OUTLINE BUSINESS CASE

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

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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.

- Integrated Commissioning Hub – Pooled Budgets Health (CCG) and Social Care (Council) – Adults and Children's – 2016 - 2017
- Adults Integration of Health and Social Care – Wirral Community Foundation Trust – 2016 - 2017
- Children's Transformation Programme – 2017 – 2018

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

The 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:

	Team	Office Location	Approx. Staff Numbers	Provision/Function
1	Community Mental Health Service (Adults)	St Catherine's Health Centre, Birkenhead.	85 Staff	• Assessment, Care Co-ordination, Care Planning, Support Service, Discharge of Statutory duty under Mental Health Act and Mental Capacity Act Legislation.
2	Integrated Disability Service (Adults)	Old Market House, Birkenhead Moving to Millennium Centre	27 Staff	• Assessment, Care Management, Care Planning, Care Coordination, Back Office/Team Support, Continuing Health Care Reviews.
3	Children with Disability Services	Social Work Team based at Wallasey Locality Office, Wallasey - Moving to Millennium Centre	33 Staff	• Assessment, Care Management, Care Planning, Care Co-ordination, Support Service, Direct Payments, Back Office/Team Support.

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 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)

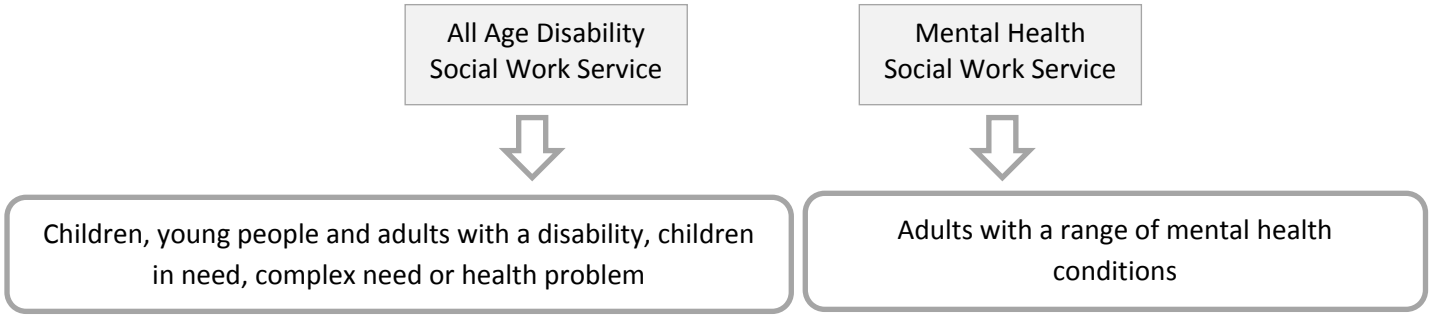
Child and Adolescent Mental Health Services (CAMHS) are jointly commissioned by the Council and CCG and delivered by CWP. The CAMHS Service is structured into several teams: Wirral Learning Disability CAMHS, Wirral 0-13 CAMHS, Wirral 14-18 CAMHS. The relationship between children's and adult mental health 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:



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:

Risk Category	Description of Risk
Risk Management	➢ There is a risk that if risks are miss-managed it could jeopardise successful delivery implementation
Financial	➢ 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.
Change	➢ Failure to effectively manage, implement, achieve, major change within specification.
Timescales	➢ Failure to implement the ADM within twelve months, ready for April 2018.
ADM	➢ Failure to select, implement, optimum ADM most suitable to Wirral.
Legal	➢ Failure to ensure all the legal safeguards are in place when developing the ADM will put the Council at risk.
Partnership	➢ Failure to create efficient partnerships. ➢ Failure to collaborate with the most effective and efficient provider.
Demand / Demographics	➢ 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.
Volume	➢ The risk that actual usage of the service varies from the levels of forecasted.
Health and Social Care Integration	➢ 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.
Safeguarding	➢ 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.
Governance	➢ 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.
Resources and Infrastructure	➢ 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.
Workforce and TUPE Transfer	➢ 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.
Reputation/Public Confidence	➢ 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.
Business Case Process versus Implementation	➢ 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.
Risk Category	**Description of Risk**
Business	➢ The risk that the new ADM cannot meet its business imperatives.
Service	➢ The risk that the service is not fit for purpose.
Operational	➢ Operational risk that operating costs vary from budget and that performance standards are impacted.

Design	➢ The risk that the design cannot deliver the service to the required quality standards.
Project Management	➢ Failure to successfully manage the key stages throughout project management of the ADM will affect the overall capability of the service provision.
Project Intelligence	➢ The risk that the quality of the intelligence will impact on the likelihood of the unforeseen problems occurring.
Economies of scales	➢ Economy of scale can bring increased cost savings however businesses can be at risk of growing too fast, too quickly, affecting quality outcomes and control of the service delivery.
Procurement	➢ The risk that can arise from the contractual arrangements between two parties.
Economic	➢ The risk that the project outcomes are sensitive to economic influences.
Legislation	➢ The risk that legislative changes increase operating costs.
Policy	➢ The risk of changes in (national) policy direction leading to unforeseen change.
Bringing Children's and Adults provision together	➢ There is a risk of bringing 'Children' and 'Adults' services together which could impact upon the service provision. The service design will ensure that both groups of cohorts are protected and the appropriate policy, governance, safeguards are maintained for children, young people and adults.

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. The Full Business Case will include a detailed risk analysis, considering the likely-hood/probability of the risk, detailing impact of the risk, and ways to reduce and mitigate risks. The service design process will consider all risks when selecting and developing the preferred ADM.

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, Pubic 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)

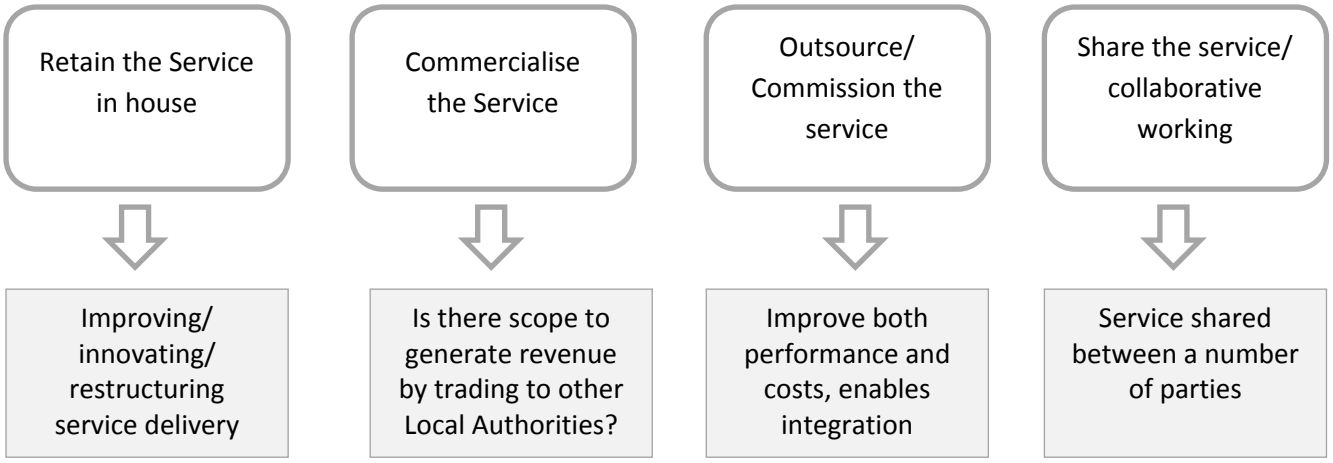
2.2 Options Appraisal

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.

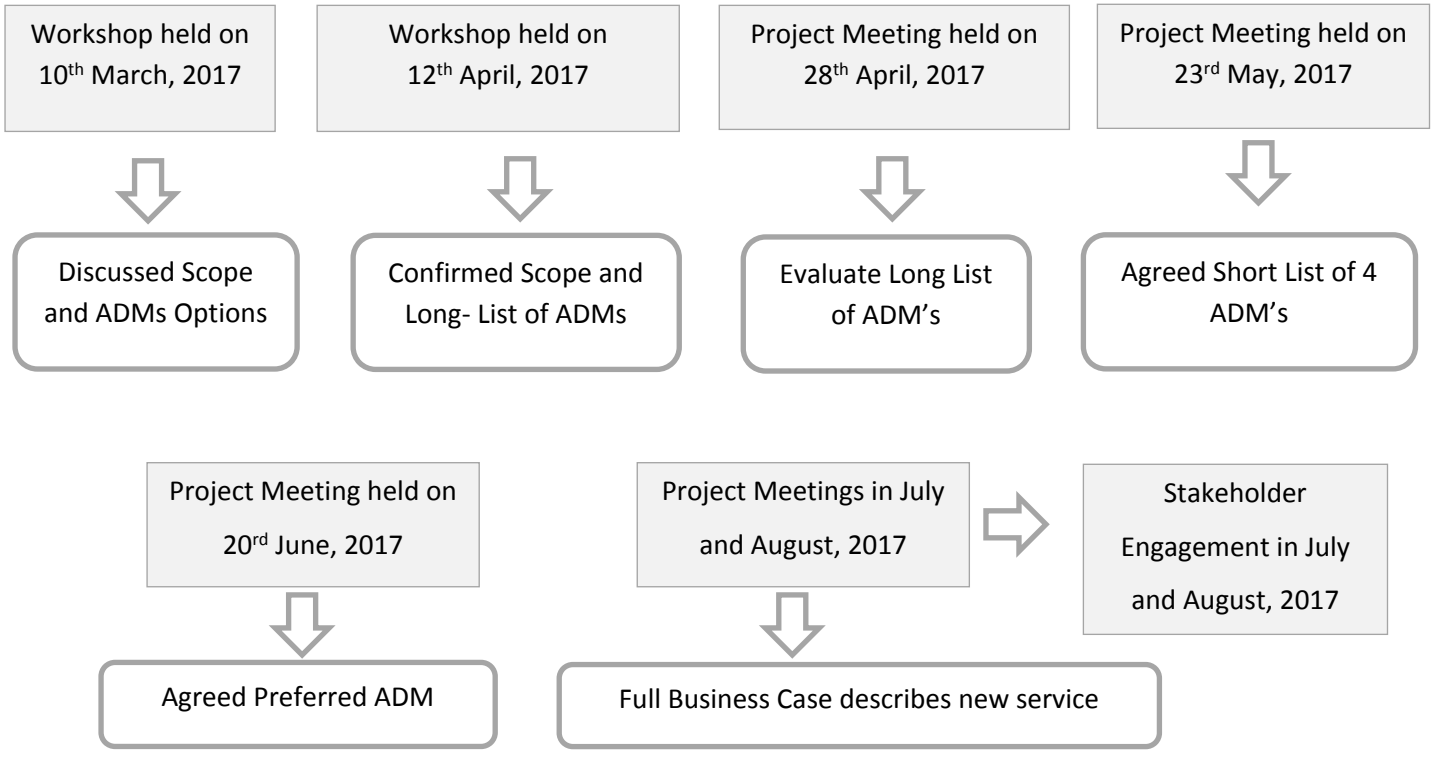
All available options have been considered in relation to the project requirements and critical path for delivery presented as a long list of options within (section 2.5). Some options have been ruled out for legal, financial or political reasons, and in such cases, undue time, effort and expense will 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:



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:

Option	Alternative Delivery Model

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.

ADM Type	Strengths	Weaknesses

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.	• Safeguarding children against abuse and links to the court process is not central to the health provider's core business or expertise. Safeguarding is seen more in respect of preventing harm and delivering safe packages of care. • Cross-sector differences in regulatory and legislative frameworks can make work more difficult. • Poorly specified service will lead to poorly delivered service. • Loss of control. • If contractors/partners perform poorly or unethically it can damage Council reputation and impact negatively on residents. • Strong contract management required and clear sanctions for under performance. • Difficulties at first aligning both employees from existing organisation and new organisation – e.g. Terms and conditions. • Due diligence process is critical to selection process of partner. • Risk profile may vary significantly and needs to be carefully understood. • Council maintains Statutory Duties whilst trusting another organisation to deliver to agreed standard.
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.	• Concerns associated with such arrangements continue to focus on the clarity of statutory duties and associated costs, risk share agreements. • Arrangement does not always work well where the political administrations are not aligned. • Safeguarding children against abuse and links to the court process is not central to the health provider's core business or expertise. Safeguarding is seen more in respect of preventing harm and delivering safe packages of care.
ADM Type	**Strengths**	**Weaknesses**
Remain In-House and Restructure/Re-engineer Services.	• Retain full control of service delivery and development - greater cost control. • Flexibility to service change. Retention of institutional and organisational knowledge and skills held by an in-house workforce.	• Does not enable true delivery integration with health service. • May struggle to create the desired budgeted savings. • Limitations to service design.

	• An employee has greater familiarity with Council business needs and objectives. • Governance remains within Council management structures and hierarchy. • Quality likely to remain the similar.	• Continue to remain in the same culture / operating environment which may not enable to progress as effectively.
Community Interest Company (CIC) as a joint venture with local health trust.	• Pooling of funds - Joining the skills of in-house teams with health trust partner(s) to provide joint management, technical expertise and resources. Potential to improve quality of provision, but is dependent on the culture of commerciality (CIC) management structure.	• Partners organisations may not wish to transfer their staff to a CIC. • Timescales to implement model in April 2018 would not be achievable. Limited control over operations and out-put. • Safeguarding children against abuse and links to the court process is not central to the health provider's core business or expertise. Safeguarding is seen more in respect of preventing harm and delivering safe packages of care.

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:

Ranked	Shortlist of 4 ADM Options
1st	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.
2nd	Joint working with other Public Sector health provider/s – Exploring Joint Management arrangements, Joint Committees, Joint Ventures (less formal arrangements that option 1)
3rd	Remain In-House and Restructure/Re-engineer Services.
4th	Set up a community interest company/trust as a joint venture with a local health trust.

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.

Preferred ADM → Preferred Model will be developed from June to August and detailed within the Full Business Case presented to SLT in September 2017

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:

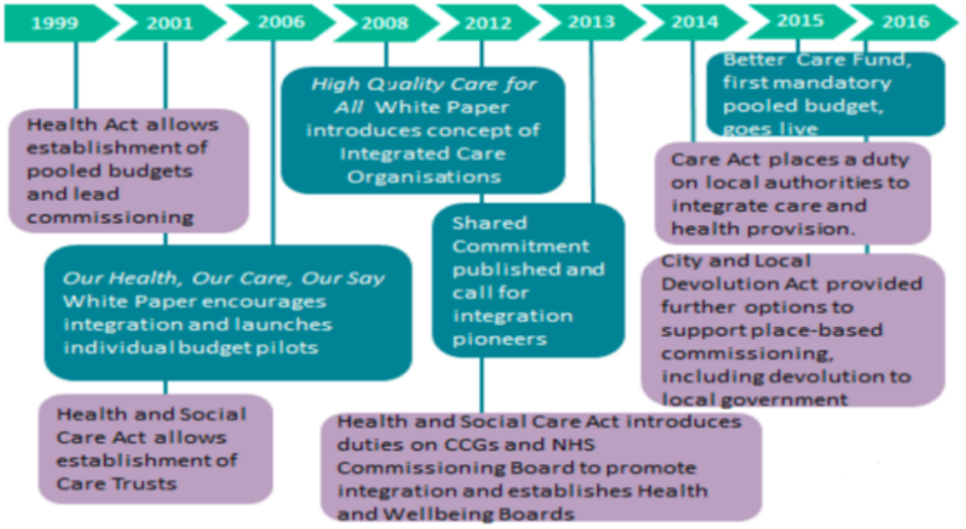
- The type of contractual arrangement?
- The method of procurement to be considered?
- Should services be subject to open competition?
- What period of contract will be given?
- Commerciality/Efficiency?

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.

Teams within Scope	Budget (£m)	Costs (£m)
Community Mental Health Team	2.84	2.64
Integrated Disability Service	0.69	0.56
Children with Disability Service	0.97	0.91
Total	4.5	4.11

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

Transformation Cost to complete Outline Business Case	1 FTE Senior Business Designer	£41.88 Unit Cost	7.20 hours	20 days	£6,030.20
Transformation Cost to complete Full Business Case	1 FTE Senior Business Designer	£41.88 Unit Cost	7.20 hours	30 days	£9,046.08

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.

	Project Activity	Timescales
Engagement, Co-production, Co-Design	Engagement and research activity - Enabling internal and external stakeholders to co-design the new service.	**6 week engagement** July to August 2017
Consultation	Consult with stakeholders regarding the ADM as described in the Full Business Case and approved to be implemented April 2018.	**12 week consultation** period from 09.10.17 – 08.12.17

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.

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.

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

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

- 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

5.7 Important factors to consider when transforming services

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

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

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 meant 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 in the All Age Disability and Mental Health Service.

5.16 Features of the Two Pathways for Wirral's Mental Health and Disability Services

Aim of the Care Pathway

➢ Recognises that Service User are experts in their experience	➢ Help identify the Service User personal strengths ➢ Service User Guiding and Supporting Decision Making
➢ Ensure that Service User get the best possible Information and support	➢ Inspires hope and fulfilment ➢ Promote partnership – working together

Tailoring the service to meet the needs of Residents**?**

➢ Right Service	➢ Right Time
➢ Right Place	➢ 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 be treated with empathy, dignity, sensitivity, compassion and respect by all people who provide support to them.
➢ 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 able to access help and support easily when they need it.
➢ 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 be supported by a team how know them and who commit to partnering with them throughout their care journey.
➢ 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 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 receive information about how they and their representatives can access 24 hour crisis support.	➢ 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 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 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	➢ Engaging and supporting families
➢ External Mental Health Service Providers ➢ External Disability Service Providers ➢ Professionals across Health and Social	➢ Training, Educational and Learning and Development Organisations

Care Sector ➢ Community Assets	

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

5.17 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.

Principle 1	➢ 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.
Principle 2	➢ 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.
Principle 3	➢ Promote dignity and respect by maintaining confidentiality and integrity and valuing the individual's knowledge and experience.
Principle 4	➢ Ensure legal rights are upheld under UK Law. ➢ Implement best practise in National Policy.
Principle 5	➢ Maintain safety and safeguarding responsibilities by appropriately assessing risks and supporting where necessary.
Principle 6	➢ Deliver flexible and personalised care that reflects the individual's identity and preferences.
Principle 7	➢ 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.
Principle 8	➢ 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
Principle 9	➢ Promote creative, cultural and recreational activities that are meaningful to the individual to enable the best possible quality of life and fulfilment.
Principle 10	➢ 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.

5.18 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.

Next Steps

- 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.

Project Management Activity	Month
Define Scope	April 2017
Human Resources – Business Partners updated about SOC	April 2017

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 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:

- National Service Framework for Mental Health. Department of Health 1999
- No Health without Mental Health. Department of Health. 2011
- Service user experience in adult mental health services. NICE. 2011
- The Five Year Forward View for Mental Health: A report from the independent Mental Health Taskforce to the NHS in England. NHS England, February 2016
- Implementing the Five Year Forward View for Mental Health. NHS England, July 2016
- The Government's response to the Five Year Forward View for Mental Health. Department of Health.2017

- Future in mind - Promoting, protecting and improving our children and young people's mental health and wellbeing 2015. NHS in England. Department for Health
- Community Mental Health Survey Statistical release, CQC, NHS England 2016.
- Closing the Gap: Priorities for essential change in mental health. Department for Health. January 2014
- Monitoring the Mental Health Act in 2015/16. CQC 2016.
- Mental health services: achieving better access by 2020. Department of Health. 2016

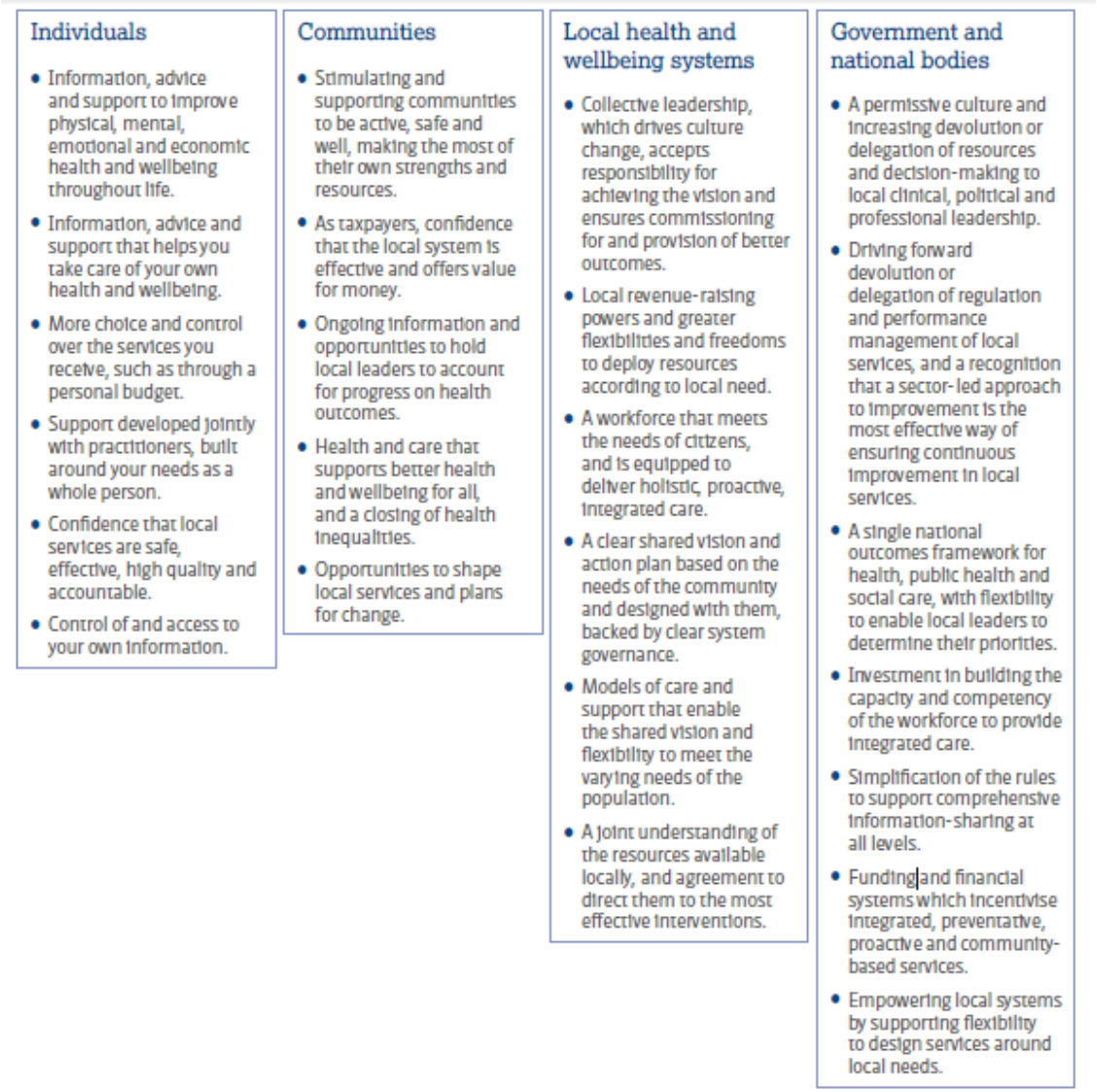
Appendix 2 - Integrated All Age Disability and Mental Health Transformation Project

Meetings throughout March/April 2017 that have informed the Outline Business Case

Meeting Date	Staff Name
Week Commencing 6th March 2017	
Friday 10th March 1pm – 3pm Workshop	Wider Group – 11 Attendees Ursula Bell, Graham Hodkinson, Nikki Kenny, Jason Oxley, Peter Loosemore, Michael Murphy, Judith Lambert, Jane Clayson, Ursula Bell, Elaina Quesada, Nicola Butterworth, Paul Satoor
Commencing 13th March 2017	
Wednesday 15th March 11am – 11.30am	Ursula Bell and Peter Loosemore
Week Commencing 20th March 2017	
Tuesday 21st 11.30am – 12.30noon	Ursula Bell and Chris Taylor
Tuesday 21st 2pm – 3pm	Ursula Bell and Julia Hassall
Week Commencing 27th March 2017	
Tuesday 28th 10am – 11am	Ursula Bell and Judith Lambert
Wednesday 29th 11am – 12noon	Ursula Bell and Margaret Morris
Thursday 30th 1pm – 2pm	Ursula Bell and Simon Garner
Thursday 30th 9.30am – 10.30am	Ursula Bell and Sheila Murphy
Friday 31st March 12 – 12.30noon	Ursula Bell and Michael Murphy
Week Commencing 3rd April 2017	
Monday 3rd April 11 – 12noon	Ursula Bell and Nicola Kenny
Wednesday 5th April 9am – 10am	Ursula Bell, Jason Oxley and Peter Loosemore
Wednesday 5th April 4.30pm – 5pm	Ursula Bell, Graham Hodkinson, Joe Blott, Michael Murphy, Jason Oxley
Friday 7th April 11.30am – 12.30noon	Ursula Bell and Elaina Quesada
Week Commencing 10th April 2017	
Wednesday 12th April 12.30noon – 2pm – Workshop	Wider Group – 18 Attendees - Graham Hodkinson, Jason Oxley, Michael Murphy, Judith Lambert, Julia Hassall, Elaina Quesada, Sheila Murphy, Nikki Kenny, Lynn Campbell, Margaret Morris, Andrew Roberts, Simon Garner, Peter Loosemore, Sarah Towey, Gill Foden, Jane Clayson, Toni Bosworth, Ursula Bell
Thursday 13th April 2017 – HR Briefing	Ursula Bell and Gill Foden
Week Commencing 24th April 2017	
Friday 28th April 2017 Project Meeting	Project Team
Week Commencing 22nd May 2017	
Tuesday 23rd May Project Meeting	Project Team
Week Commencing 19th June 2017	
Tuesday 20th June Project Meeting	Project Team

Appendix 3 - What can Wirral Council achieve through health and social care integration?

Model below produced by The NHS Confederation 2016



Individuals

- Information, advice and support to improve physical, mental, emotional and economic health and wellbeing throughout life.
- Information, advice and support that helps you take care of your own health and wellbeing.
- More choice and control over the services you receive, such as through a personal budget.
- Support developed jointly with practitioners, built around your needs as a whole person.
- Confidence that local services are safe, effective, high quality and accountable.
- Control of and access to your own information.

Communities

- Stimulating and supporting communities to be active, safe and well, making the most of their own strengths and resources.
- As taxpayers, confidence that the local system is effective and offers value for money.
- Ongoing information and opportunities to hold local leaders to account for progress on health outcomes.
- Health and care that supports better health and wellbeing for all, and a closing of health inequalities.
- Opportunities to shape local services and plans for change.

Local health and wellbeing systems

- Collective leadership, which drives culture change, accepts responsibility for achieving the vision and ensures commissioning for and provision of better outcomes.
- Local revenue-raising powers and greater flexibilities and freedoms to deploy resources according to local need.
- A workforce that meets the needs of citizens, and is equipped to deliver holistic, proactive, integrated care.
- A clear shared vision and action plan based on the needs of the community and designed with them, backed by clear system governance.
- Models of care and support that enable the shared vision and flexibility to meet the varying needs of the population.
- A joint understanding of the resources available locally, and agreement to direct them to the most effective interventions.

Government and national bodies

- A permissive culture and increasing devolution or delegation of resources and decision-making to local clinical, political and professional leadership.
- 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.
- A single national outcomes framework for health, public health and social care, with flexibility to enable local leaders to determine their priorities.
- Investment in building the capacity and competency of the workforce to provide integrated care.
- Simplification of the rules to support comprehensive information-sharing at all levels.
- Funding and financial systems which incentivise integrated, preventative, proactive and community-based services.
- 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

Service: **Social Work Assessment and Care Plan, Care Coordination**

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

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

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

Appendix 5 – Explanation of Critical Success Factors

CSF	Questions to ask for each ADM
Business fit	Does the ADM meet the business needs of Children's and Adults Social Care Service areas within scope? Is this ADM model suitable to deliver a service within the Health and Social Care Sector? Does the ADM • 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 • Improve multi-disciplinary support
Strategic fit	Does the ADM meet the strategic needs of the Service, Sector, Council, and the Borough of Wirral? Does the ADM support the All Age approach to removing issues with transition between children and adults? Does the ADM support - National and Local Policy Direction across health and social care provision Does the ADM support local health and social care market, economy and providers operating across Wirral?
Cultural fit	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
Political fit	Will the ADM gain approval from the Council Political Leaders
Supports Pledges	Does the ADM support the Council 2020 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
Affordable/VFM	Does the ADM optimise value for money? Is this ADM the best way to utilise the budged amount of money to deliver the service? Does the ADM Create longer term financial efficiencies and reduce operating costs?
Implementation / Achievability	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?
Sustainability	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

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.

No. of Members	Name	Business Area
1	Ursula Bell	Project Manager - Transformation Office
2	Jason Oxley	Assistant Director Health and Care Outcomes - Strategic Hub
3	Simon Garner	Lead Commissioner for All Age Independence - Strategic Hub
4	Michael Murphy	Assistant Director - Delivery – Children and Adults
5	Nikki Kenny	Group Manager - Children with Disabilities Team
6	Debbie Pearce	Team Manager - Children with Disabilities Team
7	Chris Taylor	Senior Manager - Mental Health - Delivery – Adults
8	Chris Judson	Team Manager - Mental Health Delivery – Adults
9	Judith Lambert	Senior Manager - IDS - Delivery – Adults
10	Christine Burns	Team Manager - IDS - Delivery – Adults
11	John Gale	Team Manager - IDS - Delivery – Adults
12	Peter Loosemore	Policy & Strategy Officer - Policy and Strategy
13	Jenny Woods	Human Resources / Business Partner
14	Sally Dunbar	Communications & Engagement Manager - Communications
15	Matthew Gotts	Principal Accountant - Business Services Finance – Adults Services
16	Asako Brown	Business Services - Finance – Children Services

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:

Jason Oxley	Elaina Quesada	Michael Murphy
Assistant Director	Strategic Commissioning Manager	Assistant Director
Strategic Hub	Children's Services	Delivery – Children's and Adults

The Project Board

The Project Board will govern the project.

Graham Hodkinson	Elaina Quesada	Gill Foden	Jane Clayson	Ursula Bell
Director for Care & Health	Strategic Commissioning Manager	Senior HR Business Partner	Programme Manager	Project Manager
Adult Social Care	Children's Services	Human Resources	Transformation Office	