

## OUTLINE BUSINESS CASE (Doc. 002)

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

<b>Programme/Project Name:</b>	Integrated Care Co-ordination Teams with Wirral Community NHS Foundation Trust		
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<b>Date approved by Senior Leadership Team (SLT):</b>			

### 1. STRATEGIC OUTCOME(S)

The integration of the key assessment and support planning functions of adult social care with the community NHS support functions of the Wirral Community Foundation Trust (WCFT) will enable social workers and nurses to work together on behalf of the people of Wirral much more effectively in a single organisational model delivering the following improvements for the public:

- Single point of access into multi-disciplinary teams shaped around the person, drawn from health and social care, and other areas when needed.
- Single referral, screening, assessment and care planning processes
- Shared systems that will support information sharing good personalised planning and documentation ensuring that people are supported effectively
- Single vision to provide the best quality of support and care to people at a time and place of their choosing using Council and NHS resources effectively.
- Clear set of standards and working practices based on responsive personalised support aiming to enable people to be as independent as possible.
- Responsive services based on clear timescales, management of workloads and access to health and care resources

Key Strategic Outcomes to be delivered through this initiative are as follows:

## *TRANSFORMATION & IMPROVEMENT*

### Wirral Plan Pledge 1: Older People Live well

The integrated teams will provide a local response and will support older people to live as independently as possible, targeting resources, collaboratively with the NHS, at those most in need. Integrated services will provide better outcomes for local people.

### Wirral Plan Pledge 6: People with disabilities live independently.

The majority of people with disabilities will be supported by the Integrated Care Coordination Teams, with a later project to develop an Integrated All Age Disability Service for those with the most complex needs.

### Wirral Plan Pledge 16: Wirral Residents live healthier lives –

The integration of social care delivery services with the NHS closely aligns to the strategic aims within the Wirral Plan and the partnership work through the “Healthy Wirral” programme. The Integrated Care Coordination Teams will continue to develop pathways and working arrangements in line with the key strategic objectives of the above programmes.

Local people and staff have been consulted widely as part of the various integration work streams and service design reflects the views of residents.

To provide assurance that all risk associated with the transfer of Adult Social Care Services from the Council to WCT are considered and that both organisations are agreeable to the transfer a due diligence exercise is underway. The project delivery has been contracted and the project’s findings are expected at the end of June. The scope of due diligence will contribute to the Full Business Case investigating the following four areas in more detail:

- Model of delivery/workforce
- Finance and Contracting
- Legal/statutory compliance
- Corporate Support Services commonly referred to as Back Office Function.

The outcome of this work is expected to show that the following strategic outcomes will also be met:

- Delivers savings or reduces the burden to the Council’s net revenue funding (Achieve savings / reduce operating costs for the Council / or reduce demand).
- Council retains robust accountability and governance arrangements (Appropriate governance/ contract management arrangements are in place).

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- 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).
- In preparation for the revenue Budget 2014 to 2017 the public were consulted “What Really matters” on the integration of health and care the initiative was supported. (In the Revenue Budget paper 2014/17 (12th February 2014) savings were identified to be achieved from integration over the period. The achievement of these savings has been a core part of the integration agenda both in relation to service delivery and OBC 1 commissioning.

## **2. COST SUMMARY**

Project costs:

- An externally commissioned Due Diligence provider has been appointed at an overall cost of £86,000. This is being jointly funded on a 50:50 basis, between Wirral Council (£43,000) and Wirral Community NHS Foundation Trust (£43,000). The remit of the due diligence is to investigate all issues and risks within the following 4 areas:
  - Model of delivery/workforce
  - Finance and Contracting
  - Legal/statutory compliance
  - Corporate Support Services commonly referred to as Back Office Function
- Specific project management support through current transformation PM Officer – funded through the Transformation Team.
- Approximate cost 6 months proportionate cost of 1 day a week = £7,200
- Financial analyst support – approximate cost 6 months proportionate cost of 1 day a week = £7,200 however internal support may be available.
- A day a week of Legal and HR resource requirement – assumed will be supplied in-house and absorbed in-house. Approximate cost 6 months proportionate cost of 1 day a week = £30,000

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- Intelligence support - demand and capacity modelling - £7,200 for 6 months at 1 day a week
- Procurement and contracting support - £7,200 for 6 months at 1 day a week.
- The core staff members to be transferred have been identified as approximately 210 FTE including vacancies. Staffing cost of £7.6million - further detail in relation to expected implications will be explored through due diligence exercise.
- A further important area to be explored through Due Diligence is the incorporation of back office and operational support functions. The model is yet to be defined with clarity of relative organisational impacts for the Council and the Trust
- The project is large and requires leadership at Chief Officer level this will ensure that key deliverables are progressed. Project support and leadership are provided through existing employees of the Council and NHS. There will be a requirement for operational support at Senior level to increase the capacity of the Head of Delivery

### **3. BENEFITS SUMMARY**

- In this financial year, 20 FTE posts have been removed in advance of the transfer creating a saving of £500k on the basis of implementing a self-assessment model supported by NHS colleagues. Skill mix will be used in future as part of service redesign to sustain good outcomes and effective demand management.
- Care budgets will be cash limited and called down from the pooled funds that will be brought together through the Integrated Commissioning Hub ( Please see complimentary OBC 01) The pooled funds will bring together both NHS and Social care resources into one strategic commissioning budget.
- Integrated teams will therefore be able to draw down from a range of commissioned contracted services, through the Integrated Commissioning Team, and from a centrally held pooled budget The collective pooled resource to meet need will have greater impact for local people, will be more efficient in staff time and in care delivery.
- There is likely to be a reduction of support costs/back office costs and overheads directly incurred by the DASS Delivery Team – this is reflected in the annual recharge incurred. Corporate support is required to understand the future delivery options of central support services, the impact on Council departmental recharges, and any direct DASS Delivery Team cost reductions that may be achieved through integration. It is recognised that reducing the cost of the DASS

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Delivery Team corporate services will not have an impact on the overall WMBC corporate service budget without further restructuring of back office services.

- The Due Diligence exercise will also input to this decision.
- Integration of Delivery services and development of integrated commissioning will contribute to the saving target of £0.7M for 2016/17.
- The total Adults gross budget for Commissioned Community Services is £85m of which approximately £38m relates specifically to older people. This includes elements of services funded through the Better Care Fund.
- Pooled funds will also be created for people with disabilities and those with mental health needs these are outside of the arrangements with Wirral Community Trust.

### **1. STRATEGIC CASE**

The budget proposals for 2016/17 have been put forward to ensure the Council is able to deliver a balanced budget for the coming year and remain in a position where it can deliver the Wirral Plan. The Wirral Plan sets out how public services will work better together to deliver better job opportunities, a quality local environment, better health and a good life for local older people and people with a disability.

The Council recognises the need to change to meet the aspiration of the Wirral 2020 vision. There is a requirement to understand the communities better by striving to make more decisions at a local level. To work greater in partnership across public, private and voluntary sectors and to embed them across everything that is undertaken in working towards an agreed vision.

The Wirral Plan drives to maximise opportunities to improve its efficiency at a regional level by integrating, pooling resources, demanding and achieving more freedom to make decisions. The Council continues to find new and innovative ways of working in partnership to achieve the outcomes Wirral residents need and will build upon the initiatives around Community Asset Transfer. The Integration of the Care Coordination Teams with Wirral Community NHS Foundation Trust would support this initiative and will make better use of public money to improve outcomes for residents.

It is proposed that the Integrated Care Co-ordination teams will offer multi-disciplinary care, providing a rapid response to meet both the immediate and long term needs of all patients. The service will be inclusive with no limits regarding age (over 18) or condition.

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The Integrated Care Co-ordination teams will have an open referrals process whereby a referral will be accepted regardless of the source. Referrals will be encouraged from GPs, Acute Trust, Community Services, Social Services, patients, carers and neighbours, through an integrated single point of access. This is continuation and formalisation of progress made to date on integrated working.

The value of the business that is being considered for transfer is circa £7.6million, and consists of circa 210 staff. Cost and staff numbers are based on core operational staff and these amounts may change when the outcome of the back office analysis is known.

### **1.1. Case for Change**

Wirral CCG Strategic Plan 2013 - 16 highlights the following high level targets that this service should contribute to:

- Prevent people from dying Prematurely
- Enhance the quality of life for people with long term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring people have a positive experience of care
- Ensuring people are treated and cared for in a safe environment and protected from avoidable harm.

This will be achieved by the Integrated Care Co-ordination Teams providing an integrated stepped approach for both planned and unplanned care at home which is both patient centred and responsive to an individual's health and social needs.

Wirral has relatively high older population and a relatively low proportion of people in their twenties and thirties compared to England and Wales. Wirral's older population is increasing with the number of people aged over 65 predicted to rise by 17.4% between 2011 and 2021. The statistics for **over 85 year olds show an increase of 29.9%** during the same period.

Wirral also has a large number of people living in economic deprivation. Long term conditions are more prevalent with age and deprivation and therefore it is predicted that there will be a significant increase in the number of people living with long term conditions in Wirral. The strategy to develop integrated teams across Wirral will contribute to meeting this increasing demand.

### **1.2. Significant Implications**

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The services will be commissioned from Wirral Community NHS Foundation Trust by the Council and the CCG (Integrated Commissioning Hub described in OBC01) which is a key development for strategic commissioning. It will be a key change for NHS providers as well as for Adult Social Care. All performance indicators and delivery targets will be formally specified as part of the contract for delivery. It is expected that full integration with the NHS would offer opportunities for improved performance.

Service users rights and sources of service delivery would not be fundamentally impacted, however it would offer a more seamless model for health and social care.

## 2. ECONOMIC CASE

### 2.1. Options for Delivery

#### *Option 1*

**Continue to provide in-house by continuing to directly provide Social Work Delivery function via the Council.**

Risk associated with continuing in-house with the present arrangements leads to a position where demand for hospital after care (residential and nursing) and other community services is borne by the Local Authority through Adult Social Care rather than using combined resources for better outcomes. To stay in-house could pose a significant risk of unsustainable social care demand and provision.

#### *Advantages:*

- Full Council control of workforce and development of services.
- No requirement to develop a contractual relationship with a third party provider.
- No additional costs being incurred for T&Cs changes for the Wirral Health and Social Care economy. Estimated £360k per annum.

#### *Disadvantages:*

- Financially unsustainable to meet the demands of the ageing population. Continued duplication in care and support planning.
- Multiple points of entry into a system that can be confusing for people.
- Inability to unlock all commissioning and service resources to deliver improved outcomes and meet the challenge of reducing resources.
- For an Accountable Care System to be effective a whole population budget approach is necessary.

**Option 2**

**Transfer the function to another provider (specifically, WCFT) to establish an integrated NHS and Social Care Trust to deliver a range of social work and health services as part of a service fully commissioned by the Council and the CCG based on emerging pioneer work.**

Staffing costs associated with the option is 210 FTEs (circa £7.6M). However, the service will still need to be funded and the equivalent payment made to WCFT, although that may be reduced over time whilst delivering the same outcomes. The option contributes towards a saving target of £700,000 in 2016/17.

**Advantages:**

- Local control over quality of provision. Local control over statutory compliance.
- Potential for improved outcomes through a partnership approach.
- Cashable benefits as shown below.

Cashable Benefits	FY 1 £	FY 2 £	FY 3 £	FY 4 £	FY 5 £	Total
Reduction in staff costs (internal cost reduction)	500,000	500,000	500,000	500,000	500,000	2,500,000
Reduction in staff costs (TUPE to WCFT)		7,600,000	7,600,000	7,600,000	7,600,000	30,400,000
Reduction in care costs	700,000	700,000	700,000	700,000	700,000	3,500,000
<b>Total</b>	<b>1,200,000</b>	<b>8,800,000</b>	<b>8,800,000</b>	<b>8,800,000</b>	<b>8,800,000</b>	<b>36,400,000</b>

- Non-cashable benefits will be realised (e.g. reduction in central service recharge costs). Although these are an economic benefit of this option, the Council will not realise an immediate cash benefit. Such benefits will be explored in the FBC.

**Disadvantages:**

- Different cultures and working practices will exist between the two current teams and will require development to achieve a fully integrated and combined service with the focus on person centred support to maximise independent living rather than short term interventions.
- The service will still have to be funded and the £7.6m reduction in staff costs shown above will have to be directed into paying WCFT for delivering the service. In addition, there may be other additional staff costs related to harmonising Ts & Cs, etc. that may be incurred which will be identified through the due diligence exercise. The table below sets out an estimate of those recurring costs.

Additional recurring costs	FY 1 £	FY 2 £	FY 3 £	FY 4 £	FY 5 £	Total
Service costs paid to WCFT	0	-7,600,000	-7,600,000	-7,600,000	-7,600,000	-30,400,000
Additional recurring costs-4 days leave	0	-83,360	-83,360	-83,360	-83,360	-333,440
Additional recurring costs-T&Cs	0	-241,479	-241,479	-241,479	-241,479	-965,917
<b>Total additional recurring costs</b>	<b>0</b>	<b>-7,924,839</b>	<b>-7,924,839</b>	<b>-7,924,839</b>	<b>-7,924,839</b>	<b>-31,699,357</b>

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- The table below sets out the one off project costs of delivering the option.

One off costs	FY 1 £	FY 2 £	FY 3 £	FY 4 £	FY 5 £	Total
Project management	-58,800	-10,800	0	0	0	-69,600
External professional advice	-43,000	0	0	0	0	-43,000
I.T movement costs	-40,000					-40,000
<b>Total</b>	<b>-141,800</b>	<b>-10,800</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-152,600</b>

There may be additional costs that the Council has to incur prior to staff transfer regarding staff consultation and redundancy. These have not yet been estimated but will be in preparation of the FBC.

Project risk of decision not to proceed by Wirral Community NHS Foundation Trust would mean that the opportunity of integrating with the NHS would not be realised. The due diligence exercise will establish associated costs and financial risk of proceeding with an integrated model.

An identified risk share agreement needs to have full approval of both parties in order to reduce overspend on the council.

Risk of TUPE costs/redundancy costs.

### Net Present Value:

Calculate the net benefits (benefits - costs) and the NPV (using the HMT Greenbook 3.5% discount rate)					
	FY 1 £	FY 2 £	FY 3 £	FY 4 £	FY 5 £
Total Cashable Benefits	1,200,000	8,800,000	8,800,000	8,800,000	8,800,000
Total Non-cashable Benefits	0	0	0	0	0
<b>Total Benefits</b>	<b>1,200,000</b>	<b>8,800,000</b>	<b>8,800,000</b>	<b>8,800,000</b>	<b>8,800,000</b>
Total One Off Costs	-141,800	-10,800	0	0	0
Additional Recurring Costs	0	-7,924,839	-7,924,839	-7,924,839	-7,924,839
<b>Total Costs</b>	<b>-141,800</b>	<b>-7,935,639</b>	<b>-7,924,839</b>	<b>-7,924,839</b>	<b>-7,924,839</b>
Net Cost / Benefit (a-b)	1,058,200	864,361	875,161	875,161	875,161
Present Value rate (3.5% discount)	1.00	0.97	0.93	0.90	0.87
Present Value	1,058,200	838,430	813,899	787,645	761,390
Net Present Value (NPV)	1,058,200	1,896,630	2,710,529	3,498,174	<b>4,259,564</b>

The net present value (NPV) compares the value of the investment and cash flows at today's prices with a projected value at the end of the designated period (5 years in this case, but this period changes based on the investment). This aims to take inflation into account, using a HM Treasury advised rate and helps distinguish between early, or upfront costs and costs that occur later. Ideally a positive NPV over the required investment period should be sought. The higher the NPV, the more attractive the project. The NPV quoted in a business case is the final year calculation (shown in red above). The NPV of each assessed option is compared to determine one metric that indicates the most economically preferable option.

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This option generates net economic benefits of £875k by FY 3 through the investment of £153k in the first two years of the project. The option has a positive NPV of £4.2m over 5 years.

Further sensitivity analysis and optimism bias regarding the financial information presented above will be completed for submission in the FBC.

### ***Option 3***

#### **Commission the market to deliver the service/outcome through an alternative outsourcing commercial model.**

This would involve putting out to tender all the services currently undertaken by Social Workers to the open market.

#### *Advantages:*

- A clear contract/provider relationship.
- If fully outsourced then the individual provider would be responsible for all of the operational delivery.
- Similarly to Option 2, all staff costs would be removed from the budget. However, the service will still need to be funded and the equivalent payment made to the new provider, although the cost may reduce over time whilst delivering the same outcomes. Cashable benefits will be similar to those shown above.
- Non-cashable benefits will be realised (e.g. reduction in central service recharge costs). Although these are an economic benefit of this option, the Council will not realise an immediate cash benefit. Such benefits will be explored in the FBC.

#### *Disadvantages:*

- It has not been evidenced that full outsourcing of the statutory Social Work function would be a cost effective option for the Council. The service will still have to be funded and the £7.6m reduction in staff costs shown above will have to be directed into paying the new provider for delivering the service. There may be additional staffing costs that could be incurred.
- One off project costs, including input from procurement, HR and legal, would be required to deliver this option. These have not been estimated but are assumed to be a similar scale to those shown above.
- The Council's Social Work function has been evidenced to be low cost as compared to other Local Authorities.
- The Council retains the Statutory duties placed on it and requires confidence that any alternative arrangement for delivery of statutory Social Work functions meets quality standards.

Potential risk is that an outsourced model could be more expensive including procurement costs.

An outsourced model won't maximise the benefits of integrating with the NHS.

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There is a risk that the alternative outsourcing commercial model could potential overspend against care budget allocation.

Risk share would not be advantageous for an outsourced commercial model.

Reputational risks associated.

Risk of TUPE costs/redundancy costs.

There may not be political will to outsource.

The general public have voiced concerns of outsourcing health services and may have strong views to this option.

Net Present Value:

Not costed

### 2.2. Preferred Option

**Option 2 Transfer the function to another provider to establish an integrated NHS and Social Care Trust to deliver a range of social work and health services as part of a service fully commissioned by the Council and the CCG based on emerging pioneer work.**

- The preferred option will be further developed in the Full Business Case.
- It is recommended as it is believed to have the best opportunity to deliver the outcomes as stated in the Wirral Plan.
- The preferred option offers the best opportunity to integrate as part of the wider Accountable Care System.

#### ***Options not considered viable to be taken forward for further consideration:***

- **Decommission service (part of whole)**  
Not possible to decommission as it is a statutory duty of the Local Authority to deliver the functions of the Care Act and any other relevant legislation.
- **Transform the asset to community/other body**  
No community asset or other body currently exists locally. It is vital that the delivery continues to be provided in a clear statutory regulatory body.
- **Market shaping to create supply**  
To shape the market to create the type of body required, if possible, would be time and resource intensive.
- **Re-negotiating existing arrangements/contracts with suppliers**  
Delivery services are currently provided collaboratively but this would not achieve the full benefits of an integrated service.
- **Joint commission of the service (including sharing delivery of the service)**  
Delivery services are currently provided collaboratively but this would not achieve the full benefits of an integrated service.

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- **Joint venture (public/private sector partnership)**  
A single accountable provider is required.
- **Hybrid model using two or more options**  
Size and complexity of the service does not lend itself to a hybrid model

### **2.3. Financial Effects**

This OBC needs to be read in conjunction with OBC1 in relation to the future savings that can be achieved via more efficient collaborative commissioning.

The additional costs for this option reflect the risk that potential harmonisation of public sector T&Cs may incur additional costs.

The preferred option has specifically saved £500K on staffing from April 2016 (taken out in advance of staff transfer in anticipation of greater self-assessment and partnership working). Although there will be a reduction in direct staff costs (due to staff no longer being employed by the Council), there will be no direct savings from this change because WCTF will need to be paid to deliver the service. £700,000 is an efficiency saving across all care budgets.

## **3. COMMERCIAL CASE**

### **3.1. Key Risks**

- That the outcome of the Due Diligence exercise does not support the proposed option for the integration of service delivery. The contract has been awarded to the preferred tender and the findings are expected end of June 2016. The due diligence will be investigating all risks and issues for both Wirral Council and also Wirral Community NHS Foundation Trust and will be concentrating on the following four areas:
  - Model of delivery/workforce
  - Finance and contracting
  - Legal/statutory compliance
  - Corporate Support Services commonly referred to as Back Office Function
- Efficiencies from back office functions/central support may not be realised.
- Careful relationship management is required to ensure delivery of contract requirements.
- Contract content must be comprehensive in order to ensure statutory compliance.

## **4. FINANCIAL CASE**

### **4.1. Investment**

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£43,000 has been assigned by both agencies to cover the due diligence exercise. This will identify any associated staff/harmonising of terms and conditions and pension costs.  
Part costs of dedicated project management support.

This analysis indicates that, if Option 2 is pursued, based on forecast contract harmonisation that some cost could be incurred affecting financial viability over the long term.

<b>Calculate the cash savings and costs over time to understand the cash value required to pay for the project before benefits accrue</b>						
	FY 1 £	FY 2 £	FY 3 £	FY 4 £	FY 5 £	Total
In year Savings	500,000	700,000	0	0	0	1,200,000
In year Costs	-141,800	-335,639	-324,839	-324,839	-324,839	-1,451,957
In year Net Cost / Saving	1,058,200	364,361	-324,839	-324,839	-324,839	-251,957
Cumulative Net Cost / Saving	1,058,200	722,561	397,721	72,882	-251,957	

### 4.2. Additional Resources

Officer time from both agencies assigned to manage and progress the key activities and milestones within the supporting work streams. The calculations are shown within the financial costings table.

## 5. MANAGEMENT CASE

### 5.1. Timescales

- Shadow Operating Model April 2016
- Completion of Due-Diligence Exercise June 2016
- Meeting between Council Leadership and Trust none-exec's July 2016
- Updated report to cabinet Leadership September 2016
- Fully integrated Operating Model 1 April 2017

A full project plan is available with key deliverables including tasks and milestones covering all work-streams that support the delivery of the project and the programme board regularly take place to ensure the progress of the milestones against the project timeline.

### 5.2. Key Decisions

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The due diligence outcome will be reported to the Wirral Community NHS Trust Board and to cabinet in September 2016 where approval to proceed with the integrated service delivery will be sought.

### 5.3. Key Communications of Consultation (Internal and External) Requirements

A joint communications plan has been produced and is available for reference which has been presented to the relevant Trade Unions and subsequently approved. It will be used for both staff and public engagements and key communications including press releases. TUPE/secondments will be addressed once the delivery model has been fully drawn up. Previous engagement with the public through Healthy Wirral has been used to clarify public priorities for Health and Care, this work will be used to inform this project delivery. Reporting lines and working priorities as well as transfer related issues are currently being developed through a joint HR workstream. Regular meetings are taking place with the Trade Unions to keep them informed.

### 5.4. Staffing Issues

With directly affected circa 210 FTE from Wirral Council. Cost and staff numbers are based on core operational staff and these amounts may change when the outcome of the back office analysis is known. Present practices and working conditions such as unpaid leave, gradings and pension are within the remit of the due diligence exercise and the impact will be considered accordingly.

## 6. KEY RISKS AND POTENTIAL MITIGATION

A risk register has been produced with aligned mitigation actions and is actively reviewed to ensure that the risks are being managed.

Risk	Probability	Impact	Risk Score	Risk Response / Mitigation / Contingency Action
If the transfer of the workforce and funding from council to Wirral CT if it is insufficient to meet the future increasing demand on service then there is a potential for a renegotiation of the Councils contributions	3	4	12	Robust capacity and demand work to be undertaken. Continuous monitoring of activity levels and referral/discharge rates into the service and managed through monthly contract meetings with Commissioner partnership. The detail and agreement within the contract is paramount.

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<p>If the expectations of delivery within budget, agreement around risk share of any overspend is not agreed then this could impact on obtaining sign off to proceed.</p>	<p>3</p>	<p>3</p>	<p>9</p>	<p>The due diligence exercise to identify the risk share of any overspend.</p>
<p>As the Council is committed to delivering services in partnership, for better outcomes for people, the service must be effective and deliver outcomes, if there is conflicts with the priorities of Wirral CT then this could impact on service delivery.</p>	<p>2</p>	<p>2</p>	<p>4</p>	<p>Ensure a performance management framework is incorporated in the operating model. Effective contract monitoring and relationship management is developed.</p>
<p>As the Council has a range of statutory duties in Adult Social Care. As the model develops and skill mix increases, it is vital that all staff are clear on their statutory duties on behalf of the Council. If the statutory duties of Wirral CT conflict with the Council's this could impact on the statutory requirements of future delivery.</p>	<p>2</p>	<p>2</p>	<p>4</p>	<p>Ensure statutory duties are captured within the operating model and staff are fully trained on the requirements. Effective contract monitoring and relationship management is developed.</p>
<p>There is a risk that staff consultations could be protracted, affecting target implementation dates.</p>	<p>4</p>	<p>4</p>	<p>16</p>	<p>Staff Communication: must be coordinated and planned in order to engage staff fully.</p>
<p>All staff in the new model must be aware of the need to follow processes required in order to collect required reporting data for Health and Social care returns. If the data is not reported correctly. under the new model it could impact on service delivery and standards.</p>	<p>2</p>	<p>2</p>	<p>4</p>	<p>Comparing reporting frameworks, training and guidance must be incorporated within the operating model and guidelines. Effective contract monitoring and relationship management is developed.</p>
<p>In order to achieve a fully integrated service, CCG commissioning intentions should be clear for the medium term in order for the CT to commit. If there are any uncertainties this could impact on the effectiveness on the delivery of the medium term outcomes.</p>	<p>3</p>	<p>3</p>	<p>9</p>	<p>CCG should ensure a clear understanding of the commissioning intentions is provided. The integrated service would be jointly commissioned by the CCG and the Council.</p>

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<p>The ultimate model agreed will rely on a pooled budget and joint commissioning of contracts/services to draw down on. If an agreement cannot be obtained then this could impact on the approval process to proceed.</p>	<p>3</p>	<p>3</p>	<p>9</p>	<p>Due diligence and pool budgets are listed as a deliverable in the Finance workstream.</p>
<p>IT systems should ideally link. If there is duplication within 2 systems carries a risk of errors and omissions.</p>	<p>3</p>	<p>3</p>	<p>9</p>	<p>ICT and estates workstream should list this as a milestone within their workstream project plan. Healthy Wirral workstream on Wirral Social Care Record in the long term should minimise this risk and the current planned implementation of N3 connection between IT systems.</p>
<p>Secondment arrangements - if staff are seconded and then a decision is taken to TUPE the staff. The TUPE date commences as of the original secondment date. This would also give rise to breach of consultation and could be rejected by the staff members affected.</p>	<p>2</p>	<p>4</p>	<p>8</p>	<p>Explore further and consider in more detail at Stage 2 of project. Involvement of HR partners from agencies and regular negotiations with Trade Unions.</p>
<p>If through a TUPE arrangement there is a potential for equal pay claims as NHS T&amp;Cs are more favourable which could impact on the financial position.</p>	<p>4</p>	<p>4</p>	<p>16</p>	<p>It's a remit of the due diligence exercise to investigate this. Explore further and consider in more detail at Stage 2 of project. The terms of transfer will be clearly set out in the Contract.</p>