



**COUNCILLOR CHRIS JONES**

**CABINET MEMBER FOR  
ADULT SOCIAL CARE**

**CABINET**

**27 MARCH 2017**

**INTEGRATION OF HEALTH AND CARE  
TRANSFORMATION PROGRAMME**

**Councillor Christine Jones said:**

*“The people of Wirral told us that they want improved and more fully integrated services in relation to health and care.*

*They want to tell their story once; they want one number to call and to receive a properly coordinated response to their care and support needs.*

*To this end we are bringing together community nurses, community matrons, social workers and therapists in 4 areas clustered around GP practices to work as one service to support people in their local communities.*

*The aim is to deliver the right care, in the right place, at the right time, in order to ensure that our residents are able to be as independent as possible but get access to important health and care services when they need them.”*

**REPORT SUMMARY**

This report follows the earlier Cabinet report of 16 January 2017; it covers two elements of health and care integration. The two elements are; the direct delivery of social care statutory assessment and support functions, secondly the planning, funding and commissioning arrangements for health and care.

Cabinet approval is sought for the commissioning of specific delegated functions through the formation of an integrated health and social care assessment and support planning service for older people and adults. In addition, in relation to commissioning, permission is sought for progressing the development of a single

commissioning organisation with the CCG. It is also sought for the commission of a due diligence exercise to fully understand the potential benefits and risks of pooling resources with the NHS.

Social care services play an important role in enabling vulnerable people to maintain independence and keep well in Wirral. The cost of adult social care is, however, significant and it does not operate in isolation. 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.

This key proposal is to integrate the statutory frontline assessment and support planning processes in order to contribute to meeting the challenges of growth and demand, and provide an improved service for local residents. The integrated front line service will deliver the assessment and support planning function for older people and adults on behalf of the Council under a contractual arrangement. The proposal is that this service will be provided by the NHS Wirral Community Foundation Trust (WCFT) who provide community health services in Wirral. This will involve the transfer of social care staff to the NHS in order to provide joined up seamless health and social care delivery services for older people and adults. A separate proposal for an all age disability, and all age mental health integrated service is planned for 2018.

In addition, the further proposal is to create an integrated commissioner for health and care on Wirral. This will enable services to be commissioned through a single organisation fulfilling the statutory health and care functions of the Council and the Clinical Commissioning Group (CCG). It will also enable strategic outcomes to be effectively delivered through a single planning framework and structure. This single commissioner initiative will enable the health and care system to use Wirral's resources together to jointly create a sustainable health and care system. Commissioning will provide system leadership and a focus on outcomes for people alongside the accountable care delivery arrangements that are emerging for Wirral.

This report sets out key aspects of the integration programme which is focussed on improving outcomes for residents with the aim of delivering the right care in the right place at the right time.

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

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

The integrated teams will provide timely local responses and personalised care, supporting people to live as independently as possible, avoiding unnecessary admissions to hospital or to care homes.

Services will be commissioned across health and care to get the best outcomes for people within available resources.

## 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 and All Age mental Health Service.

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

Services will be commissioned on a whole system basis ensuring that there is a clear link between the 2020 partnership pledges and 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.

This report contains **exempt** information at Appendices 1, 3, 5 & 7 as defined in Schedule 12A of the Local Government Act 1972. It is in the public interest to exclude the press and public under **Paragraph 3** *'Information relating to the financial or business affairs of any particular person (including the authority holding the information)*. The information contained in the appendices is commercially sensitive.

## **RECOMMENDATION/S**

### **Integrated Care Teams**

- It is recommended that Cabinet approve the delegation of relevant assessment and support planning functions to WCFT under contract.
- It is recommended that Cabinet approve the full transfer of the relevant staff to the employment of WCFT, under TUPE arrangements with a transfer date of 1<sup>st</sup> June 2017.
- It is recommended that Cabinet approve the associated s75 agreement, and contract value.
- It is recommended that Cabinet approve the arrangements for pensions.
- It is recommended that Cabinet approve the arrangements for corporate and back office support as detailed within the contract and specification.
- It is recommended that the Cabinet Member for Adult Social Care, supported as necessary by the Director of Health and Care, the Head of Legal Services and the Head of Financial Services, is authorised to agree any final outstanding contractual matters.

### **Single Integrated Commissioner for Wirral.**

- It is recommended that Cabinet support the further development of a single integrated health and care commissioning organisation for Wirral to undertake statutory health and care commissioning functions of the CCG and the Local Authority.
- It is recommended that a due diligence exercise is undertaken to explore in more detail the relative benefits and risks of fully pooling LA social care and CCG healthcare funding.
- A further report in relation to pooled funds (post due diligence) will be brought back to cabinet in September.

## **SUPPORTING INFORMATION**

### **REASON/S FOR RECOMMENDATION/S**

The integration of Health and Care commissioning and service provision aims to ensure that the Council and NHS partners use resources in an effective and sustainable manner to meet the needs of Wirral's residents through using resources well across the whole system. The following key features of integration are essential to success;

- Pooling resources, intelligence and planning capacity;
- Delivering the Right Care in the Right Place at the Right Time;
- Managing demand and reducing the cost of care;
- Clear accountability and governance arrangements;
- Resilience and flexibility to emerging issues in service delivery.

### **1 OTHER OPTIONS CONSIDERED**

- 1.1 Commission the market to deliver the service/outcome through an alternative outsourcing commercial model. This option was excluded as the market is underdeveloped and there is no evidence that this would be cost effective. It would not build on synergies that exist between commissioners and between nurses and social workers.
- 1.2 Continue to provide in-house by continuing to directly provide Social Work Delivery and for commissioners to continue to work separately on health and care commissioning activity. This option was excluded as it would not provide the outcomes of integrated planning and delivery of services to a single set of outcomes, nor would it improve the ability to manage future demand. This option is also considered to be less sustainable.

### **2 BACKGROUND INFORMATION**

- 2.1 In March 2016, Cabinet approved the establishment of a Transformation Programme to enable the Council to become much more commercially focussed, harnessing the spirit and practices of commerce to secure outcomes for residents. It was agreed that the Programme would be managed through comprehensive methodologies ensuring all transformation activities support the delivery of the 20 pledges.
- 2.2 Prior to the establishment of the overarching Programme, Cabinet had provided approval for the formation of a formal Management Agreement between the CCG and the Council, setting out how the Council would fulfil its adult social care statutory duties through working across both organisations to drive more effective commissioning outcomes. Recognising there would be a need for further discussion on corporate support services, Cabinet approved the move towards the development of integrated teams.
- 2.3 An Outline Business Case (OBC, appendix 1) for Integrated Care Coordination Teams was scrutinised by the People Overview and Scrutiny

Committee (appendix 2). It was envisaged that such a model would enable social workers and nurses to work together on behalf of the people of Wirral much more effectively delivering the 'right care in the right place at the right time'. The OBC appraised alternative delivery models and demonstrated that this option would achieve the outcomes required as it would transfer social care staff to the organisation that is commissioned to provide community nursing and therapy. An OBC for Integrated Commissioning appraised the options for commissioning budgets and proposes an integrated commissioning hub with a pooling of health and social care budgets. The hub will be created to deliver Healthy Wirral objectives, however the full pooling of CCG and care budgets will now be subject to a due diligence exercise due to significantly increased pressures across the system.

- 2.4 An Integrated Programme Board and the Transformation Office have overseen the detailed work plan towards an integrated service alternative delivery model.
- 2.5 Staff engagement has been held throughout the programme.
- 2.6 In January 2017 Cabinet approved the progression of plans for an integrated service including the commencement of staff consultation.
- 2.7 A Full Business Case (FBC, appendix 3) was provided to the Transformation Portfolio Board in March 2017 and is appended to this document.

### **3 DESIRED OUTCOMES AND BENEFITS OF INTEGRATED HEALTH AND SOCIAL CARE TEAMS**

- 3.1 Delivering the Right Care in the Right Place at the Right Time: 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 access and single social care and health support planning. This first tranche of fully integrated provision covers non specialist aspects of social care provision delivered within community teams primarily for older vulnerable people.
- 3.2 Managing demand and reducing the cost of care: An integrated 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. Increased use of technological solutions and effective use of risk stratification tools will enable early identification of people who are likely to develop needs for health and care services, and will enable the promotion of self-management and independence with the effect of delaying the need for health and care services.
- 3.3 Clear accountability and governance arrangements: A Partnership Governance Board approach to governance and quality standards would hold the 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 (Appendix 4). The Partnership Governance Board will be chaired by the Cabinet member for adult social care. The board will be accountable to the Health and Wellbeing Board, and will be a requirement under the section 75 agreement (appendix 5) and specification. A contract management arrangement will ensure accountability and monitor performance against key expected outcomes of the contract.

- 3.4 Resilience and flexibility to emerging issues in service delivery: 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.

#### **4. CONSULTATION AND ENGAGEMENT**

- 4.1 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.
- 4.2 Formal staff consultation with staff who are in scope for transfer to the WCFT is almost complete, staff are very positive about the changes.

- 4.3 Engagement with Trade Unions has been held throughout the programme.

#### **5. COMMISSIONING INTEGRATION KEY FEATURES AND BENEFITS**

- 5.1 Bringing together all of the commissioning resources across health and care will ensure the coordination and delivery of 2020 Health and Care outcomes for the people of Wirral that need support. These will be delivered through the Healthy Wirral programme which is a single joined up commissioning plan. We can develop more timely joined up services that can respond more effectively to changing demand through using resources from right across the health and care economy of circa £850M.
- 5.2 Creating a single integrated commissioning organisation offers the opportunity to deliver a single comprehensive commissioning plan, and to make commissioning decisions that are in the interests of the whole system. It should be noted, however, that the resource overall is currently under significant pressure which could increase potential financial risk. This does merit further exploration.
- 5.3 The Council aims to achieve the following from the integrated commissioning service;
- A focus on better health outcomes for the people of Wirral

- A greater ability to manage demand and secure efficiencies in service delivery;
  - Undertake Care Market shaping and oversight;
  - Commission a range of provision of high quality, appropriate services offering choice and control to residents;
  - Ensure continuity of care and prevent market failure;
  - Deliver integrated health and care to benefit people that require support;
  - Provide information to the public for making good decisions regarding care;
  - Promote local access and ownership and drive partnership working;
  - Promote social inclusion and wellbeing;
  - Deliver an integrated whole systems approach to supporting communities.
- 5.4 The aim is to provide a single commissioning organisation 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.
- 5.5 In the first instance our commissioning and quality assurance staff will be aligned to a single set of Healthy Wirral outcomes. At a later stage the Local Authority adult social care budget and NHS Wirral Clinical Commissioning Group would pool all available resources, building on the existing Better Care Fund model, to use the collective resources efficiently and to maximum effect. The proposal is that pooled budgets will be apportioned so that integrated delivery providers have a fixed allocated care budget available for them to draw down against to meet the needs of local people who need services. Close monitoring of draw down against the pooled budget will ensure that commissioners have control and can work with providers to mitigate pressures where they arise.
- 5.6 In governance terms it is anticipated that a commissioning board led by the cabinet member for adult social care and the Chair of Wirral CCG will make formally delegated health and care commissioning decisions on behalf of the Local Authority and CCG under a section 75 agreement. The commissioning board will be directly accountable to the Health and Wellbeing Board, Cabinet and CCG Board. In the interim these arrangements will be developed in shadow form to be followed by a further more detailed proposal in relation to statutory governance arrangements. This will be brought back to cabinet in summer 2017.
- 5.7 The system is seeing significantly increased demand in 2017. Social care is facing an overspend of £3.5M with the CCG expecting an overspend of £12M. The potential shift to pooled resources will enable a more effective joined up system, but the potential risks may not be fully understood either by the Council or the CCG. To this end it is recommended that a Due Diligence exercise is undertaken over the next three months in order to explore the potential benefits and risks of the suggested model in more detail. This will be brought back with a full report in summer 2017

5.8 Agreements have been reached in relation to key commissioning priorities; these are reflected through the “Healthy Wirral” plan that shows health and care priorities under the Wirral 2020 Plan. Commissioning roles and organisational shape is being developed within current organisational frameworks at present with recognition that a move to a single organisation will create the opportunity for further change.

## **6 INTEGRATED CARE TEAMS KEY FEATURES AND BENEFITS**

6.1 The integration of Health and Care services will see the transfer of the key assessment and support planning functions for older people and adults of adult social care to WCFT. This will formally 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;
- Increased use of assistive technology, risk stratification and reablement approaches;
- Responsive services based on clear timescales, management of workloads and access to health and care resources;
- More joined up packages of care;
- Adult Social Care statutory duties remain with the Council and a Partnership Governance Board and a contract management arrangement will ensure compliance with statutory requirements;
- Financial assessment for care charges, income collection and debt recovery functions remain within the Council. The Partnership Governance Board will monitor compliance with procedures undertaken by integrated service providers;
- WCFT is the sole NHS partner and provider in the administrative boundaries able to deliver on the integration for the client group because it is commissioned to provide community health services.

6.2 The integration project has been designed to ensure that the new delivery model ensures that people receive the Right Care in the Right Place at the Right Time. It aims to reduce the growth burden to the Council’s net revenue funding based on more joined up working, managing demand and reducing the cost of care. The Council will retain robust accountability and governance arrangements through a formal contractual relationship with WCFT.



Performance will be closely monitored to ensure contract compliance and delivery of outcomes.

## **7 DUE DILIGENCE (INTEGRATED DELIVERY TEAMS)**

7.1 A due diligence exercise has been undertaken by an external company, KPMG. The exercise focused on:

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

## **8 CONTRACTUAL ARRANGEMENTS**

8.1 Council and WCFT officers have worked in partnership to develop the proposed operating model (Appendix 6), delivered by an integrated staff group.

8.2 The Council propose to enter into a S75 agreement to deliver the Council's statutory adult social care duties as a fully integrated service. The s75 agreement addresses a) staff transfer and b) the supply of the services. The staff resource required to provide the service is addressed by a payment from the Council to WCFT equivalent to the cost of the front line staff that are being transferred. In addition the Council is allocating funding for mid office support functions that WCFT will require to provide the service.

8.3 A Specification (Appendix 7) details the contractual responsibilities, quality standards and service outcomes.

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

8.5 Appendix 5 contains a summary of the draft S75

8.6 Regular contract monitoring will be undertaken by commissioners, with oversight of performance, service delivery, quality and cost. Quarterly contract review meetings will be held to review the service delivery as against the contractual requirements and to review service and budget costs.

## **9. FINANCIAL IMPLICATIONS**

9.1 The estimated annual value of the contract with WCFT is £9.3m pa (including support costs). The contract will result in the transfer of approximately 210 Full Time Equivalent (FTE) staff.

Description	£'000	FTE
Transfer of Staff – Front Line Service Delivery	7,019	177
Transfer of Staff – Support	1,121	33
Support Costs (buyback)	1,108	-
IT Implementation (1 year only)	31	
<b>Total</b>	<b>9,279</b>	<b>210</b>

9.2 In 2017-18 with a contract start date of 1<sup>st</sup> June the contract value is estimated to be £7,733,000.

9.3 The transfer of staff and integrated service for Older People does not achieve any additional budget savings directly. Some reductions have already been applied to this area - £500k in 2016-17. In addition there is an outstanding balance of savings of £700k which is anticipated in 2017-18

9.4 The main financial benefit is that the transfer-anticipates the integrated service will contribute towards managing demand/reducing costs in the Council's Community Care budget. The proportionate reductions to overall pressures previously identified, over a 5 year period are estimated to be £11.5m. The savings required are made up of demographic growth of £4.3m, inflation (at 2%) £4.8m and existing pressures of £2.4m as shown below

**Table 2 Demand Pressures**

Pressures	17/18	18/19	19/20	20/21	21/22	Total
	£'000					
Existing Demand	2,400	-	-	-	-	<b>2,400</b>
Demographic Growth	789	819	849	881	915	<b>4,253</b>
Inflation	891	925	960	996	1,033	<b>4,805</b>
<b>Total</b>	<b>4,080</b>	<b>1,744</b>	<b>1,809</b>	<b>1,877</b>	<b>1,948</b>	<b>11,458</b>

9.5 These are challenging targets that all LA's are finding difficult. Some will be offset in 2017-18 and later years by the Social Care Precept, the Social Care Grant and the improved Better Care Fund. However significant demand pressures will remain over the period. WFCT acknowledge this and are keen to respond, develop practice and new ways of working.

9.6 The transfer of staff to WCFT has pension implications. Staff will remain with the Local Government Pension Scheme (LGPS) and WCFT will join the LGPS as an admitted body. The transfer would be fully funded with existing deficits

9.7 on pension contributions up until the point of transfer of £2.6m remaining with the Council. This deficit would need to be factored into and recovered alongside the arrangements for the remaining deficit for all Council staff. The scheme would be closed to new employees (who would join a pension scheme through the NHS).

- 9.8 The actuary calculates that the employer's rate would increase from 13.6% to 18.8%. This has an additional cost of circa £284k pa which will be shared 50:50 by both organisations. Wirral's increased cost has been factored into the contract price in 9.1 above and will be met from within the overall Adult Social Care Budget.
- 9.9 The additional cost of any future pension rate increases will be dealt with as part of the annual contract review. The Council will indemnify the Trust from any future termination deficit arising from the performance of the fund, the award of any agreed pay increases and any ill-health retirements. This would leave the Trust managing any costs associated with early retirement or redundancy.
- 9.10 VAT implications, particularly those arising from the provision of support services to the Trust will be dealt with through a Section 75 agreement. The Trust are being advised and will seek confirmation from HMRC. This will then inform the Council's position.
- 9.11 Responsibility for financial assessments for care charges, income collection and debt recovery functions remain within the Council. The Partnership governance Board will monitor compliance with procedures undertaken by integrated service providers.

## **10 LEGAL IMPLICATIONS**

- 10.1 The statutory duties placed on the Council will continue to rest with the Director for Health and Care, whilst the delivery of the specific functions related to assessment and support planning will be delegated to WCFT under a Section 75 contract arrangement.
- 10.2 It is considered that as WCFT 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.
- 10.3 A series of Service Level Agreements (SLAs, appendix 8) describe roles, responsibilities and arrangements where there are interdependencies between the council and WCFT in the delivery of the services.

## **11 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS**

- 11.1 Together with the Pension costs described above, there are a number of other financial considerations;
- 11.2 Pay awards

Staff transferring will do so with provision made for the 2017-18 pay awards, which has a budget cost of £80,000. Future pay award costs will be discussed as part of the overall service costs during annual contract reviews.

### 11.3 Support Services

There is agreement for corporate support services within the contract totalling £372k. There are also additional, one-off IT implementation costs of £25k in FY1. The offer is a combination of Service Level Agreement (SLA) buyback for one or more years, cash and TUPE / post transfers. At this stage the implications from this are broadly neutral, although this could change if the value of SLA's change in future. (A list of SLAs is available at Appendix 4).

### 11.4 Risk of the integrated services over spending against the care budget.

Staff transferring to the WCFT will continue to undertake assessments and arrange packages of care for people on behalf of the Council and the health system. The allocated Community Care budget (totalling circa £47m) will form part of the integrated commissioning arrangements. Work is underway to have a Section 75 agreement in place by 1 June 2017, this will enable the drawdown of the adults social care budget allocation, by staff in WCFT. The S.75 agreement will detail arrangements for monitoring draw down against the fixed budget allocation, intervention that may be required by commissioners and arrangements for reviewing the budget allocation annually in line with Council and CCG budget setting cycles.

11.5 It is intended that one of the cost control mechanisms in place to ensure services provide the right level of care and demonstrate value for money will be a regular contract monitoring function which would amongst other things would include tracking the rate of draw down against the available budget. The budget allocation to the Trust would be fixed. Commissioners will work with WCFT to mitigate any projected risk of overspend. The financial risk of an over spend would ultimately rest with commissioners, in the event of an overspend WCFT would enter discussions with health and care commissioners.

## **12 QUALITY**

12.1 A Quality and Governance framework will oversee the quality of the service. This will be in the form of a Partnership Governance Board which will include the Council's Principal Social Worker for professional standards. This will maintain a focus on the quality of outcomes for residents and ensure that services meet the statutory duties of the council. This will be chaired by the Cabinet member for Adult Social Care.

12.2 Continual professional development of staff transferring, professional standards and oversight of the quality of staff interventions will be provided by the Council under a service level agreement.

12.3 The Council will retain oversight of complaints and enquiries that are received and responded to directly by WCFT in relation to their social care service provision.

12.4 The Council will retain a complaints management and other functions necessary in order to respond to Freedom of Information, Local Government Ombudsman, Subject Access Requests and political enquiries.

### **13 ASSETS**

13.1 A number of hardware assets will be transferred to WCFT as part of the integration process 218 x Laptops & 143 Mobile Phones. The licencing position remains the responsibility of WCFT and as such no Microsoft Licences will transfer. The financial implications of this have still to be resolved.

13.2 Social Care staff will be based alongside community health staff, mainly within WCFT buildings. As staff are currently co-located, it is not anticipated that this transfer will release capital assets.

#### **13.2 ICT**

Information Sharing and data protection requirements are detailed within the contract. Data sharing protocols exist under the Healthy Wirral Partnership. An Information Sharing Agreement is required, with appropriate safeguards in place, which will be formalised prior to transfer.

### **14 RELEVANT RISKS**

14.1 Financial risk and risk of failure to provide services to an adequate standard whilst delivering the Council's statutory duties will be mitigated by effective contract management and governance arrangements.

### **15 ENGAGEMENT/CONSULTATION**

15.1 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, leading communication with Wirral residents.

15.2 Staff consultation is underway.

### **16 EQUALITY IMPLICATIONS**

(b) No because there is no relevance to equality

People and service users will receive a more streamlined service with less duplication and more effective support planning and access to services.

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**APPENDICES**

Appendix 1	Overview Business Case (EXEMPT)
Appendix 2	Overview & Scrutiny Report
Appendix 3	Full Business Case (EXEMPT)
Appendix 4	Partnership Governance Chart
Appendix 5	DRAFT S75 Agreement (EXEMPT)
Appendix 6	Operating Model
Appendix 7	DRAFT Service Specification (EXEMPT)
Appendix 8	List of Service Level Agreements

**REFERENCE MATERIAL****SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
Cabinet	16 January 2017