National</td>
</tr>
<tr>
<td>Power</td>
<td>Engage</td>
<td>Skills</td>
<td>Fiscal Devolution</td>
</tr>
<tr>
<td>Dissatisfaction of workers, users and trade unions</td>
<td>Communicate</td>
<td>Time</td>
<td>Profit Ideas</td>
</tr>
<tr>
<td>Accepting of change</td>
<td>Empower</td>
<td>Higher anticipated costs – pushed onto users</td>
<td>Savings Realised too</td>
</tr>
<tr>
<td>Understanding</td>
<td>Add value</td>
<td>Environment becomes unmanageable</td>
<td>Late</td>
</tr>
<tr>
<td>Loss of local jobs</td>
<td>Make change happen</td>
<td>Governance and co-ordination becomes unmanageable</td>
<td>Onerous contract</td>
</tr>
<tr>
<td>Lack of clear accountability</td>
<td>Make and action hard decisions</td>
<td>Resources not streamlined</td>
<td>Misunderstanding</td>
</tr>
<tr>
<td>Organisational culture</td>
<td>Share control</td>
<td></td>
<td>Litigation between partners</td>
</tr>
<tr>
<td></td>
<td>Bust Barriers</td>
<td></td>
<td>Loss of Local Knowledge</td>
</tr>
</tbody>
</table>

5.8 What the Disability and Mental Health Service needs to do well?

The next stage will be to design the service in partnership and collaboration with stakeholders across Wirral. The below list highlights the features that will be considered in depth for the new model of delivery from April 2018:

5.8.1 Improved Operating Environment:

- Multiagency Interdisciplinary Collaboration
- 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
Safeguarding Arrangements
Mental capacity Policy and Procedure
Effective assessments
Outcome based support planning
Policy and Legislation Framework
Thresholds for statutory intervention
Prevention and Early Intervention Approach
Advocacy, Information and Advice
ICT/Digital Solutions
Information gathering
Record Keeping and Confidentiality
Integration with community assets

5.8.2 Improved Workforce Development:
The new ADM will ensure that the workforce across Disability and Mental health Services is equipped to deliver a high quality service:
Clear Roles and Responsibilities of Staff
Supervision, Critical reflection and analysis
Professionalism, Ethics and Values
Professional Development, Training, Qualifications, Knowledge
Cultural Competence
Practice Evaluation and Quality Improvement
Workload Sustainability and Case Load Management
Protected Time
Leadership, and support

5.9 What will be the benefits to, and importance of changing care pathway for a new model in 2018?
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.
Develop an All Age Disability Services.
Improve integration across Disability Pathway and Mental Health Pathway - Establish clear links (including access and entry points) to other care pathways (including those for physical healthcare needs).

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 18.

Ensuring workforce is supported to provide high quality social work services.

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.

5.10  What will our Social Work Service look like?

Our ideas will be framed around best practice in social work. The Council will strive for the most efficient and effective way of delivering the social work assessment and care planning function; 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. The design of the service will be developed from June to September 2017 in partnership with internal and external stakeholders.

5.11  What this means for our organisations and workforce – new ways of working

The Outline Business Case 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 through the All Age Front Door.
This will also mean rethinking what integration across health and social care looks like for children, young people and adults with disabilities and mental health needs. The skills that our practitioners have also need to change to reflect not just the changing needs of individuals, but also the changing environment in which we work, whilst retaining the importance around Children and Adults expertise to ensure services are strengthen through the new service model.

The Council will retain statutory duties for the welfare of Children and Adults, whilst developing service all Age Disability Service with a local health provider. It is crucial that within the Full Business Case we document the ways to maintain quality and safety and ensuring the service is delivered to that agreed expectations and with specification to ensure that residents are safeguarded and receive true benefits for the change in provision.

We need to ensure that our services will deliver our identified outcomes, and this will require a shift of focus on needs rather than diagnosis, including those children, young people and adults with disabilities and mental health needs. We will therefore develop an all age approach to supporting children, young people and adults with disabilities and mental health needs, so that the Council can ensure that there is access to the specialist interventions that are required at the earliest opportunities and that young people and their families are supported to manage the challenges they face. This will also enable a smoother transition to adulthood, based on dedicated support which enables young people and their families to effectively prepare for adulthood.

### 5.12 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.

‘Think Local, Act Personal’ discusses Personalisation and highlights key themes and criteria:

- Information and advice
- Active and supportive communities
- Flexible integrated care and support
- Workforce
- Risk enablement
- Personal budgets and self-funding

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 with Individual Budgets being a key to the delivery of these plans from 2014. 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.

5.13 Best Practice

To develop the service design and pathways, the Council will be source information, research and best practice and work in partnership with some of the below organisations:

- The British Association of Social Workers
- Skills for Care
- Social Care Institute for Excellence
- Universities
- Department of Health
- Public Health England
- NHS England
- Health Education England
- Local Authorities
- Community Health Trusts
- CCGs
- Department of Communities and Local Government
- Care Quality Commission

5.14 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.
- Providing 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.
- Effective Caseload management.
- Staff operate within a framework of professional accountability.
- Service users and families contribute to the continued improvement of services, policies and procedures.

5.15 The 12 Pillars of Independent Living

The Council is committed to working with people with disabilities and mental health problems and partners to embed the social model of disability within the All Age Disability and Mental Health Service.

![Diagram of the 12 Pillars of Independent Living]

5.16 Features of the Two Pathways for Wirral’s Mental Health and Disability Services

**Aim of the Care Pathway**

<table>
<thead>
<tr>
<th>Recognises that Service User are experts in their experience</th>
<th>Help identify the Service User personal strengths</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Service User Guiding and Supporting Decision Making</td>
</tr>
<tr>
<td>Ensure that Service User get the best possible Information and support</td>
<td>Inspires hope and fulfilment</td>
</tr>
<tr>
<td></td>
<td>Promote partnership – working together</td>
</tr>
</tbody>
</table>

![Diagram of the Two Pathways for Wirral’s Mental Health and Disability Services]
Tailoring the service to meet the needs of Residents?

- Right Service
- Right Place
- Right Time
- Right Person

Care Pathway Principles Explained

- Feel reassured that the care service users receive 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 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.
- 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 how 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.

Who is this Care Pathway for?

- People with mental health problems
- People with disabilities
- People with complex needs
- People with a range of health problems
- Looked after children
- External Mental Health Service Providers
- External Disability Service Providers
- Professionals across Health and Social
- Engaging and supporting families
- Training, Educational and Learning and Development Organisations
How will Service Users know that the Care Pathway is working?

<table>
<thead>
<tr>
<th>Clear understanding</th>
<th>Timely Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Given choices</td>
<td>Improvement to health and wellbeing</td>
</tr>
<tr>
<td></td>
<td>Service Users are better able to cope with their mental health problems or disability</td>
</tr>
</tbody>
</table>

5.17 Core principles that will be applied when redesigning the service in April 2017 to support disability, mental health and wellbeing and sets out behaviours expected in a skilled workforce.

<table>
<thead>
<tr>
<th>Principle 1</th>
<th>Understand the range of Disabilities, symptoms and difficulties experienced by individuals, and how best to support them to maintain independent living.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Know the key signs of mental illnesses and distress and be able to respond appropriately.</td>
</tr>
<tr>
<td>Principle 2</td>
<td>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.</td>
</tr>
<tr>
<td>Principle 3</td>
<td>Promote dignity and respect by maintaining confidentiality and integrity and valuing the individual’s knowledge and experience.</td>
</tr>
<tr>
<td>Principle 4</td>
<td>Ensure legal rights are upheld under UK Law.</td>
</tr>
<tr>
<td></td>
<td>Implement best practise in National Policy.</td>
</tr>
<tr>
<td>Principle 5</td>
<td>Maintain safety and safeguarding responsibilities by appropriately assessing risks and supporting where necessary.</td>
</tr>
<tr>
<td>Principle 6</td>
<td>Deliver flexible and personalised care that reflects the individual’s identity and preferences.</td>
</tr>
<tr>
<td>Principle 7</td>
<td>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.</td>
</tr>
<tr>
<td>Principle 8</td>
<td>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.</td>
</tr>
<tr>
<td>Principle 9</td>
<td>Promote creative, cultural and recreational activities that are meaningful to the individual to enable the best possible quality of life and fulfilment.</td>
</tr>
<tr>
<td>Principle 10</td>
<td>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.</td>
</tr>
</tbody>
</table>

5.18 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.

Education will be more personalised and inclusive wherever possible, with better transition and post-16 choices.

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.

5.19 Asset-based Community Development

Disability and Mental Health Services will work in partnership with external service providers across Wirral formally recognising the benefits of Asset-based Community Development. The new ADM’s operating from April 2018 will work in partnership with community asset across Wirral to ensure residents benefit from services being joined up. Wirral Well, the online directory of health, social care and wellbeing, provides an indication of the level of community resources or assets available to residents. Wirral has more than a thousand services, projects and initiatives that run with the aim of improving health and wellbeing for communities across Wirral. Assets across Wirral are the resources, skills or knowledge which enhances the ability of individuals, families and neighbourhoods to sustain their health and wellbeing. 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.

Community assets have the power to improve social capital, connect people, provide support and advice, and support collective action. Exploring public health impacts, outcomes and the value of community assets is important in understanding how they support people who may otherwise require use of low-level primary health or social care intervention. John Moores University completed a study for the Council ‘Exploring the Social Value of Community Assets in Wirral’ in 2014. 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.

Asset mapping will identify resources available in the community to people with a disability or mental health problem and will be conducted as part of the project management activities in 2017. The project will review what assets/services are available, ensuring that provision is connected and residents can be signed posted accordingly to benefit from services and assets available. The project aims to identify any gaps in support services for people with a mental health problem or disability to help inform the Council’s and CCG’s commissioning needs managed through the Integrated Commissioning Hub. 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. Asset mapping is supported through residents interacting with online directories such as Wirralwell.co.uk; Social prescribing databases; Community Forums; Partnership Forums/Events and Community Email/Online Networks.
Project Commitments towards Asset Based Approach:

- The Joint Strategic Needs Assessment provides the health and wellbeing status of residents across Wirral which will inform the All Age Disability and Mental Health Project.
- Fostering co-production of health and social care across sectors and within the community of Wirral
- Supporting community engagement and the commissioning cycle
- Building a platform for condition management, self-care, care closer to home
- Contributing to demand management and efficiency.
- Reinforcing the community’s and individual buy-in to maintaining good health
- Ensuring services available to people with a disability or mental health across Wirral, are understood and residents are signposted accordingly.

5.20 Next Steps

Approval of the Outline Business Case is sought from the Council Leadership and Governance Strategic Committees in order to affirm the options appraised, and enable the preferred model to be developed within the Full Business Case.

The next stage is to work with internal and external stakeholders to enable them to influence the recommendations put forward within the Full Business Case scheduled to go through governance approval in September/October 2017.

Wirral Council will initially lead the development of the All Age Disability Service, but it will be driven by local people, community assets, including key partners, local providers, and community support networks. The design and the features of the ADM/s implemented in April 2018 will be jointly developed by experts by experience, (people with lived experience, family members, partners, friends and/or advocates for people with mental health needs) and professionals involved in commissioning and providing care.

All those involved in the development of the Care Pathway will have gone on a journey of personal and professional discovery, resulted in the development of coproduced standards which will enable services to deliver care in line with the best available evidence across Wirral.

The Council’s willingness to listen means that the changes we will make will be transformational. We want disabled people in Wirral to see and feel speedy improvements. The Council aims to provide more seamless and holistic support to people with complex needs and their families. Getting the new integrated service up and running in twelve months is ambitious, however demonstrates how the Council and its partners are not afraid to do things differently to improve services and value for money.

Where support is required by statutory services, this should be provided in a seamless and holistic way no matter what stage in life support is required. The new way of working will ensure a more holistic approach to assessment and support planning, care co-ordination in the Borough and ensure there is no duplication. The Council will listen to what local children, young people, adults and families tell us, utilising the best national practice to inform service design and get it right for vulnerable residents. 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 partnership approach outlined throughout the Outline Business Case will be crucial to delivering project priorities despite the continuing pressure on budgets throughout the public sector. Bringing together the responsibilities for key services that support people with disabilities, mental health problems and complex needs provides a tremendous opportunity to harness the expertise, energy and resources within Wirral, and deliver excellent outcomes for disabled children, young people and adults. This agenda is much larger than Wirral Council and the approach will truly reflect the requirement for a whole Wirral-wide approach, recognising the vital part that all partners and agencies play in actively sharing this vision.

It is recommended that if the case for change is approved then a detailed project action plan would be developed in partnership with Delivery Management, and Project Team. A Project Board would be initiated to provide governance and decision making to the Project Team (Appendix 6).

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.

Full details of preferred ADM presented in Full Business Case – September 2017

Work in partnership with residents, service users, families, partners, professionals, commissioners and service providers to design the new service from June to September to be implemented in April 2018

### 5.21 Project Timetable

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.

<table>
<thead>
<tr>
<th>Project Management Activity</th>
<th>Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define Scope</td>
<td>April 2017</td>
</tr>
<tr>
<td>Human Resources – Business Partners updated about SOC</td>
<td>April 2017</td>
</tr>
</tbody>
</table>
## Communications Team updated about the SOC
- April 2017

## Strategic Outline Case (SOC)
- June 2017

## Brief Trade Unions about Project
- June 2017

## Stakeholder Consultation, Communication and Engagement
- June to September 2017

## 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 (OBC) 4 shortlist options
- June 2017

## Full Business Case (FBC) – Present detail of the preferred ADM
- September 2017

## Design Development/Transition
- October to March 2018

## New Operating Model
- Starts April 2018

## Project Review/Closure
- May 2018

### 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:

- 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


Monitoring the Mental Health Act in 2015/16. CQC 2016.

## Appendix 2 - Integrated All Age Disability and Mental Health Transformation Project

### Meetings throughout March/April 2017 that have informed the Outline Business Case

<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>Staff Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week Commencing 6th March 2017</td>
<td>Wider Group – 11 Attendees</td>
</tr>
<tr>
<td></td>
<td>Ursula Bell, Graham Hodkinson, Nikki Kenny, Jason Oxley, Peter Loosemore,</td>
</tr>
<tr>
<td></td>
<td>Michael Murphy, Judith Lambert, Jane Clayson, Ursula Bell, Elaina Quesada,</td>
</tr>
<tr>
<td></td>
<td>Nicola Butterworth, Paul Satoor</td>
</tr>
<tr>
<td>Week Commencing 13th March 2017</td>
<td>Ursula Bell and Peter Loosemore</td>
</tr>
<tr>
<td>Week Commencing 20th March 2017</td>
<td>Ursula Bell and Chris Taylor</td>
</tr>
<tr>
<td>Week Commencing 27th March 2017</td>
<td>Ursula Bell and Julia Hassall</td>
</tr>
<tr>
<td>Week Commencing 3rd April 2017</td>
<td>Ursula Bell and Nicola Kenny</td>
</tr>
<tr>
<td>Week Commencing 10th April 2017</td>
<td>Ursula Bell, Jason Oxley and Peter Loosemore</td>
</tr>
<tr>
<td>Workshop</td>
<td>Wider Group – 18 Attendees - Graham Hodkinson, Jason Oxley, Michael Murphy,</td>
</tr>
<tr>
<td></td>
<td>Judith Lambert, Julia Hassall, Elaina Quesada, Sheila Murphy, Nikki Kenny,</td>
</tr>
<tr>
<td></td>
<td>Lynn Campbell, Margaret Morris, Andrew Roberts, Simon Garner, Peter Loosemore,</td>
</tr>
<tr>
<td></td>
<td>Sarah Towey, Gill Foden, Jane Clayson, Toni Bosworth, Ursula Bell</td>
</tr>
<tr>
<td>Thursday 13th April 2017 – HR Briefing</td>
<td>Ursula Bell and Gill Foden</td>
</tr>
<tr>
<td>Week Commencing 24th April 2017</td>
<td>Project Team</td>
</tr>
<tr>
<td>Week Commencing 22nd May 2017</td>
<td>Project Team</td>
</tr>
<tr>
<td>Week Commencing 19th June 2017</td>
<td>Project Team</td>
</tr>
<tr>
<td>Week Commencing 22nd March 2017</td>
<td>Project Team</td>
</tr>
</tbody>
</table>
## Appendix 3 - What can Wirral Council achieve through health and social care integration?

Model below produced by The NHS Confederation 2016

<table>
<thead>
<tr>
<th>Individuals</th>
<th>Communities</th>
<th>Local health and wellbeing systems</th>
<th>Government and national bodies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information, advice and support to improve physical, mental, emotional and economic health and wellbeing throughout life.</td>
<td>Stimulating and supporting communities to be active, safe and well, making the most of their own strengths and resources.</td>
<td>Collective leadership, which drives culture change, accepts responsibility for achieving the vision and ensures commissioning for and provision of better outcomes.</td>
<td>A permissive culture and increasing devolution or delegation of resources and decision-making to local clinical, political and professional leadership.</td>
</tr>
<tr>
<td>Information, advice and support that helps you take care of your own health and wellbeing.</td>
<td>As taxpayers, confidence that the local system is effective and offers value for money.</td>
<td>Ongoing information and opportunities to hold local leaders to account for progress on health outcomes.</td>
<td>Driving forward devolution or delegation of regulation and performance management of local services, and a recognition that a sector-led approach to improvement is the most effective way of ensuring continuous improvement in local services.</td>
</tr>
<tr>
<td>More choice and control over the services you receive, such as through a personal budget.</td>
<td>Ongoing information and opportunities to hold local leaders to account for progress on health outcomes.</td>
<td>Health and care that supports better health and wellbeing for all, and a closing of health inequalities.</td>
<td>A single national outcomes framework for health, public health and social care, with flexibility to enable local leaders to determine their priorities.</td>
</tr>
<tr>
<td>Support developed jointly with practitioners, built around your needs as a whole person.</td>
<td>Health and care that supports better health and wellbeing for all, and a closing of health inequalities.</td>
<td>Opportunities to shape local services and plans for change.</td>
<td>Investment in building the capacity and competence of the workforce to provide integrated care.</td>
</tr>
<tr>
<td>Confidence that local services are safe, effective, high quality and accountable.</td>
<td>Health and care that supports better health and wellbeing for all, and a closing of health inequalities.</td>
<td></td>
<td>Simplification of the rules to support comprehensive information-sharing at all levels.</td>
</tr>
<tr>
<td>Control of and access to your own information.</td>
<td>Health and care that supports better health and wellbeing for all, and a closing of health inequalities.</td>
<td></td>
<td>Funding and financial systems which incentivize integrated, preventive, proactive and community-based services.</td>
</tr>
</tbody>
</table>

Empowering local systems by supporting flexibility to design services around local needs.
### Appendix 4 – Scoring completed by the project team in May 2017 for the Social Work Assessment and Care Plan, Care Coordination

#### Options for Alternative Delivery Model

Highest Scoring option would be close to 40 Points
ADM Acceptable Score to explore further = 25 + ADM Unsatisfactory Score = -25

<table>
<thead>
<tr>
<th>Options</th>
<th>Business fit</th>
<th>Strategic fit</th>
<th>Cultural fit</th>
<th>Political fit</th>
<th>Support Provisions</th>
<th>Affordable VFM</th>
<th>Implementation Achievability</th>
<th>Sustainability capacity capability</th>
<th>Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-house</td>
<td>3</td>
<td>3</td>
<td>3</td>
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<td>Insourcing</td>
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<td>3</td>
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<td>2</td>
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<td>2</td>
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<tr>
<td>Commission</td>
<td>4A Private Sector</td>
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<td>3</td>
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<td>Services</td>
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<td>3</td>
<td>4</td>
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<td>37</td>
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</table>

#### Joint working with other Public Sector Bodies

<table>
<thead>
<tr>
<th>Options</th>
<th>Business fit</th>
<th>Strategic fit</th>
<th>Cultural fit</th>
<th>Political fit</th>
<th>Support Provisions</th>
<th>Affordable VFM</th>
<th>Implementation Achievability</th>
<th>Sustainability capacity capability</th>
<th>Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint Commissioning</td>
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<td>0</td>
<td>2</td>
<td>3</td>
<td>3</td>
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<td>2</td>
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<td>17</td>
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<tr>
<td>Joint Management</td>
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<td>4</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>28</td>
</tr>
<tr>
<td>Shared Services</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>2</td>
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<td>2</td>
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<tr>
<td>Joint Committees</td>
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<tr>
<td>Joint Ventures</td>
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<td>3</td>
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<td>30</td>
</tr>
<tr>
<td>Co-ownership of a newly created corporate entity</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>24</td>
</tr>
</tbody>
</table>

#### Spinning out a service to a separate independent enterprise

<table>
<thead>
<tr>
<th>Options</th>
<th>Business fit</th>
<th>Strategic fit</th>
<th>Cultural fit</th>
<th>Political fit</th>
<th>Support Provisions</th>
<th>Affordable VFM</th>
<th>Implementation Achievability</th>
<th>Sustainability capacity capability</th>
<th>Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trusts</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td>Public Sector Mutual</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Limited Companies</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Charitable Incorporated Organisations</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td>Community Benefit Societies</td>
<td>5</td>
<td>1</td>
<td>5</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>19</td>
</tr>
<tr>
<td>Community Interest Companies</td>
<td>5</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>19</td>
</tr>
</tbody>
</table>

#### Rating of Options

- 0 = Unsatisfactory
- 1 = Poor
- 2 = Inadequate
- 3 = Acceptable
- 4 = Good
- 5 = Excellent

ADM Acceptable Score to explore further = 25 + ADM Unsatisfactory Score = -25
### Appendix 5 – Explanation of Critical Success Factors

<table>
<thead>
<tr>
<th>CSF</th>
<th>Questions to ask for each ADM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Business fit</strong></td>
<td>Does the ADM meet the business needs of Children’s and Adults Social Care Service areas within scope?</td>
</tr>
<tr>
<td></td>
<td>Is this ADM model suitable to deliver a service within the Health and Social Care Sector?</td>
</tr>
<tr>
<td></td>
<td>Does the ADM</td>
</tr>
<tr>
<td></td>
<td>• Reduce service barriers related to age and eligibility criteria</td>
</tr>
<tr>
<td></td>
<td>• Improve outcomes for disabled people and people with mental health problems</td>
</tr>
<tr>
<td></td>
<td>• Improve quality and consistency</td>
</tr>
<tr>
<td></td>
<td>• Promote health and wellbeing</td>
</tr>
<tr>
<td></td>
<td>• Deliver fully integrated services for children, young people, adults, their carer’s, and family members</td>
</tr>
<tr>
<td></td>
<td>• Improve multi-disciplinary support</td>
</tr>
<tr>
<td><strong>Strategic fit</strong></td>
<td>Does the ADM meet the strategic needs of the Service, Sector, Council, and the Borough of Wirral?</td>
</tr>
<tr>
<td></td>
<td>Does the ADM support the All Age approach to removing issues with transition between children and adults?</td>
</tr>
<tr>
<td></td>
<td>Does the ADM support - National and Local Policy Direction across health and social care provision</td>
</tr>
<tr>
<td></td>
<td>Does the ADM support local health and social care market, economy and providers operating across Wirral?</td>
</tr>
<tr>
<td><strong>Cultural fit</strong></td>
<td>Does the ADM fit in with the culture of the Council? Will the ADM create the right culture for the services to effectively operate, and support the workforce</td>
</tr>
<tr>
<td><strong>Political fit</strong></td>
<td>Will the ADM gain approval from the Council Political Leaders</td>
</tr>
<tr>
<td><strong>Supports Pledges</strong></td>
<td>Does the ADM support the Council 2020 Pledges:</td>
</tr>
<tr>
<td></td>
<td>➢ Older People Live well</td>
</tr>
<tr>
<td></td>
<td>➢ Children are ready for school</td>
</tr>
<tr>
<td></td>
<td>➢ Young people are ready for work and adulthood</td>
</tr>
<tr>
<td></td>
<td>➢ Vulnerable children reach their full potential</td>
</tr>
<tr>
<td></td>
<td>➢ Reduce Child and Family Poverty</td>
</tr>
<tr>
<td></td>
<td>➢ People with disabilities live independently</td>
</tr>
<tr>
<td></td>
<td>➢ Wirral Residents live healthier lives</td>
</tr>
<tr>
<td></td>
<td>➢ Community Services are joined up and accessible</td>
</tr>
<tr>
<td><strong>Affordable/VFM</strong></td>
<td>Does the ADM optimise value for money? Is this ADM the best way to utilise the budgeted amount of money to deliver the service? Does the ADM create longer term financial efficiencies and reduce operating costs?</td>
</tr>
<tr>
<td>Implementation /</td>
<td>Will this ADM be easy or too complex for the Council to implement? Can we deliver the service within this ADM within the approximate timescales?</td>
</tr>
<tr>
<td>Achievability</td>
<td></td>
</tr>
<tr>
<td><strong>Sustainability</strong></td>
<td>Will the ADM be a sustainable model? Will the ADM provide the supply-side capacity and capability? Will the ADM be able to adapt to emerging and future policy, legislation, demand? Will the ADM enable a sustainable flexible service that can adapt to changing needs and demands across Wirral</td>
</tr>
</tbody>
</table>
Appendix 6 - Governance of the Proposed Project

The Sponsor
The Sponsor of the project will be Graham Hodkinson, Director for Care & Health. The sponsor ensures the project remains a viable proposition and that benefits are realised and implemented within specification.

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.

Project Team
The following members of the project team have contributed to the development of the Outline Business Case.

<table>
<thead>
<tr>
<th>No. of Members</th>
<th>Name</th>
<th>Business Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ursula Bell</td>
<td>Project Manager - Transformation Office</td>
</tr>
<tr>
<td>2</td>
<td>Jason Oxley</td>
<td>Assistant Director Health and Care Outcomes - Strategic Hub</td>
</tr>
<tr>
<td>3</td>
<td>Simon Garner</td>
<td>Lead Commissioner for All Age Independence - Strategic Hub</td>
</tr>
<tr>
<td>4</td>
<td>Michael Murphy</td>
<td>Assistant Director - Delivery – Children and Adults</td>
</tr>
<tr>
<td>5</td>
<td>Nikki Kenny</td>
<td>Group Manager - Children with Disabilities Team</td>
</tr>
<tr>
<td>6</td>
<td>Debbie Pearce</td>
<td>Team Manager - Children with Disabilities Team</td>
</tr>
<tr>
<td>7</td>
<td>Chris Taylor</td>
<td>Senior Manager - Mental Health - Delivery – Adults</td>
</tr>
<tr>
<td>8</td>
<td>Chris Judson</td>
<td>Team Manager - Mental Health Delivery – Adults</td>
</tr>
<tr>
<td>9</td>
<td>Judith Lambert</td>
<td>Senior Manager - IDS - Delivery – Adults</td>
</tr>
<tr>
<td>10</td>
<td>Christine Burns</td>
<td>Team Manager - IDS - Delivery – Adults</td>
</tr>
<tr>
<td>11</td>
<td>John Gale</td>
<td>Team Manager - IDS - Delivery – Adults</td>
</tr>
<tr>
<td>12</td>
<td>Peter Loosemore</td>
<td>Policy &amp; Strategy Officer - Policy and Strategy</td>
</tr>
<tr>
<td>13</td>
<td>Jenny Woods</td>
<td>Human Resources / Business Partner</td>
</tr>
<tr>
<td>14</td>
<td>Sally Dunbar</td>
<td>Communications &amp; Engagement Manager - Communications</td>
</tr>
<tr>
<td>15</td>
<td>Matthew Gotts</td>
<td>Principal Accountant - Business Services Finance – Adults Services</td>
</tr>
<tr>
<td>16</td>
<td>Asako Brown</td>
<td>Business Services - Finance – Children Services</td>
</tr>
</tbody>
</table>

Project Team:
- Presents a valuable method for project development.
- 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 including initiation and final acceptance.
- 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 controlled governance model as defined by the portfolio board.

**Senior Business Leads**

The future business planning and implementation stages will be overseen by the three senior business leads, working in partnership with members of the project team:

<table>
<thead>
<tr>
<th>Jason Oxley</th>
<th>Elaina Quesada</th>
<th>Michael Murphy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant Director</td>
<td>Strategic Commissioning Manager</td>
<td>Assistant Director</td>
</tr>
<tr>
<td>Strategic Hub</td>
<td>Children’s Services</td>
<td>Delivery – Children’s and Adults</td>
</tr>
</tbody>
</table>

**The Project Board**

The Project Board will govern the project.

<table>
<thead>
<tr>
<th>Graham Hodkinson</th>
<th>Elaina Quesada</th>
<th>Gill Foden</th>
<th>Jane Clayson</th>
<th>Ursula Bell</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director for Care &amp; Health</td>
<td>Strategic Commissioning Manager</td>
<td>Senior HR Business Partner</td>
<td>Programme Manager</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Adult Social Care</td>
<td>Children’s Services</td>
<td>Human Resources</td>
<td>Transformation Office</td>
<td></td>
</tr>
</tbody>
</table>
This page is intentionally left blank
REPORT TITLE: Feedback from member workshop on All Age Disability and Mental Health Transformation Project

REPORT OF: The Chairs of the Adult Care and Health OSC (Cllr Julie McManus) and the Children and Families OSC (Cllr Tom Usher)

REPORT SUMMARY
As part of their work programme, members have previously agreed to scrutinise proposals arising from the Council’s Transformation Programme. This form of pre-decision scrutiny gives non-Cabinet members the opportunity to influence developing proposals. It was, therefore, agreed to hold a workshop to give members the opportunity to review the proposals being developed by the All Age Disability and Mental Health Service Transformation Project. As the project has implications for both children and adult services, it was agreed that members of both the Adult Care and Health Overview & Scrutiny Committee and the Children and Families Overview and Scrutiny Committee should be invited to attend. This report summarises the findings of the workshop, which was held on Wednesday 2nd August 2017, and will be reported to both committees at their meetings in September 2017.

RECOMMENDATION/S
It is recommended that:

1) Committee notes the report;
2) Committee refers the report to a future meeting of Cabinet.
3) The Full Business Case is developed to ensure that the key points made by Elected Members, detailed in the report, are addressed.
SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S
To ensure that the views of scrutiny members relating to the outline business case for the All Age Disability and Mental Health Service Transformation Project are reflected to Cabinet, prior to further relevant decisions being taken.

2.0 OTHER OPTIONS CONSIDERED
Pre-decision scrutiny is regarded as good practice and is aimed at strengthening the decision-making process.

3.0 BACKGROUND INFORMATION

3.1 Scrutiny workshop – 2nd August 2017
A workshop was held on 2nd August 2017 to review an outline business case which forms part of Wirral Council’s Strategic Transformation Programme. The business case relates to the All Age Disability and Mental Health Service Transformation Project. As the scope of the project has potential implications for recipients of both children and adult services, all members of the Adult Care and Health Overview & Scrutiny Committee and the Children and Families Overview and Scrutiny Committee were invited to attend. Eleven committee members attended the session. The Director of Health and Care and the Assistant Director of Health and Care Outcomes led a presentation to explain the details of the outline business case. This was followed by a question and answer session to give members the opportunity to comment on the proposals.

It is intended that the comments provided by members at the session will be made available to Cabinet prior to further decisions being made regarding the future of the business case.

3.2 Proposal for change
Full details of the proposals for change are available in the outline business case for the All Age Disability and Mental Health Service Transformation Project. The Outline Business Case sets out a proposal to transform the Council’s Mental Health Service and the Disability Teams across Children’s and Adult Services by developing integrated pathways to work more closely with key partners to drive forward integration and service efficiencies. National policy for ‘All Age Disability Integration’ and ‘Health and Social Care Integration’ provides the national direction for change and is a key driver for local transformation across services.

The All Age Disability and Mental Health Service Transformation Project covers a number of areas of provision as detailed in the table below. It will impact upon approximately 145 staff members, across three service areas within the Delivery Division of the Council across Children and Adults Social Care:
<table>
<thead>
<tr>
<th>Team</th>
<th>Office Location</th>
<th>Approx. Staff Numbers</th>
<th>Provision/Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Mental Health Service (Adults)</td>
<td>St Catherine’s Health Centre, Birkenhead.</td>
<td>85 Staff</td>
<td>• Assessment, Care Co-ordination, Care Planning, Support Service, Discharge of Statutory duty under Mental Health Act and Mental Capacity Act Legislation.</td>
</tr>
<tr>
<td>Integrated Disability Service (Adults)</td>
<td>Old Market House, Birkenhead</td>
<td>27 Staff</td>
<td>• Assessment, Care Management, Care Planning, Care Coordination, Back Office/Team Support, Continuing Health Care Reviews.</td>
</tr>
<tr>
<td>Children with Disability Services</td>
<td>Social Work Team based at Wallasey Locality Office, Wallasey - Moving to Millennium Centre</td>
<td>33 Staff</td>
<td>• Assessment, Care Management, Care Planning, Care Co-ordination, Support Service, Direct Payments, Back Office/Team Support.</td>
</tr>
</tbody>
</table>

The service provision included within the scope of the project is:

- The All age disability social work service providing services to children, young people and adults with a disability, children in need, complex need or health problem;
- The mental health social work service providing services to adults with a range of mental health conditions.

It should be noted that the Child and Adolescent Mental Health Service (CAMHS) and the Special Educational Needs Disability (SEND) Services are not within the scope of the project.

During the course of the project, the number of options was refined to produce four potential Alternative Delivery Models (ADMs):

<table>
<thead>
<tr>
<th>Ranked</th>
<th>Shortlist of 4 ADM Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>Formal partnership/contract with a local community public sector health trust/provider – full staff transfer to integrate health and social care colleagues within the All Age Disability and Mental Health Setting.</td>
</tr>
<tr>
<td>2nd</td>
<td>Joint working with other Public Sector health provider/s – Exploring Joint Management arrangements, Joint Committees, Joint Ventures (less formal arrangements that option 1)</td>
</tr>
<tr>
<td>3rd</td>
<td>Remain In-House and Restructure/Re-engineer Services.</td>
</tr>
<tr>
<td>4th</td>
<td>Set up a community interest company/trust as a joint venture with a local health trust.</td>
</tr>
</tbody>
</table>
Following further analysis, the preferred option for the project is for the Council to agree a formal partnership / contract with a local community public sector health trust to integrate health and social care colleagues within the All Age Disability and Mental Health setting. It is the Council’s intention to enter into an agreement with Cheshire and Wirral Partnership Trust, delegating the delivery function of assessments and care planning for children, young people and adults with a learning disability, mental health or complex need. This is likely to be via a Section 75 agreement.

Significant stakeholder engagement, including staff and service users is taking place regarding the proposal, with the intention of a Full Business Case being developed for presentation to Cabinet (and the CWP Board) later this year.

3.3 Elected member comments

During the session the following comments were raised by members:

Overview:

Members were supportive of the principles of integration between health and social care and the drive towards more integrated services which span the life of service users across childhood and adulthood.

Service quality

Member Comment: A member asked how service provision could be improved from the perspective of the public.

Response: A number of consultation events, particularly during the development of the All Age Disability Strategy, informed officers that service users want joined up services and “want to tell their story once”. This transformation project is aiming to build those comments into future service delivery.

Access to mental health services

Member Comment: A member expressed concern regarding the ease of access to mental health services, with a significant number of mental health patients being identified by the police, rather than being referred to appropriate services by GPs.

Response: Most referrals to the current mental health service are made by GPs. The proposal for the new service includes consideration of a single point of contact for any part of the integrated service. There will then be different pathways for different client requirements within an integrated service. The service would align to four Integrated Care Coordination Hubs (ICCHs), based in each of the four constituencies and will be responsible for providing a coordinated response to the client. The ICCHs are developing strong links with the GP surgeries within their locality. Officers agreed to ensure that
greater emphasis is placed upon GPs having the confidence to make referrals knowing that patients will be dealt with effectively.

Service standards

Member Comment: Will partner organisations be in a position to deliver services to the same standard as the Council has achieved in the past?

Response: Members were reassured that CWP is a very good organisation, which works with a person-centred approach and focussing on people’s wellbeing. However, there is also an opportunity to build robust accountability into the service specification. It was also noted that services must also match the requirements of the Care Act and relevant Children’s legislation.

Financial efficiencies

Member Comment: Members raised concerns about the ability to achieve long-term financial efficiencies and how the Council can influence that when the service is under NHS management.

Response: The proposal is for all related staff to be transferred to the new service provider, that is, there are no proposals for staffing reductions. Efficiencies will be achieved over a period of time from care provision. Savings will be achieved by working together more effectively, for example, by having more outcome focussed client assessments. In the case of a previous service transfer to Wirral NHS Community Trust, the Council retains the budget for commissioning with call-off against the budget. If at any point the budget is under pressure there will be very close liaison between the two organisations. A similar model is envisaged for the All Age Disability and Mental Health Service. There will be demanding performance management arrangements in place. Joint commissioning of services with Wirral CCG will result in some shared risk with the CCG. However, significant financial pressures remain on the NHS, particularly in the acute care sector.

Staff conditions including pensions

Member Comment: Previous transfers of staff to alternative providers have led to concerns relating to potential erosion of working conditions, including pension entitlements.

Response: During the recent project to transfer social workers to Wirral NHS Community Trust, there were complex issues to resolve regarding staff conditions and, in particular, pensions. As that work has already been done, it is hoped to approach those issues in a similar way. Members were reassured that with the transfer of staff to Wirral NHS Community Trust those staff were supported to remain part of the Local Government Pension Scheme (LGPS). That approach has now been set as a way of working. Such issues should, therefore, be quicker and easier to work through.
Adaptations to properties

Member Comment: Is the Adaptations Team involved as part of the project? Member concerns were expressed regarding the delivery of the adaptations scheme both currently and in the future. In particular, the ability of social landlords to effectively deliver adaptations on a consistent basis was raised.

Response: Many clients of the all age disability service need specialist equipment, hoists and adaptations. Social workers will assess the needs of the client; the relevant housing provider will arrange for any work to be carried out. Members were informed that the Disabled Facilities Grant (DFG) is not within the scope of the project. (Note: The DFG is a means-tested financial grant to help meet the cost of adapting a property where a person with disabilities lives). The DFG is passported from the Better Care Fund to the Council, which is responsible for delivering the service.

Staff concerns

Member Comment: During staff consultation, what concerns have been raised to date?

Response: The issues raised by staff have been similar to those raised during the previous staff transfer (to Wirral NHS Community Trust). These are:

- A desire to maintain a social work ethos;
- The need to maintain a culture of social care within a health organisation;
- The danger of the service being diluted within a large organisation;
- Concerns relating to how the NHS manages change;
- Terms and conditions / pensions.

In the case of the Wirral NHS Community Trust transfer, that organisation has responded positively by introducing new positions to focus on the importance of professional standards for social care.

Mental health services for children

Member Comment: It is noted that the commissioning of CAMHS services is not within the scope of the project. However, a recent Ofsted monitoring letter was critical of the CAMHS waiting times.

Response: The lead commissioner for the CAMHS service is Wirral CCG (rather than Wirral Council) and, as it is a commissioned service, this is why it is outside the scope of the project. At present, the CCG and Wirral Council are drafting for the first time an integrated specification where resource will be combined and outcomes and outputs are focused around Future in Mind priorities such as improving waiting times, access to effective support and a focus to support vulnerable groups.
Child protection

Member Comment: Concerns were raised regarding the most appropriate place for child protection (of children with disabilities) within the reorganised structure.

Response: The most appropriate place for the important function of child protection within the new service is part of the detailed service modelling which needs to be agreed. Further discussion needs to take place internally and also with health partners. It is possible that the proposal may be that child protection cases should be referred back to a child protection team which is retained within the Council.

Agile working and computer systems

Member Comment: How will the computer systems of the two organisations be joined up?

Response: It is proposed that Liquid Logic will continue to be used as it is already used by children and adult social workers. This was the model used for the Wirral NHS Community Trust transfer. In terms of agile working, Members were informed that many social workers prefer to enter data into software following meetings with clients (rather than during the meeting).

Community assets

Member Comment: To what extent will community assets be used to support the project?

Response: It is intended that these services will be part of a broader community offer, which enables people to better engage with their communities.

Performance monitoring

Member Comment: How will success be measured?

Response: A range of Key Performance Indicators (KPIs) will be used to measure service provision based on both national and local reporting requirements. The performance measures will include such indicators as response times and experience of the client. Some data is easily collectable from systems; other data is more qualitative.

Summary

Members drew particular attention to the issues relating to:
- the implementation of adaptations to properties for people with disabilities (including the relationship between occupational therapists and the social landlords)
- The process for the referral by GPs of patients with mental health issues to the relevant service.
4.0 FINANCIAL IMPLICATIONS
Although there are financial implications arising from the business cases, there are no financial implications arising from this scrutiny process.

5.0 LEGAL IMPLICATIONS
There are no legal implications arising from this report

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS
Although there are resource implications arising from the business cases, there are no resource implications arising from this scrutiny process.

7.0 RELEVANT RISKS
Not Applicable

8.0 ENGAGEMENT/CONSULTATION
This scrutiny process is part of the consultation process for the transformation project.

9.0 EQUALITY IMPLICATIONS
There are no direct equality implications of this report.

REPORT AUTHOR: Alan Veitch
Scrutiny Support
telephone: 0151 691 8564
e-mail: alanveitch@wirral.gov.uk

APPENDICES
Appendix 1: Workshop attendees

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

<table>
<thead>
<tr>
<th>Council Meeting</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 1: Workshop Attendees

Members:
Tom Usher
Julie McManus
Moira McLaughlin
Brian Kenny
Alan Brighouse
Paul Stuart
Phil Gilchrist
Chris Meaden
Christina Muspratt
Adrian Jones
Irene Williams

Officers:
Graham Hodkinson
Jason Oxley
Michael Murphy
Elaina Quesada
Ursula Bell
Mike Callon
Alan Veitch

Apologies:
Leslie Rennie
Tony Jones
Tom Anderson
Wendy Clements
Jean Stapleton
Gerry Ellis
Cherry Povall
Bruce Berry
Tracey Pilgrim
Gillian Wood
Treena Johnson
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