



## Health and Social Care Policy and Performance Board

**Tuesday, 10 February 2026 at 6.30 p.m.  
Council Chamber, Runcorn Town Hall**

A handwritten signature in black ink, appearing to read 'Kim Butler'.

**Interim Chief Executive**

### **BOARD MEMBERSHIP**

|                                      |           |
|--------------------------------------|-----------|
| Councillor Eddie Dourley (Chair)     | Labour    |
| Councillor Sandra Baker (Vice-Chair) | Labour    |
| Councillor Sian Davidson             | Reform UK |
| Councillor Louise Goodall            | Labour    |
| Councillor Stan Hill                 | Labour    |
| Councillor Alan Lowe                 | Labour    |
| Councillor Katy McDonough            | Labour    |
| Councillor Norman Plumpton Walsh     | Labour    |
| Councillor Aimee Skinner             | Labour    |
| Councillor Tom Stretch               | Labour    |
| Councillor Pamela Wallace            | Labour    |

***Please contact Kim Butler on 0151 511 7496 or e-mail  
[kim.butler@halton.gov.uk](mailto:kim.butler@halton.gov.uk) for further information.***

***The next meeting of the Board is to be confirmed.***

# ITEMS TO BE DEALT WITH IN THE PRESENCE OF THE PRESS AND PUBLIC

## Part I

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| <b>2. DECLARATIONS OF INTERESTS (INCLUDING PARTY WHIP DECLARATIONS)</b><br><br>Members are reminded of their responsibility to declare any Disclosable Pecuniary Interest or Other Disclosable Interest which they have in any item of business on the agenda, no later than when that item is reached or as soon as the interest becomes apparent and, with Disclosable Pecuniary interests, to leave the meeting during any discussion or voting on the item. |                  |
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*In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.*

## HEALTH AND SOCIAL CARE POLICY AND PERFORMANCE BOARD

*At a meeting of the Health and Social Care Policy and Performance Board held on Tuesday, 25 November 2025 at Council Chamber, Runcorn Town Hall*

Present: Councillors Dourley (Chair), Baker (Vice-Chair), Davidson, Goodall and N. Plumptre Walsh and Healthwatch Co-optee D. Wilson.

Apologies for Absence: Councillors A. Lowe and McDonough

Absence declared on Council business: None

Officers present: S. Foy, H. Moir, and K. Butler

Also in attendance: T. Leo – Halton Place, NHS Cheshire and Merseyside and 2 members of the public

### ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

|                                                                                                                                                                                                                                                                                                                                                                         | <i>Action</i> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| HEA21 MINUTES                                                                                                                                                                                                                                                                                                                                                           |               |
| The Minutes of the meeting held on 23 September 2025 were taken as read and signed as a correct record.                                                                                                                                                                                                                                                                 |               |
| HEA22 PUBLIC QUESTION TIME                                                                                                                                                                                                                                                                                                                                              |               |
| The following question was received:                                                                                                                                                                                                                                                                                                                                    |               |
| <u>This question relates to agenda item 5B HSAB annual report 2024/25</u>                                                                                                                                                                                                                                                                                               |               |
| An Explanation and a reason why Halton Borough are in breach of the Care Act from 2022 to present date, although Halton Borough have employed a New Independent Chair in October 2024 and an Independent Scrutiny Director of Safeguarding in January 2025. Halton Borough for the 4 years regarding safeguarding annual reports have breached the Care Act as follows: |               |
| An explanation why 2 New Employers employed in October 2024 and January 2025 under new structure and hopefully                                                                                                                                                                                                                                                          |               |



different culture are still breaching care act?

Supplementary question as follows :

The Safeguarding adults annual report is on the agenda for Tuesday 25th November meeting, to be approved. The safeguarding adults annual report has already been released in to the public domain?

<https://councillors.halton.gov.uk/documents/s81175/App%201%20HSAB%20Annual%20Report%202024-25.pdf>

The Care Act 2014 requires each SAB to publish an annual report. Most SABs already produce annual reports, although their content and format vary. The Care Act (Schedule 2.4 (1) a – g) defines the minimum content of an annual report thus:

As soon as is feasible after the end of each financial year, a SAB must publish a report on:

what it has done during that year to achieve its objective,  
what it has done during that year to implement its strategy,  
what each member has done during that year to implement the strategy,  
the findings of the reviews arranged by it under section 44 (safeguarding adults reviews) which have concluded in that year (whether or not they began in that year),  
the reviews arranged by it under that section which are ongoing at the end of that year (whether or not they began in that year),  
what it has done during that year to implement the findings of reviews arranged by it under that section, and  
where it decides during that year not to implement a finding of a review arranged by it under that section, the reasons for its decision.

Safeguarding Adults Boards – Annual reports - SCIE  
(<https://www.scie.org.uk/safeguarding/adults/safeguarding-adults-boards-checklist-and-resources/annual-reports/>)

The group has considered a number of SAR referrals received and feedback provided to Halton Safeguarding Adults Board in terms of outcomes and recommendations.

Care Act 2014 - Explanatory Notes  
(<https://www.legislation.gov.uk/ukpga/2014/23/notes/division/5/1/10/3/4>)

This page contains the following errors:

error on line 1 at column 2099: Extra content at the end of the document

Below is a rendering of the page up to the first error.

289.Sub-paragraph (1) requires the report to describe what the SAB has done during the year to achieve its main objective and its strategy, and how each member of the SAB has helped to implement the strategy. The findings of Safeguarding Adults Reviews concluded that year (whether or not they were started in that year) and actions taken that year in response to Safeguarding Adult Reviews must also be recorded in the annual report. That is either action taken to implement findings or, where a decision has been taken not to implement a finding, then the reason for that decision. The report must also record the total number of ongoing reviews, whether or not they were started in that year.

<https://www.legislation.gov.uk/ukpga/2014/23/schedule/2/crossheading/annual-report>

1)As soon as is feasible after the end of each financial year, an SAB must publish a report on—

- (a)what it has done during that year to achieve its objective,
- (b)what it has done during that year to implement its strategy,
- (c)what each member has done during that year to implement the strategy,
- (d)the findings of the reviews arranged by it under section 44 (safeguarding adults reviews) which have concluded in that year (whether or not they began in that year),
- (e)the reviews arranged by it under that section which are ongoing at the end of that year (whether or not they began in that year),
- (f)what it has done during that year to implement the findings of reviews arranged by it under that section, and
- (g)where it decides during that year not to implement a finding of a review arranged by it under that section, the reasons for its decision.

(2)The SAB must send a copy of the report to—

- (a)the chief executive and the leader of the local authority which established the SAB,
- (b)the local policing body the whole or part of whose area is in the local authority's area,
- (c)the Local Healthwatch organisation for the local authority's area, and
- (d)the chair of the Health and Wellbeing Board for that area.

(3)“Local policing body” has the meaning given by section 101 of the Police Act 1996.

**Commencement**

We are aware in  
2020 3 SARs request  
2021 3 SARs request  
2022 1 Sar request  
2023 1 SAR request  
2024 4 SAR Request  
2025 11 SAR Request

As the Chair of the PPB from the following legislation care act and other policy's provided the detail of the SAR information that has to be published in the Annual reports.

The Care Act is being breached, if the figures for the SARs aren't being published and the reasons. For SARS being declined and no outcome from the Safeguarding adults reviews, how are the PPB Scrutinised. ( This is not my question but a major concern, 4 years later and the public are picking up on it).

Response:

Executive Director  
of Adult Services

In respect to the question and supplementary question submitted relating to agenda item 5B, the Halton Adults Safeguarding Board Annual Report 2024-25, as the Board required time to consider in detail the question and evidence supplied, they were not in a position to provide the member of the public with a response at the time of the meeting and therefore in line with the Standing Order relating to dealing with Public Questions, a written response would be provided in due course.

HEA23 HEALTH AND WELLBEING MINUTES

The minutes from the Health and Wellbeing Board meeting held on 9 July 2025, were submitted to the Board for information.

HEA24 URGENT CARE IMPROVEMENT

The Board received a report from the Halton Place Director, which provided an update on the Urgent Care Improvement Programme and its current performance against national standards, which resulted in the continued focus of resources and efforts to drive forward improvements.

Over the past year, both Warrington and Halton Hospitals NHS Foundation Trust and Mersey and West Lancashire Teaching Hospitals NHS Trust, had faced

challenges on their emergency care performance, which had led to their classification as Tier 1 status. To address these issues, both Trusts had received additional support from the National Emergency Care Improvement Support Team (ECIST) alongside assistance from other external agencies.

Key sentinel metrics, supplemented by a wide range of indicators, were used to monitor performance and reported daily. Although standards had been achieved, results remained inconsistent. As a result, the improvement programmes were important to improve performance and deliver positive benefits for patient outcomes.

It was noted that the current Accident and Emergency (A&E) 4-hour performance, remained below the national standard, which indicated a continued pressure on emergency departments. In response, Mersey and West Lancashire Teaching Hospitals NHS Trust was progressing several key actions to improve patient flow and overall performance within A&E and these were outlined in section 3.5 of the report. Warrington and Halton Hospitals NHS Foundation Trust operated a smaller bed base, and many of its challenges resulted from consistently high bed occupancy levels, which averaged 101% on most days. In response, Warrington had implemented a substantial improvement programme within A&E, with full details provided in section 3.7 of the report.

The report explained that the wider system work programme was taking forward actions to help hospital trusts. These focussed on reducing unnecessary A&E visits and making sure patients could leave hospital promptly once they were medically ready.

Following discussions and questions raised by Members of the Board, some additional information was noted:

- Some Board Members shared personal encounters of A&E and suggested that the statistics provided in the report did not truly reflect lived experiences. They also suggested that clearer communication was needed to help prevent unnecessary attendances at A&E and encourage use of alternative services such as Urgent Treatment Centres (UTC);
- Board Members were reassured that, through Healthwatch, hospitals were actively seeking patient feedback across a range of services. They were also assured that Halton had performed well in reducing unnecessary hospital attendances and supporting

people to remain well in the community, whilst recognising that further progress was still required to meet national standards. It was further noted that, with Healthwatch's support, Warrington Hospital had introduced live A&E waiting times on its website, along with waiting times for the UTC in Runcorn. This enabled patients to make informed choices about the most appropriate service to access. However, similar information was not yet available for Whiston Hospital;

- The "Blackburn Come Back Model" was introduced in October 2025, which aimed to reduce the number of patients waiting all night in A&E by offering them a timed appointment in the morning. The Board requested a future update on the progress of this model in due course, as well as patients who had remained on wards for more than 21 days;
- Healthwatch raised concerns about the standardisation of UTC's across Cheshire and Merseyside, saying that they did not want to see this as a cost cutting exercise or see standards being lowered across the Board, but rather that they would like to see the consistent services and opening hours at all UTC's. The Board was advised that whilst financial constraints needed to be considered, the development programme was intended to analyse and compare variations, before reviewing services to ensure maximum impact;
- Questions were raised about whether Halton had a similar provision to the "Hospital at Home" scheme in Cheshire West, which had proven highly effective in supporting elderly patients by avoiding A&E attendances and hospital admissions; Members were advised that a range of options were being explored;
- Ambulance handover times were also discussed. A site visit last year observed 32 ambulances waiting outside Whiston Hospital. Whilst handover times remained behind target, it was noted that improvements had been made and A&E triage was moving in the right direction, despite performance still being rated in the red; and
- Finally, the Board asked about the impact of the Integrated Care Boards staff reduction programme on the hospitals and it was explained that although staff reductions were expected in the future, emphasis would be given to protect critical areas whilst working with partners to manage any impacts.

RESOLVED: That the Board:

Halton Place  
Director

- 1) supports the ongoing Urgent Care Improvement Programmes that aim to reduce pressures in the acute hospital setting and improve overall patient care and experience for local people; and
- 2) continues to have oversight on the key improvement metrics to ensure progress towards the standards and seek assurance that Halton residents are being treated within an efficient and effective health system.

HEA25 HSAB ANNUAL REPORT 2024-5

The Board received the Halton Safeguarding Adults Board's (HSAB) Annual Report for 2024-25.

Under the Care Act 2014, Safeguarding Adults Boards (SAB) were responsible for producing an annual report setting out their achievements and highlighting priorities for the following year.

The report had been developed in conjunction with HSAB partners to ensure the report encompassed a multi-agency approach. Members were advised of the four strategic priorities for 2024-25: communication and involvement; strategic intervention and early intervention; making safeguarding personal; and learning development and assurance. The report also included performance data and comparisons between years, achievements in the year updates on partner agencies and sub-groups of the HSAB and highlighted areas of good practice regarding safeguarding in the Borough.

The Board thanked the HSAB for the report and were pleased to note its achievements. They were also complimentary of the referral service and officers agreed to feed this back.

The Annual Report was approved by the Board, this would now be published and shared with HSAB member organisations.

RESOLVED: That the Board:

- 1) notes the report; and
- 2) approves the Annual Report for publication.

Executive Director  
of Adult Services

HEA26 PRIORITY BASED PERFORMANCE MANAGEMENT  
REPORT QUARTER 2 2025-26

The Board received the Performance Management Reports for quarter 2 of 2025/26.

Members were advised that the report introduced, through the submission of a structured thematic performance report, the progress of key performance indicators, milestones and targets relating to Adult Social Care in quarter 2 of 2025-26. This included a description of factors, which were affecting the service.

It was noted that the report did not include any Public Health data, however, this would be reported in quarter 3.

The Board was requested to consider the progress and performance information; raise any questions or points for clarification; and highlight any areas of interest or concern for reporting at future meetings of the Board.

Following discussions, it was noted that:

- there was an anomaly with data relating to referrals/signposting for homelessness. The Performance Team was undertaking a piece of work to look how this was recorded; and
- a piece of work was being undertaken regarding the pressures around respite and crisis accommodation which was captured within the transformation programme; an update would be provided at the next Board meeting in February 2026.

RESOLVED: That the Performance Management report for quarter 2 of 2025/26 be received.

Executive Director  
of Adult Services

*Meeting ended at 7.29 p.m.*

**REPORT TO:** Health & Adult Social Care Policy & Performance Board

**DATE:** 10 February 2026

**REPORTING OFFICER:** Chief Executive

**SUBJECT:** Public Question Time

**WARD(S)** Boroughwide

**1.0 PURPOSE OF THE REPORT**

1.1 To consider any questions submitted by the Public in accordance with Standing Order 34(9).

1.2 Details of any questions received will be circulated at the meeting.

**2.0 RECOMMENDATION: That any questions received be dealt with.**

**3.0 SUPPORTING INFORMATION**

3.1 Standing Order 34(9) states that Public Questions shall be dealt with as follows:-

- (i) A total of 30 minutes will be allocated for dealing with questions from members of the public who are residents of the Borough, to ask questions at meetings of the Policy and Performance Boards.
- (ii) Members of the public can ask questions on any matter relating to the agenda.
- (iii) Members of the public can ask questions. Written notice of questions must be given by 4.00 pm on the working day prior to the date of the meeting to the Committee Services Manager. At any one meeting no person/organisation may submit more than one question.
- (iv) One supplementary question (relating to the original question) may be asked by the questioner, which may or may not be answered at the meeting.
- (v) The Chair or proper officer may reject a question if it:-
  - Is not about a matter for which the local authority has a responsibility or which affects the Borough;
  - Is defamatory, frivolous, offensive, abusive or racist;
  - Is substantially the same as a question which has been put at a meeting of the Council in the past six months; or



- Requires the disclosure of confidential or exempt information.
- (vi) In the interests of natural justice, public questions cannot relate to a planning or licensing application or to any matter which is not dealt with in the public part of a meeting.
- (vii) The Chair will ask for people to indicate that they wish to ask a question.
- (viii) **PLEASE NOTE** that the maximum amount of time each questioner will be allowed is 3 minutes.
- (ix) If you do not receive a response at the meeting, a Council Officer will ask for your name and address and make sure that you receive a written response.

Please bear in mind that public question time lasts for a maximum of 30 minutes. To help in making the most of this opportunity to speak:-

- Please keep your questions as concise as possible.
- Please do not repeat or make statements on earlier questions as this reduces the time available for other issues to be raised.
- Please note public question time is not intended for debate – issues raised will be responded to either at the meeting or in writing at a later date.

#### 4.0 **POLICY IMPLICATIONS**

4.1 None identified.

#### 5.0 **FINANCIAL IMPLICATIONS**

5.1 None identified.

#### 6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

##### 6.1 **Improving Health, Promoting Wellbeing and Supporting Greater Independence**

None identified.

##### 6.2 **Building a Strong, Sustainable Local Economy**

None identified.

##### 6.3 **Supporting Children, Young People and Families**

None identified.

6.4 **Tackling Inequality and Helping Those Who Are Most In Need**

None identified.

6.5 **Working Towards a Greener Future**

None identified.

6.6 **Valuing and Appreciating Halton and Our Community**

None identified.

7.0 **RISK ANALYSIS**

7.1 None.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 None identified.

10.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF  
THE LOCAL GOVERNMENT ACT 1972**

10.1 None under the meaning of the Act.

**REPORT TO:** Health & Adult Social Care Policy and Performance Board

**DATE:** 10 February 2026

**REPORTING OFFICER:** Chief Executive

**SUBJECT:** Health and Wellbeing Minutes

**WARD(s):** Boroughwide

**1.0 PURPOSE OF REPORT**

- 1.1 The Minutes from the Health and Wellbeing Board's meeting held on 8 October 2025 are attached at Appendix 1 for information.

**2.0 RECOMMENDATION: That the Minutes be noted.**

**3.0 POLICY IMPLICATIONS**

- 3.1 None.

**4.0 OTHER IMPLICATIONS**

- 4.1 None.

**5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

- 5.1 **Improving Health, Promoting Wellbeing and Supporting Greater Independence**

None

- 5.2 **Building a Strong, Sustainable Local Economy**

None

- 5.3 **Supporting Children, Young People and Families**

None

- 5.4 **Tackling Inequality and Helping Those Who Are Most In Need**

None

- 5.5 **Working Towards a Greener Future**

None

**5.6 Valuing and Appreciating Halton and Our Community**

None

**6.0 RISK ANALYSIS**

6.1 None.

**7.0 EQUALITY AND DIVERSITY ISSUES**

7.1 None.

**8.0 CLIMATE CHANGE IMPLICATIONS**

8.1 None identified.

**9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE  
LOCAL GOVERNMENT ACT 1972**

9.1 There are no background papers under the meaning of the Act.

## HEALTH AND WELLBEING BOARD

*At a meeting of the Health and Wellbeing Board on Wednesday, 8 October 2025 at the DCBL Stadium, Widnes*

*Present:* Councillor Wright (Chair)  
 Councillor Ball  
 Councillor T. McInerney  
 Councillor Woolfall  
 J. Adamson – Halton Borough Council  
 K. Anderson – Public Health  
 K. Butler – Democratic Services  
 K. Graham – Halton Borough Council  
 C. Gregory – Public Health  
 M. Hancock – Public Health  
 I. Onyia - Public Health  
 T. McPhee - Mersey Care NHS Foundation Trust  
 A. Leo - Integrated Commissioning Board  
 L. Hughes - Healthwatch Halton  
 N. Khashu - Warrington & Halton NHS Trust and Bridgewater Community NHS Trust  
 D. Nolan - Adult Social Care  
 S. Patel - Local Pharmaceutical Committee  
 M. Roberts – NHS Cheshire & Merseyside  
 J. Sanderson - Integrated Commissioning Board  
 J. Wallis – Bridgewater Community Healthcare  
 D. Wilson – Healthwatch Halton  
 S. Yeoman - Halton & St Helens VCA

### Action

#### HWB11 APOLOGIES FOR ABSENCE

Apologies had been received from Wayne Longshaw – St. Helens & Knowsley Hospitals, David Wilson - St. Helens & Knowsley Hospitals and Lisa Windle – Halton Housing.

#### HWB12 MINUTES OF LAST MEETING

The Minutes of the meeting held on 9 July 2025 having been circulated were signed as a correct record.

#### HWB13 STRONGER FOR LONGER SERVICE

The Board considered a report which informed them about the launch of a new service called “Stronger for Longer”, which was aimed at supporting adults in Halton, over the age of 55.

The free 12-week programme combined services and community support to help participants stay mentally, socially, and physically active. It provided 1:1 support, early intervention, and a focus on prevention to help older adults improve their quality of life and maintain their independence. The report outlined how the programme was developed and how it differed from the previous 1:1 service.

Following a referral to the service, clients would undertake an initial assessment which would help identify the appropriate level of support needed and there were 3 different tiers:

- Tier 1 – Information and Advice
- Tier 2 – Practical Support
- Tier 3 – Coaching & Confidence-Building

Over the course of the programme, individuals would be reviewed with adjustments being made if necessary. Following completion of the course, clients would be re-assessed including the improvements that had been made to reduce their social isolation. The report included a case study which demonstrated an example of a success story.

To promote the new service, a launch event was held at the DCBL Stadium in July 2025 where information was available on how local groups and individuals could refer into the service. The event was attended by a range of organisations and services, which included representatives from Halton Borough Council, the NHS and the Third Sector.

**RESOLVED:** That the Board agree to promote the new service and identify partnership working opportunities to work with the older population of Halton.

#### HWB14 HEALTHWATCH HALTON ANNUAL REPORT 2024-25

The Board received the 2024-25 Annual Report for Healthwatch Halton which highlighted key activities, themes and impact from the past year.

During the past 12 months Healthwatch Halton had spoken to over 5,900 people and delivered 276 outreach sessions. It had supported more than 16,900 people through feedback collection and signposting, which included 15,104 who received tailored information and advice. 15 reports had been published on various matters, which included GP access, pharmacy services, care homes children's accident and emergency and community diagnostics. Healthwatch Halton had also targeted support

to the underserved communities such as LGBTQ+ residents, veterans, the homeless and those who were digitally excluded. Through their input, they had improved clearer signage and letters at Whiston Hospital, improved communication at Warrington Hospital and helped to provide additional staffing in the children's accident and emergency department.

Their statutory funding for 2024-25 from Halton Borough Council totalled £131,251 which was supplemented by additional income from Integrated Care Systems funding projects of £3,472.

The report also outlined the future priorities which included:

- Access to primary care;
- Women's health and maternity services; and
- Improving quality and dignity in care homes.

RESOLVED: That the Board:

- 1) receive the report; and
- 2) continues to support Healthwatch Halton in promoting patient voice and co-production across local health and care services.

The Board gave thanks to Healthwatch Halton and the valuable work they do to support residents of the Borough and help drive future improvements across health services.

#### HWB15 ONE HALTON NEIGHBOURHOOD PROGRAMME UPDATE

The Board received a report and accompanying presentation from the NHS Director – Halton which provided an update on the Neighbourhood Health Implementation Programme: Health and Social Care, and local development plans within Halton.

One Halton Partnership comprised a wide range of members, which included NHS bodies, local authority representatives from Children's Services, Adult Services and Public Health, and non-statutory bodies. The Partnership was the vehicle for delivery of national and local priorities and Halton's Joint Health and Wellbeing Strategy.

The Neighbourhood Health Model was intended to

join up services in the community in a more effective way, particularly for people with more complex health and care needs, helping children thrive and supporting adults to stay independent for longer, improve health and wellbeing, and reduce avoidable pressures on health, social care and other public services.

Neighbourhood Health had a 10 Year Health Plan priority and its ambition was to shift care from hospitals to community; move from analogue to digital; and sickness to prevention.

The presentation provided the latest overview of progress and outlined the work that had been undertaken with partners.

RESOLVED: That the report and presentation be noted.

#### HWB16 MODEL ICB UPDATE

The Board considered a report from the NHS Director – One Halton, which provided an update on the Model Integrated Care Board (ICB) Blueprint.

On 1 April 2025, Sir Jim Mackey, Chief Executive of NHS England, wrote to all ICB's and NHS Trusts to provide further detail on the Government's Reform Agenda for the NHS. The letter highlighted the significant progress made in planning for 2025/26 and outlined a move to a medium-term approach to planning, which would be shaped by a 10 year Health Plan and the outcome of the Spending Review.

In order to achieve the ambitions it was noted that:

- ICB's would need to reduce their management costs by an average of 50%;
- ICB's would need to commission and develop Neighbourhood Health Models; and
- NHS providers would need to reduce their corporate cost growth by 50% by quarter 3 of 2025/26, with the savings to be reinvested locally to enhance frontline services.

On 2 May 2025 the first draft Model ICB Blueprint was shared with all ICB's, which outlined the future role and functions of ICB's as strategic commissioners within the NHS. The Blueprint set out a number of expectations and in order to respond effectively, NHS Cheshire & Merseyside had identified a programme of work to help meet the



requirements of the document. They had also established a Transition Task and Finish Group to oversee the organisational change and duties transfer.

RESOLVED: That the report be noted.

#### HWB17 JOINT STRATEGIC NEEDS ASSESSMENT SUMMARY

Members of the Board considered a report from the Director of Public Health which provided an update on the Joint Strategic Needs Assessment (JSNA).

The Board were updated on the Joint Strategic Needs Assessment (JSNA) which analysed the health needs of the population to inform and guide commissioning of health, well-being and social care services within local authority areas. The JSNA underpinned the Health and Wellbeing Strategy and commissioning plans. The main goal of a JSNA was to assess the health needs of a local population in order to improve the physical and mental health and wellbeing of individuals and communities.

Since the first executive summary of the JSNA in 2012, the approach had continued to receive good feedback from various partnerships and stakeholders. As a consequence, the revised annual summary had used broadly the same approach to provide updated data and information since the previous version.

The report set out the key changes since the previous summary and the developments for the JSNA during 2025/26. It was noted that the process for agreeing and developing a work plan for the remainder of 2024/25 and into 2025/26 would be managed in collaboration with key stakeholders and members of the Health and Wellbeing Board.

Healthwatch Halton suggested that it would have been useful to include some real life experiences, however, the statistics were very helpful. It was confirmed that although the voices of local people were always explored when the full JSNA document was produced, consideration would be given to including them in future summaries.

Members of the Board were encouraged to share the JSNA within their respective teams.

RESOLVED: That the report be noted and the draft summary document be approved for publication.

#### HWB18 HALTON CARE HOME DEVELOPMENT GROUP

The Board considered a report which provided an update on the work and progress of the Halton Care Home Development Group over the past 18 months. It also provided an overview of forthcoming plans.

The Care Home Development Group was established to promote a collaborative, system-wide approach to enhance the care and support provided to care home residents across Halton. The groups focus was to improve standards, outcomes and experiences within the sector.

The report described the key initiatives and developments which were overseen by the group. The aim of the initiatives were to support care home staff to improve the health and wellbeing of residents.

It was noted that Millbrow Care Home received a “Good” CQC rating in the Summer and a case study outlining the journey undertaken in order to achieve this result was attached as an appendix to the report. A presentation with further examples was also delivered to the Board.

RESOLVED: That the report be noted.

#### HWB19 END OF LIFE

The Board received a report which provided an overview on the continued work regarding End of Life (EOL) services in Halton.

Halton was currently the worst performing area within Cheshire and Merseyside for EOL services. Under the direction of the One Halton Ageing Well Delivery Group, several projects were underway to develop an EOL system and meet NHS England targets relating to advance care planning, Gold Standards Framework meetings and cardiopulmonary resuscitation (CPR) decisions. A wide variety of stakeholders participate in the projects, including GP's, Hospital Trusts, Community Services, Halton Borough Council and representatives from the Voluntary, Community, Faith and Social Enterprise Sector.

In 2024, a Locality Group completed the “Getting to outstanding” self-assessment toolkit and the findings informed the Palliative and End of Life Care Local Improvement Plan for Halton.

The report also outlined a number of areas of focus for 2025-26 and these were set out in section 3.4 of the report. Engagement work had been undertaken with “Dying Matters” to try and change people’s opinions on death and dying and encourage them to talk to family and friends about their wishes. It was agreed that although this might be sensitive subject, it was an important matter and therefore it was suggested that a NHS marketing campaign would be helpful to get the message out to encourage people to start talking about it.

There was also some discussion regarding recent changes regarding “do not resuscitate” (DNR) orders. Key changes included making it mandatory for healthcare professionals to have honest and timely conversations with patients, improved documentation of decisions, and to ensure that policies were understood across all settings. The goal was to empower patients and their families to make informed choices about their care in difficult conversations.

RESOLVED: That the report be noted.

#### HWB20 BETTER CARE FUND PLAN 2025/26 - QUARTER 1 UPDATE

The Board received a report from the Executive Director – Adult Services, which provided an update on the Quarter 1 Better Care Fund (BCF) Plan 2025/26, following its submission to the National Better Care Fund Team.

In line with the national requirements, the quarter 1 report focussed on reporting on the spend and activity funded via the discharge funding allocated to the local authority and NHS Cheshire and Merseyside (Halton Place).

The Board noted that the schemes funded via the discharge funding were:

- Oakmeadow Intermediate Care Beds;
- Reablement Service;
- Halton Intermediate Care and Frailty Services; and
- Halton Integrated Community Equipment Service.

RESOLVED: The Board note the report.

*Meeting ended at 4.00 p.m.*

**REPORT TO:** Health and Social Care Policy and Performance Board

**DATE:** 10<sup>th</sup> February 2026

**REPORTING OFFICER:** Lucy Gardner, Chief Strategy and Partnerships Officer (WHH)

**PORTFOLIO:** Health and Wellbeing

**SUBJECT:** Warrington and Halton teaching Hospitals NHSFT (WHH) and Bridgewater Community Healthcare NHS FT (Bridgewater) Integration Update

**WARD(S):** Borough wide

**1.0 PURPOSE OF THE REPORT**

- 1.1 The attached presentation provides an update on the integration of WHH and Bridgewater.

**2.0 RECOMMENDATION: That the Board**

- 1) Note the contents of the report, business case and associated presentation.

**3.0 POLICY IMPLICATIONS**

- 3.1 There are currently no policy implications for Halton Borough Council directly related to the integration of WHH and Bridgewater.

**4.0 FINANCIAL IMPLICATIONS**

- 4.1 There are currently no financial implications for Halton Borough Council directly related to the integration of WHH and BCH. The integration is essential to enabling the delivery of financially sustainable healthcare services for the Borough and financial benefits are detailed in the attached presentation.

**5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

- 5.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence

Our integration supports delivery of this priority, as described in detail in the full business case.

- 5.2 Building a Strong, Sustainable Local Economy

Our integration enables delivery of sustainable healthcare services in Warrington and Halton.

5.3 Supporting Children, Young People and Families

Our integration supports delivery of this priority, as described in detail in the full business case.

5.4 Tackling Inequality and Helping Those Who Are Most In Need

Our integration supports delivery of this priority, as described in detail in the full business case.

5.5 Working Towards a Greener Future

Our integration supports delivery of this priority.

5.6 Valuing and Appreciating Halton and Our Community

Our integration supports delivery of this priority.

6.0 **RISK ANALYSIS**

6.1 The benefits of our integration far outweigh the risks, both are described in detail in the full business case.

7.0 **EQUALITY AND DIVERSITY ISSUES**

7.1 A full Equality Impact Assessment has been completed.

8.0 **CLIMATE CHANGE IMPLICATIONS**

8.1 A document assessing climate change implications has been completed and submitted to NHSE. There are no negative implications.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

9.1 None under the meaning of the Act.



# Full Business Case

**Better Care Together**

Home · Community · Hospital

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## 1.0 Foreword

Warrington and Halton Teaching Hospitals NHS Foundation Trust (WHH) and Bridgewater Community Healthcare NHS Foundation Trust (BCH) have long shared a commitment to delivering outstanding care for the communities of Warrington, Halton, and beyond.

As two organisations providing services across different parts of local patient pathways, we recognise that by coming together we can deliver even greater benefits for our patients, our people and our system partners.

Since 1 November 2024 we have taken significant steps towards closer collaboration, including the appointment of a joint chief executive and the establishment of joint governance arrangements. These include combined executive team and Board development meetings, alongside a dedicated integration steering group with representation from both Trusts and our system partners. These foundations have already enabled us to explore new opportunities to improve the quality, experience and sustainability of care.

This programme of integration is not simply about reducing duplication or addressing financial challenge, it is about transforming how we deliver healthcare for the future. By uniting acute, secondary, and community care into a single organisation, we can better respond to the evolving needs of our population and provide care that is truly centred on patients rather than organisational boundaries.

Our shared vision aligns closely with national priorities, including the government's 10 Year Health Plan for England to reshape the health service through integrated and patient-focused care. Together we are committed to tackling health inequalities, supporting older and frail people in the community, preventing avoidable hospital admissions, and accelerating safe and effective discharge. Above all, we aim to make the best use of our shared resources to deliver the highest standards of care.

A formal integration of WHH and BCH represents the next pivotal step in our journey. By bringing our organisations together as a single unified trust, we will be able to harness our combined expertise, strengthen our resilience and enhance our ability to provide safe, effective and compassionate care. This will create a stronger platform for innovation, integration and improvement, benefiting both our patients and our staff.

As we move forward our focus will remain on our communities, maintaining trust, communicating openly and working collaboratively to shape the next chapter in local healthcare. With strong foundations already in place through shared leadership and a united purpose, we are confident that we can move quickly to realise our vision: to create a new organisation that is greater than the sum of its parts.



**Steve McGuirk**

Chair of WHH



**Martyn Taylor**

Chair of BCH



**Nikhil Khashu**

Joint CEO of BCH and WHH



## 2.0 Executive summary

### 2.1 Our organisations

Warrington and Halton Teaching Hospitals NHS Foundation Trust (WHH) and Bridgewater Community Healthcare NHS Foundation Trust (BCH) provide healthcare services to broadly the same population of 340,000 people in Warrington and Halton, and to a lesser extent, the surrounding areas.

Each organisation specialises in different parts of the clinical pathway, with WHH predominantly delivering acute and elective hospital-based services and BCH predominantly delivering community and domiciliary services.

Both trusts have underlying financial deficits and face increasing challenges relating to their ability to meet ever-growing demand and remain financially sustainable. The underlying deficit for financial year 2025/26 of WHH and BCH combined stands at an estimated £48.3m.

From the recent NHS oversight framework data, WHH has been placed in segment 4 of 5 in terms of overall performance and support needs, with BCH in segment 3. Both trusts currently perform well against numerous patient safety metrics. However, they have key challenges relating to access to services, performing poorly in terms of the number of people waiting more than 52 weeks for some services. WHH's performance relating to waiting times in the Emergency Department (ED) is currently amongst the worst in the country.

### 2.2 Background and history to the planned integration

The work to explore the integration of WHH and BCH dates back to 2018 and in February 2020, both trusts formally communicated their intent to integrate to NHS England. Within weeks of that decision, the COVID-19 outbreak impacted and discussions around integration ceased while both providers focused on the requirements of maintaining their own services through the pandemic.

Five years on, and all of the reasons why integrating the two partner organisations made sense in 2020, still apply. Therefore, the plans to bring together the two organisations have been reinvigorated and accelerated, supported by the NHS Cheshire and Merseyside Integrated Care Board.

### 2.3 Strategic rationale

The strategic case for integration is clear. The combined organisation will help address health inequalities, strengthen clinical sustainability, enhance patient experience and improve financial performance.

Both Warrington and Halton record ever-growing demand for services, static healthy life expectancy figures, an ageing population – often with multiple, complex and non-health related challenges, and system-wide inefficiencies. In order to tackle these challenges, the future will require unified leadership, a single, transformational vision for the future and an ability to deliver large-scale change at pace. Integration will deliver a single, resilient healthcare organisation capable of meeting both current and future population health needs.

Strategic direction locally, regionally and nationally (NHS 10 Year Health Plan) focuses on a 'left shift' of care out of hospital into community and from ill-health to prevention as a way to

manage future demand. The integration of WHH and BCH creates the perfect platform to make the required transformation of services happen.

## 2.4 Options appraisal

Following a robust appraisal process, the acquisition of BCH by WHH was approved as the most suitable and appropriate legal mechanism for integration. The acquisition of BCH was selected due to its lower risk, value for money and ability to deliver greater patient and staff benefits sooner.

## 2.5 Programme delivery and programme management

The trusts have established a detailed and wide-reaching programme of work to drive delivery and governance of the integration. The programme is entitled 'Better Care Together' and consists of 10 core workstreams, each with exec-level leadership and programme support.

The programme has been split into three phases:

- Phase one focuses on completing the legal transaction and setting up the critical infrastructure to ensure day one (1 April 2026) delivery and commence the integration of leadership, corporate services and some clinical support functions.
- Phase two (April 2026 to March 2027) focuses on embedding initial infrastructure changes and driving early benefits whilst commencing work on the longer-term clinical integration and priority services.
- Phase three (April 2027 onwards) will see the transformation of remaining clinical services and the shift towards a new model of care.

The three phased approach will help us to move at pace whilst keeping additional costs and disruption to clinical services to a minimum. The trusts have redirected significant internal resources to support delivery of the integration programme across its duration. Those resources will be deployed flexibly to ensure that priority workstreams are supported appropriately and at the right times.

## 2.6 Vision and strategies for integrated trust

Our vision for integration is to create a new single organisation which is greater than the sum of its parts, anchored with a core principle of **'Home first, community next and only then hospital'**.

Throughout the initial phases of the programme, we will develop a series of formal and connected strategy documents to help define our future clinical and operational model. Those documents will describe how the future model will meet the needs of our local populations and help address the strategic challenges we face now and in the future.

## 2.7 Organisation design

Plans are in place for a single Board to lead the integrated organisation, supported by elected governors and underpinned by a renewed trust constitution. Board committee structures and quality, financial, and people governance structures are detailed within the FBC to ensure robust governance from day one and beyond.

Draft transitional structures – effective from 1 April 2026 – have been developed for all teams, including clinical and corporate. These support the formal consultation around TUPE and organisational change, which commenced in November 2025.

## **2.8 Clinical model**

The future clinical model of the integrated organisation will be shaped in line with national and local strategic direction and developed in full collaboration with local and regional partners. It will be clearly defined in a new clinical strategy to be published by the end of 2026. The clinical model will build on strong existing foundations of collaboration between the two organisations and a commitment to transforming clinical pathways and promoting localised, data-led health and wellbeing care.

Seven clinical priorities have been identified from initial engagement. These will form the basis of the initial integration work focused on clinical service redesign and improvement for patients. The service level clinical strategy and transformation will align to the core principle of 'Home first, community next and only then hospital'.

## **2.9 Corporate support functions**

The most significant financial improvement opportunity that can be unlocked through integration is linked to corporate services. National benchmarking clearly demonstrates short-term benefits can be delivered through integration, unlocking improved economies of scale.

Our corporate services will come together from day one and draft transitional structures have been developed for consultation. Corporate teams have been working closely together, starting to align internal processes and streamline activities to make the transition as smooth as possible from day one.

## **2.10 Expected benefits and quality impact**

There are a number of key areas that together, summarise the benefits of the integration to our patients and communities; a fundamental shift in care - Home first, community next and hospital only when needed, data-led local approaches to service design and delivery, streamlined clinical pathways, removal of organisational barriers, better use of resources, strengthening fragile services, and enhanced public and patient involvement.

## **2.11 Financial case**

The combined planned deficit for the two organisations at the start of 2025-26 prior to in year savings and deficit support funding stood at £72m. The combined underlying deficit of the trusts is estimated to be £48.3m.

Recent historic financial performance illustrates a worsening financial position, largely in response to growing demand for services and a need to increase capacity to meet it. The integration programme presents financial improvement opportunities totalling up to £33m (both direct and indirect opportunities) and is therefore a fundamental part of the journey towards longer-term financial sustainability.

The estimated additional costs of the integration stand at around £1.1m, demonstrating the value in bringing the organisations together and the urgency to make this happen as quickly as possible.

## **2.12 Inequalities**

Warrington and Halton have high levels of inequality across the populations, including significant variation in life expectancy and healthy life expectancy within each borough.

By aligning community and acute services, the new organisation will target the root causes of inequality, deliver prevention-focused care, and strengthen partnerships with local authorities, primary care and the voluntary sector to close health gaps across populations.

The integration between WHH and BCH creates opportunities for the development of seamless care pathways across hospital and community settings, with multidisciplinary teams delivering wraparound support closer to home, contributing to the development of neighbourhood health.

Increased collaboration with other local partners from across the sectors also creates opportunities to tackle the wider determinants of health that can help make a long-term and sustainable improvement in health outcomes and demand for statutory services.

## **2.13 Communications and engagement**

Our new organisation will be known as North Cheshire and Mersey NHS Foundation Trust. We have commenced a large-scale programme of engagement with staff, patients, local stakeholders and the wider public around a number of elements of our approach to the integration. This will set the tone for how we aim to continue over the coming years as we bring the two organisations together.

We have support for the integration from our local MPs, NHS Cheshire and Merseyside ICB, both local authorities, GPs, voluntary sector partners and NHS England.

## **2.14 People Strategy**

Between us, the two organisations employ more than 6,700 staff from over 80 different nationalities. The vast majority of our staff are also Warrington and Halton residents. The success of our integrated trust is important to them on many levels.

Our teams tell us that working closely together has already provided advancements in service delivery, and the energy and commitment to take the opportunity to make things better is tangible and a source of optimism.

We have already developed a joint culture plan and consulted with staff around our core trust values that we commit to keeping at the heart of our work as we progress.

## **2.15 Digital Strategy**

Nationally, the NHS 10 Year Health plan sets out an ambition to shift care away from traditional analogue systems and processes and towards digitally enabled care. In order to maximise the benefits available to us through the integration, and truly seize the opportunity to transform services, digital services must be central to our ambitions.

We have set out a roadmap for the integration of our digital systems, including short-term interoperability of our EPR systems and a longer-term plan to move to a single EPR to support our clinical and operational vision.

## **2.16 Estates Strategy**

Across both organisations our staff currently operate from approximately 98 sites within Warrington, Halton, Knowsley, St Helens and Greater Manchester. The quality of the estate varies greatly, creating variation in terms of staff and patient experience and financial efficiency.

The development of a new Clinical Strategy and the future vision for more services in community creates a platform for a transformational approach to the use of estate.

A new Estates Strategy will be developed to support the organisation's strategic long-term ambition to deliver more care locally and redevelop/modernise the acute hospital sites to enable the delivery of 21<sup>st</sup> century healthcare that meets the growing demands of our local population. It will be developed in collaboration with local partners and align to national and regional estates priorities.

## **2.17 Risks**

The individual workstreams within the Better Care Together programme capture and record all operational and strategic programme-related risks. Robust governance is in place to ensure that programme risks feed into the existing organisational risk management processes within BCH and WHH.

Alongside this, appropriate and detailed due diligence has helped us to improve visibility of some of the key risks, issues and challenges associated with the acquisition. We have clarity around the most significant risks, and we have plans in place to mitigate and manage these as we progress through each phase of the integration programme, including those risks that are critical to manage as part of ensuring a successful day one.

## **2.18 Conclusion**

The integration of BCH and WHH is essential to enable us to provide the seamless care our growing populations need and deserve. Joining together to form a single organisation allows us to deliver the left shift of care described in the national 10 Year Health Plan, as well as ensuring our services are clinically and financially sustainable for the future.

Put simply we will provide Better Care Together, for our patients, our staff and our partners and communities.

### 3.0 Our organisations

This section provides an overview of Warrington and Halton Teaching Hospitals NHS Foundation Trust (WHH) and Bridgewater Community Healthcare NHS Foundation Trust (BCH), highlighting their shared purpose, complementary service portfolios and collective commitment to improving health outcomes across Warrington, Halton and neighbouring communities.

It describes how both organisations serve broadly the same population footprint through acute, community and specialist care, with WHH delivering mainly hospital-based services and BCH providing mainly community and dental care closer to home.

The section also sets out some of each organisation's key performance, workforce, estate, and service data to establish a clear baseline for integration. These details demonstrate the foundations upon which a single, integrated provider can build to deliver seamless, person-centred care, improve efficiency and equity of access, and create a sustainable model of care for the future.

**Key message:** Together, WHH and BCH represent a complementary partnership built on shared purpose and proven collaboration. Each organisation brings distinct expertise, WHH in acute and elective care, BCH in community and out-of-hospital services, creating a fully integrated care offer aligned with the 10 Year Health Plan's vision of prevention, digital transformation, and care closer to home.

This integration is a natural progression of our joint commitment to quality, efficiency, and equity of care across our shared populations.

#### 3.1 Warrington and Halton Teaching Hospitals NHS Foundation Trust (WHH)

WHH comprises three hospital facilities delivering secondary care and acute services across two main sites in the boroughs of Warrington and Halton. It also provides a range of services across more than 30 community locations.

The Warrington Hospital site provides emergency care, general medicine, intensive and high dependency care, surgery, cardiac care, stroke care, cancer care, maternity, paediatrics, and support services like physiotherapy, pathology and pharmacy.

The Halton Hospital site in Runcorn specialises in elective and diagnostic care. It includes the Captain Sir Tom Moore Building and Nightingale Building, offering services including general surgery, urology, orthopaedics, endoscopy, cancer care and a broad range of outpatient clinics. The site is also home to the Delamere Macmillan Unit, Halton Clinical Research Unit, two phases of the Community Diagnostic Centre and Runcorn Urgent Treatment Centre.

All three facilities across the two main sites offer outpatient clinics and diagnostic services in a range of settings to ensure patients can access care close to home. In addition to hospitals, community hubs and mobile facilities, the trust also offers virtual options to improve access to quality care and reduce health inequalities.

WHH is rated 'Good' by the Care Quality Commission, and its workforce of nearly 5,000 staff comprises 80 different nationalities. The organisation's turnover in 2024-25 was £392m. Across 2024-25 the trust<sup>1</sup>:

- delivered 2,473 babies in hospital and in the community
- delivered 59,474 procedures and inpatient stays
- delivered 109,928 individual new outpatient appointments each year (face-to-face and telephone)
- operated 744 beds – assessment beds and trolleys – across both sites
- provided 144,951 episodes of emergency care – 84,816 episodes at the Emergency Department (ED), 22,842 at Warrington Same Day Emergency Care (SDEC) facility, and 37,293 at the Runcorn Urgent Treatment Centre (UTC)

## 3.2 Bridgewater Community Healthcare NHS Foundation Trust (BCH)

BCH provides community adult and children's nursing and therapy services in Halton and Warrington. It also provides specialised community dental services reaching more than 18,500 people across Cheshire, Merseyside and Greater Manchester. These services fall outside the two main boroughs but remain an important part of the partnership landscape, requiring close collaboration with local authorities, primary care networks, NHS providers and voluntary and community sector organisations. This wider footprint provides opportunities for shared learning and consistency in service delivery across localities, while ensuring that care is aligned with the priorities of each local Place.

As a dedicated provider of community services, the current trust strategy is to bring more care closer to home. Most services are delivered in patients' homes or from more than 60 community locations including health centres, GP practices, community centres and schools.

BCH employs approximately 1,700 people and has more than 100 apprentices working within its clinical and corporate teams.

The trust is rated 'requires improvement' by the Care Quality Commission and its turnover in 2024-25 was £108m. Across 2024-25 the trust<sup>2</sup>:

- administered 37,171 vaccinations to 32,045 children in schools and communities across Warrington and Halton
- delivered 201,410 district nursing care contacts in community across Warrington and Halton
- delivered 12,166 community matron care contacts in community across Warrington and Halton
- delivered 30,030 district nursing treatment room care contacts across Warrington and Halton
- provided 39,074 same day urgent care contacts at Widnes Urgent Treatment centre (unplanned activity only)
- delivered 40,917 dental appointments across Greater Manchester, and Cheshire and Merseyside

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<sup>1</sup> Warrington and Halton Hospitals NHS Foundation Trust (2025) *Annual Report and Accounts 2024–25*. Available at: <https://www.whh.nhs.uk/media/b12hznuj/whh-annual-report-and-accounts-2024-25.pdf>

<sup>2</sup> Info sourced from BCH data warehouse



### 3.3 NHS oversight framework and current performance

The recent publication of trust league tables (September 2025)<sup>3</sup> following the launch of the new NHS oversight framework shows that WHH lies 118th out of 134 acute and specialist trusts in England. BCH is listed as 39th out of 61 non-specialist trusts.

WHH is in segment 4 of 5 in terms of overall performance and support needs, with BCH in segment 3.

Both organisations currently perform well against numerous patient safety metrics, as well as the metric assessing financial variance to agreed plans. However, they have key challenges relating to access to services, performing poorly in terms of the number of people waiting more than 52 weeks for some services. WHH's performance relating to waiting times in the Emergency Department (ED) is currently amongst the worst in the country.

The trusts also have challenges relating to longer term financial sustainability. The underlying deficit for the financial year 2025-26 of both WHH and BCH combined stands at £48.3m.

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<sup>3</sup> NHS England (2025) *Acute Trust league table*. Available at: <https://www.england.nhs.uk/long-read/acute-trust-league-table/>



## 4.0 Background and history to the planned integration

This section outlines the journey that has led to the proposed acquisition of BCH by WHH, tracing the evolution of partnership working through the Better Care Together programme.

It highlights the shared challenges of fragmented care, workforce pressures and financial constraints that prompted greater collaboration between the trusts, alongside system drivers from the Cheshire and Merseyside Integrated Care System (ICS).

The section summarises how both Boards, supported by NHS England, have worked together to develop a structured, transparent and evidence-based case for integration. It demonstrates how early joint governance, shared leadership and collaborative service redesign have already improved outcomes and operational efficiency, providing proof of concept for a fully integrated model of care.

**Key message:** The proposed integration is the product of deliberate, incremental collaboration, not a reactive acquisition. Since 2023, both organisations have demonstrated a sustained commitment to collective problem-solving.

The integration represents the next logical step to achieve sustainable, system-wide benefits, aligned with national policy and the Cheshire and Merseyside ICS strategy.

### 4.1 Options for integration with other local partners

In November 2018, WHH and BCH entered into a Memorandum of Understanding (MoU). The MoU established a shared commitment to explore and implement opportunities for collaboration with the aim of enhancing service delivery, achieving mutual efficiency and effectiveness, and supporting the long-term sustainability of services. The MoU formalised the joint working that had already commenced between the two organisations.

At that time, both trusts had also considered the potential for merger or integration with other local acute and community providers.

#### 4.1.1 BCH options

BCH had previously explored partnering with North West Boroughs Healthcare NHS FT (NWBH). The option was ultimately deemed not to deliver the same level of benefits to patients, staff and system financial recovery as the option to integrate with WHH. It was also felt that the option would be harder to deliver for a number of reasons, including:

- NWBH and BCH would have a prohibitively large, shared footprint
- NWBH had recently indicated its intention to be acquired by Mersey Care NHSFT
- a transaction between NWBH and BCH would not create opportunities to shift more acute care into the community and improve transition between hospital and community care, enabling more people to stay in the community and their homes for longer
- a transaction between NWBH and BCH would not help to address clinical and financial sustainability challenges faced by WHH

BCH did not consider partnering with other community service providers at that time, given the geographical constraints it would bring. BCH Board's view was that a formal transaction with NWBH, and therefore given the timing of the discussion, also with Mersey Care, would create an organisation with too large a geographical span. This would make it difficult and costly to ensure both strong quality governance and effective leadership to multiple place-

based services and would not realise the benefits required to offset the costs and disruption caused by an integration programme.

Furthermore, the Warrington population at the time was the fastest growing in Cheshire and Merseyside. A transaction with an organisation outside of Warrington would have potentially posed a risk to ensuring that the needs of the growing Warrington population were appropriately prioritised. The chairs and CEOs of BCH and NWBH met in December 2018 to discuss the option of the trusts formally collaborating, following which the BCH Board agreed it was not the preferred option. This was also reflected in NWBH's options appraisal completed as part of the process of them approaching NHSE/I to describe their intention to be acquired by Mersey Care.

#### 4.1.2 WHH options

Prior to November 2018, WHH had worked closely with St Helens and Knowsley Teaching Hospitals NHS Trust (STHK)<sup>4</sup> and had successfully implemented a number of changes to enable sustainability of acute services. These included a new stroke pathway and joint on-call rotas for some smaller surgical specialties. However, a formal transaction between the two organisations was not considered a preferred option at that time for a number of reasons, including:

- learning and experience from previous transactions and national benchmarking, at that time, suggested that horizontal integration between large acute hospital trusts were likely to create further complexity rather than remedying it. However, there was evidence to suggest that there may be a role for vertical integration developing more coherent organisations<sup>5</sup>
- a formal transaction between STHK and WHH would not help to address the opportunities to shift care into the community and improve transition between hospital and community care
- the Warrington population was the fastest growing in Cheshire and Merseyside and again, integration with an organisation operating outside that area created a risk around WHH's ability to deliver on the specific needs of the local Warrington population
- a transaction between STHK and WHH would not help to address the clinical and financial sustainability challenges faced by BCH at that time

#### 4.2 Initial proposal for integration of WHH and BCH in 2019

Following careful assessment, it was concluded that all other alternative integration options for both WHH and BCH would not deliver the same level of benefits for the organisations themselves or for the local populations they served.

Subsequently, a structured programme of work to start to bring the organisations together was developed and progressed through a series of joint executive team meetings. In parallel, both organisations held a number of Board-to-Board meetings and established a committee in common to consider the range of collaboration and transaction options available.

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<sup>4</sup> The organisation is now known as Mersey and West Lancashire Teaching Hospitals NHS Trust following a recent merger between STHK and Southport and Ormskirk NHS Trust.

<sup>5</sup> The King's Fund (2015) *Foundation trust and NHS trust mergers: 2010 – 2015*. Available at: <https://www.kingsfund.org.uk/insight-and-analysis/reports/foundation-trust-nhs-trust-mergers>

In November 2019, a comprehensive options appraisal was presented and scrutinised at a Board-to-Board meeting. Following this appraisal, both Boards resolved in January 2020 that the preferred course of action was for WHH to acquire BCH. This decision was formally communicated to NHS England/NHS Improvement in February 2020 through a joint letter of intent.

The trusts commenced on a programme to recruit joint executive positions with the appointment of WHH's chief people officer into a joint role covering BCH between January 2019 and March 2020.

The full transaction was originally scheduled for completion in June 2021. However, the process was subsequently stopped as a direct result of the global COVID-19 pandemic and both organisations returned to focus on delivery of services as individual providers.

### **4.3 Revisiting previous plans**

Five years later and a number of the sustainability challenges faced by WHH and BCH remain unresolved, demand for services across both providers has increased significantly, and the financial climate has grown ever more challenging. These circumstances have re-invigorated discussions between the WHH and BCH Boards about the possibility of integrating the two organisations.

The planned financial deficit for 2025-26 for the whole of Cheshire and Merseyside is £178.3m (before deficit support funding). This challenging financial situation has led to a number of detailed financial reviews across the ICS to explore financial improvement opportunities. Alongside this, the publication of trust league tables driven by the new NHS England oversight framework highlights the urgent need for performance improvement across both WHH and BCH.

Subsequently these factors have led to a direct request from the ICS for the two organisations to revisit the proposed integration plan, and if still feasible, explore how to make it happen as quickly as possible to drive required improvement.

## 5.0 Strategic rationale

The strategic rationale sets out the case for why integration is the only sustainable and logical next step for both organisations. It positions the proposal within the context of the national 10 Year Health Plan and the priorities of Cheshire and Merseyside ICS.

The section articulates the strategic need for integration, grounded in local population health need, financial and workforce sustainability, and alignment with regional and national NHS priorities; prevention, digital innovation, and out-of-hospital care. It identifies the challenges faced by both organisations independently, including fragmented pathways, duplicated support services and rising demand, and sets out how integration offers a viable, forward-looking solution.

**Key message:** The strategic case for integration is clear. This section explains how the combined organisation will address health inequalities, strengthen clinical sustainability, enhance patient experience and improve financial performance.

It highlights the growing demand for services, an ageing population, and system-wide inefficiencies that require unified leadership and delivery and ensuring both trusts remain sustainable contributors to the Cheshire and Merseyside system.

Ultimately, it establishes how integration will deliver a single, resilient healthcare organisation capable of meeting both current and future population health needs.

### 5.1 Our places

#### 5.1.1 Warrington

Warrington is a large town and unitary authority area in Cheshire, England, situated on the banks of the River Mersey. Historically part of Lancashire, it became a significant industrial centre during the industrial revolution, known for its traditional industries including wire, textiles and brewing.

Today, Warrington is one of the fastest growing towns in the UK and has a diverse economy with strengths in logistics, advanced manufacturing and retail, all benefiting from its strategic location at the intersection of major motorways and railways. It serves as a key regional hub with a vibrant town centre, numerous business parks and a growing population, making it an important economic and residential area in the north west.

The population of Warrington is currently around 210,900<sup>6</sup>.

#### 5.1.2 Halton

Halton is a unitary authority and borough in Cheshire, England, comprising the towns of Runcorn and Widnes, along with several smaller parishes. Situated on either side of the River Mersey, it is perhaps best known for its industrial heritage – particularly in chemicals and engineering – and its iconic bridges including the Silver Jubilee Bridge and the more recent Mersey Gateway, which significantly improved regional connectivity.

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<sup>6</sup> Office for National Statistics (ONS) (2022) *Population and household estimates, England and Wales: Census 2021*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationandhouseholdestimatesenglandandwalescensus2021>

Historically rooted in the ancient Barony of Halton, the area has transformed from industrial centres to a diversified economy with a focus on logistics, science and manufacturing, while also offering cultural attractions and green spaces. Since 2014 Halton has been part of the Liverpool City Region Combined Authority, playing a role in the wider regional development.

The population of Halton is currently around 128,200<sup>7</sup>.

### 5.1.3 Regional differences and potential impact of devolution

Halton lies within the Liverpool City Region (LCR). Warrington sits outside of LCR and is preparing to join the Cheshire and Warrington Mayoral Combined Authority. Funding flows are different across each Place. Areas within LCR have access to devolved funding and regional initiatives that support health equity, digital inclusion, transport and access, and economic growth.

Both WHH and BCH are often required to navigate multiple commissioning geographies to secure funding to ensure consistent, equitable service delivery across both Places. This can occasionally lead to differences in service provision.

## 5.2 Local life expectancy and health inequalities

### 5.2.1 Life expectancy

Average life expectancy at birth for a female born in Warrington is 82 years, and for a male is 79 years. These figures are comparable to national averages.

Average life expectancy at birth for a female born in Halton is 81 years, and for a male is 78 years. These figures are below the national averages.

### 5.2.2 Health inequalities

Whilst overall life expectancy in Warrington may be close to national averages, there is significant variation in life expectancy within the borough itself. For example, a male born in the Latchford East ward would be expected to live up to ten years less than a male born in the Grappenhall ward. Latchford East and Grappenhall are separated only by the width of the Manchester Ship Canal.

There is a similar picture in Halton, where a male born in the Halton Lea ward would be expected to live 10 years less than a male born in Daresbury, Moore, or Sandymoor wards.

The wide variation in life expectancy across the two boroughs links strongly to levels of deprivation.

As of 2019, Warrington was considered the 148th most deprived of 317 local authorities in England<sup>8</sup>. In general, the more deprived areas lie in the central parts of Warrington, and the less deprived areas lie in the outer parts, particularly in the wards south of the canal.

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<sup>7</sup> ONS (2022) *Population and household estimates, England and Wales: Census 2021*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationandhouseholdestimatesenglandandwalescensus2021>

<sup>8</sup> Warrington Borough Council (2021) *Borough profile 2021 Warrington*. Available at: [https://www.warrington.gov.uk/sites/default/files/2021-04/warrington\\_borough\\_profile\\_2021.pdf](https://www.warrington.gov.uk/sites/default/files/2021-04/warrington_borough_profile_2021.pdf)

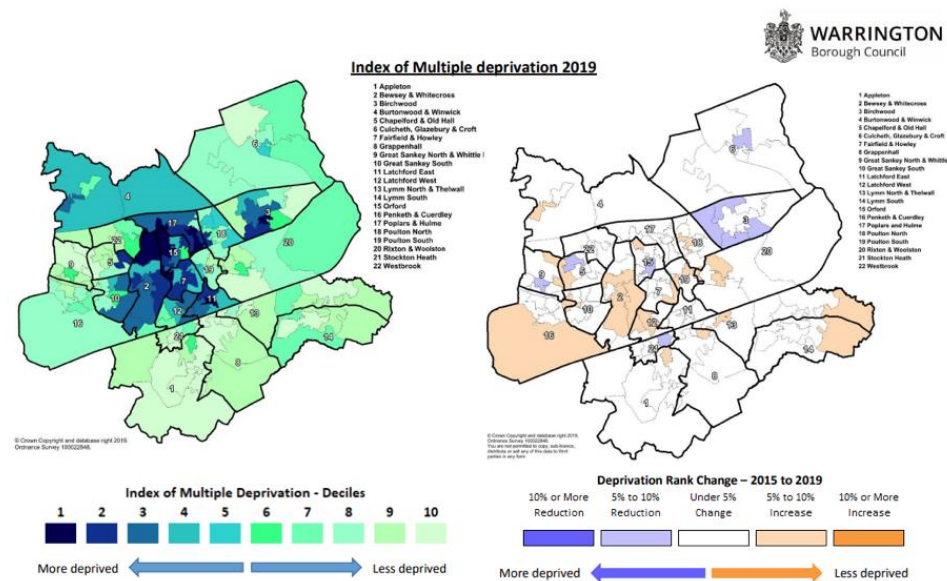


Figure 1: Map of deprivation within Warrington, WBC, 2019

Five wards within Warrington were amongst the 20% most deprived in England, equating to more than 35,000 residents or 17% of Warrington's population. It is these wards that also record many of the poorest health outcomes and therefore the lowest levels of life expectancy.

Warrington is less ethnically diverse than England as a whole, with a larger proportion of residents identifying as 'white' than England or the north west<sup>9</sup>. Levels of ethnic diversity in the town are also greater in the central, most deprived wards. Therefore, recorded inequalities linked to geography also correlate with inequalities in ethnic backgrounds.

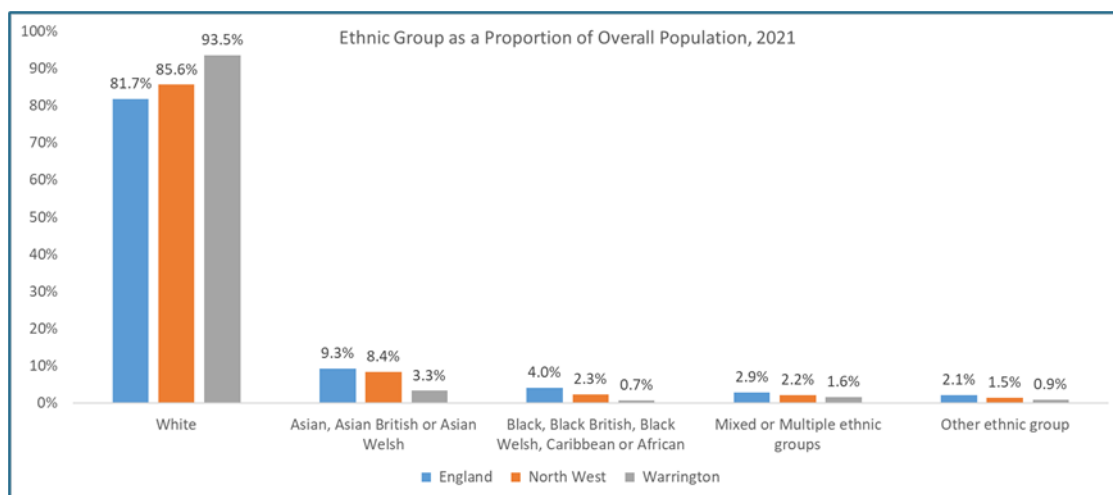


Figure 2: Ethnic group identification for Warrington as per 2021 census

Again, the picture is similar in Halton where the more deprived areas lie in the central parts of both towns of Widnes and Runcorn, and the less deprived areas lie in the outer parts.

<sup>9</sup> Warrington Borough Council (2025) *Warrington population - facts and figures 2025*. Available at: <https://www.warrington.gov.uk/sites/default/files/2025-03/Warrington%20population%202025.pdf>



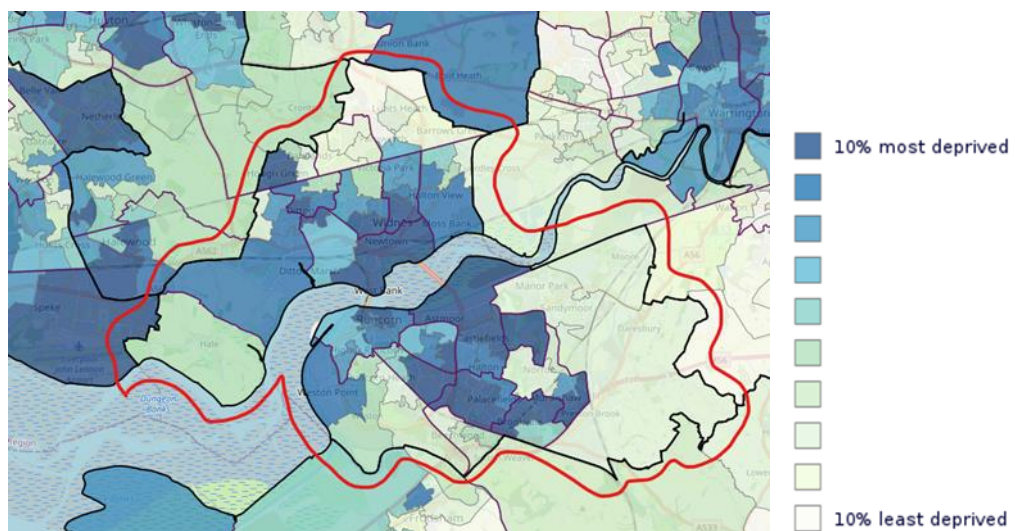


*Figure 3: Deprivation within Halton*

Statistics from 2019 show that seven wards within Halton were amongst the 20% most deprived wards in England, equating to more than 53,000 residents or 42% of Halton's population<sup>10</sup>.

### 5.3 Healthy life expectancy

Healthy life expectancy is defined as ‘a measure of the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health’. The healthy life expectancy at birth for people in Warrington is, on average, around 64 years<sup>11</sup>. In Halton, the figure is around 57 years<sup>12</sup>.

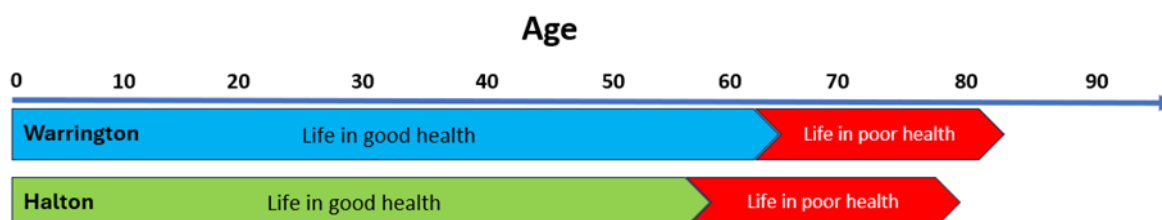


Figure 4: Average healthy life expectancy and overall life expectancy Warrington and Halton

On average, people in Warrington and Halton live approximately 17 to 23 years in poor health in the later years of their lives. It is these years lived in poor health that drive a significant amount of the demand for health and social care services across the boroughs. Estimates suggest that at least 50% of all healthcare demand and 65% of social care demand is driven by people aged 65 and above living with at least one long-term condition.

<sup>10</sup> English indices of deprivation (2019). Available at: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

<sup>11</sup> Office for Health & Improvement Disparities (2025) *Public Health Outcomes Framework - at a glance summary: Warrington*. Available at: <https://fingertips.phe.org.uk/static-reports/public-health-outcomes-framework/at-a-glance/E06000007.html?area-name=Warrington>

<sup>12</sup> Office for Health & Improvement Disparities (2025) *Public Health Outcomes Framework - at a glance summary: Halton*. Available at: <https://fingertips.phe.org.uk/static-reports/public-health-outcomes-framework/at-a-glance/E06000006.html?area-name=Halton>

## 5.4 Local health inequalities and wider determinants of health

Chapter 14 of this document describes the challenges within Warrington and Halton in relation to local health inequalities and stark differences between life expectancy within some of the more deprived areas of the boroughs compared to other more affluent areas. Data shows that residents in more deprived areas are more likely to access care through emergency departments and less likely to engage with preventative or planned services. These are some of the reasons why the more deprived parts of the towns record overall poorer health outcomes.

Research<sup>13</sup> also shows that health outcomes for an individual are determined by a wide variety of factors outside of direct healthcare. In fact, as little as 20% of what contributes to a person's health stems from access to, and quality of care. 30% links to lifestyle factors such as smoking, alcohol use, and diet and exercise. 10% links to physical and environmental factors such as air quality and housing. The remaining 40% links to socio-economic factors including education, employment, income, community safety, and social connections.

It is within these 'wider determinants of health' that the real opportunity to transform future healthcare possibly lies. By bringing acute and community services closer together, but also by bringing statutory health care services closer together with social care and wider community support, there is a huge opportunity to address some of the historically more difficult health challenges. That is the real prize for all organisations providing health and wellbeing support at Place.

For example, by supporting the population to live healthier lives for longer, empowering them to take greater responsibility for their own health and wellbeing, and helping them to access low-level support as soon as a need arises, it could be possible to see local healthy life expectancy figures increase. If residents lived in good health until 70 rather than 65, this would help materially reduce – or at least contain – future demand for health and care services. This could significantly improve access to essential services for patients, improve their experience of accessing health and care, and possibly even help break the constant cycle of increasing investment in acute and reactionary care.

## 5.5 Future population projections and demand for health and care services

The overall populations of both Warrington and Halton are expected to grow by around 1.3% and 3.9% respectively over the next decade<sup>14</sup>. These projections do not take into account the impact of any planned large-scale housing developments in either borough.

As a result of both a growing but also an ageing population, the expected changes to the demographic profile of the local population is more significant.

Table 1 below shows how the age profile of residents in both boroughs is projected to change over the coming years. By 2033, both Warrington and Halton are likely to have at least 20% more people aged over 65 than they do currently.

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<sup>13</sup> Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute, 2015

<sup>14</sup> ONS (2025) *Subnational population projections for England: 2022-based*. Available at: [https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2022based?utm\\_source=chatgpt.com](https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2022based?utm_source=chatgpt.com)



| Age group | England | NW      | Warrington | Halton  |
|-----------|---------|---------|------------|---------|
| 0-19      | -2.56%  | -1.73%  | -6.49%     | -5.50%  |
| 20-64     | +0.65%  | -0.16%  | -3.14%     | -0.09%  |
| 65+       | +21.44% | +19.11% | +22.72%    | +20.20% |

*Table 1 : Estimated change in population by age, 2023 to 2033*

Given that such a high proportion of demand for statutory health and care services stems from the older age groups, and without any change to average healthy life expectancy, it is clear that the future projections around age profiles of the local population are likely to significantly increase demand for services further.

## 5.6 Recent population changes and impact on demand for health and care services

By looking back at facts and figures from the year pre-COVID (2018-19), the impact of demand growth can be seen clearly. Between 2018-19 and 2024-25, the following changed:

- the overall population in Warrington and Halton increased by around 2%
- the population of residents aged over 65 increased by around 10%
- attendances at either the ED in WHH or the Urgent Treatment Centre (UTC) in Runcorn increased by around 8%
- non-elective activity at WHH increased by almost 29%
- the total number of patients on the WHH elective waiting list increased by 62%
- the total number of patients waiting more than 52 weeks for surgery at WHH increased from 47 to almost 600
- the total number of patients waiting more than 52 weeks for community services at BCH increased from zero to 1,429
- performance against the 4-hour ED target deteriorated from 85% to 69%
- funded posts within the unplanned care clinical and operational workforce increased by 28% (+320 whole time equivalents WTE)
- unplanned care pay budgets (adjusted for pay inflation) increased by 32% (+£16.8m)

Whilst overall performance and financial sustainability of NHS providers is a multi-layered challenge, it is clear that growing demand from the local population is a key factor in this.

## 5.7 Patient impact of current situation

The performance metrics and financial impact of continually increasing demand for healthcare services outlined in the section above makes for stark reading, but it is the impact of these figures on the experience of patients that creates the real reason change is required.

62% more patients are waiting for elective surgery now than they were six years ago. Within that figure, a significant number are now waiting more than a year for that surgery.

Almost 1,500 more patients are waiting over a year for a service in community than six years ago. 16% more patients are waiting more than four hours to be seen in ED. A significant number of them are waiting over 12 hours to be admitted to a hospital bed and an increasing number are being cared for on hospital corridors due to bed capacity constraints.

Additionally, local residents often experience significant challenges in getting an ambulance following a 999 call, accessing a routine appointment with their GP, or the length of time they may need to wait for some mental health services. It is no surprise to read that just 1 in 5 people (21%) in 2024 said they were satisfied with the way the NHS runs<sup>15</sup>.

## **5.8 Managing demand and addressing performance and sustainability challenges**

Both WHH and BCH acknowledge that the ability to manage future demand for statutory services, maintain access and quality of services, address local health inequalities and deliver financial sustainability of the organisations is severely limited if they continue to operate independently.

The integration of the two local providers will create new opportunities for improvement on numerous fronts. In the context of current organisational performance, the regional and national financial climate and ever-increasing demand, the proposal to bring the organisations together as soon as possible is of growing importance.

## **5.9 National strategic direction**

### **5.9.1 Independent investigation of the NHS in England (2024)**

Lord Darzi's 2024 independent review of the NHS<sup>16</sup> painted a clear picture: the NHS is in a critical condition, particularly due to the fragmentation of clinical services, lack of workforce planning, and inefficiencies in hospital-based care. One of the core recommendations of the review was to encourage 'group hospital networks and shared services' across multi-site collaborations that retain local accountability, while operating with a single strategic vision, unified leadership and standardised care models.

Lord Darzi identified that many single-site or smaller acute hospitals were no longer clinically or financially sustainable in isolation, particularly in the face of growing demand, ageing populations and increasingly specialist clinical workforce requirements.

### **5.9.2 NHS 10 Year Health Plan**

NHS England acknowledged the findings from Lord Darzi's review and subsequently launched a large-scale consultation around the future of the NHS. The public and NHS staff were asked to help inform a new plan, which seeks to reshape healthcare in the UK.

The 10 Year Health Plan recognises that many of the challenges seen locally in Warrington and Halton are also reflected nationally. Advancement in medicine and technology is opening up increasing treatment options and ultimately leading to people living longer. The challenge over the coming decade is to ensure that the model of care adapts to support this positive change. The plan is built around three key strategic shifts in approach for the NHS:

- ill health to prevention
- analogue to digital
- hospital to community

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<sup>15</sup> British Social Attitudes Survey 2024, Nuffield Trust and The King's Fund.

<sup>16</sup> Department of Health and Social Care (2024) *Independent investigation of the NHS in England*. Available at: <https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england>

It also makes explicit the need for the NHS nationally to manage within its annual financial allocations, through both improved fiscal planning and day-to-day management.

The financial outlook for the NHS is under unprecedented pressure with NHS England's total revenue allocation only rising by 0.2% in real terms in 2024-25, placing demands on trusts to identify exceptional levels of efficiency savings.

In this context, incremental improvement is unlikely to deliver the size and scale of transformational change required to ensure the long-term sustainability and viability of high-quality health and care services.

Instead, it is incumbent on health and care commissioners, regulators and providers to deliver a 'quantum shift' in healthcare delivery if collectively we are to succeed at meeting tomorrow's needs and expectations.

The NHS 10 Year Health Plan sets out key priorities to transform healthcare over the next five to 10 years.

Table 2 below shows how the planned integration of WHH and BCH helps meet the strategic objectives set out in the plan.

| 10 Year Health Plan chapter                                              | 10 Year Health Plan objectives                                                                                                                                                                                                                                                                                        | How WHH / BCH integration delivers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Chapter 1</b> – a new service model for the 21st century              | <ul style="list-style-type: none"> <li>• boost 'out of hospital care'</li> <li>• further integrate primary and community services</li> <li>• reduce pressure on acute emergency services</li> <li>• focus on population health</li> <li>• maximise opportunities of working within integrated care systems</li> </ul> | <p>The integrated trust will create a seamless acute-community organisation across Warrington and Halton. This will enable new neighbourhood models of care, providing more services closer to home and reducing unnecessary ED attendances (already down 4% in 2024-25) and long lengths of stay.</p> <p>Closer alignment between secondary care services, primary care, and wider public and voluntary sector services will mean patients experience smoother transitions between hospital and community care. This will reduce overcrowding, improve discharge flow and enhance population health outcomes.</p> |
| <b>Chapter 2</b> – more NHS action on prevention and health inequalities | <ul style="list-style-type: none"> <li>• strengthened focus on prevention</li> <li>• reduce health inequalities</li> </ul>                                                                                                                                                                                            | <p>The integrated trust will be able to take greater responsibility for larger parts of patient pathways, improving the emphasis on preventative care and managing more long-term conditions without the need for secondary care. With a 17 to 23-year gap between life expectancy and healthy life expectancy across Warrington and Halton, the integration allows for targeted intervention in the areas with the greatest need, improved outreach via community services, and closer partnership with local authorities, schools and voluntary groups.</p>                                                      |

|                                                                         |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Chapter 3</b> – further progress on care quality and outcomes</p> | <ul style="list-style-type: none"> <li>• address biggest causes of morbidity and mortality</li> </ul>                                                                                                                     | <p>Integration will allow the trust to review and optimise its clinical pathways across a wide range of services.</p> <p>A move towards more anticipatory care models will support more patients with long-term conditions to manage at home, preventing crisis admissions.</p> <p>Integration also enables fragile services across both providers to become more resilient and sustainable.</p>                                                                                                                                                                                                |
| <p><b>Chapter 4</b> – NHS staff will get the backing they need</p>      | <ul style="list-style-type: none"> <li>• increase training opportunities for staff</li> <li>• make the NHS a better place to work (recruitment and retention)</li> </ul>                                                  | <p>Integration will create a combined single workforce of 6,700 staff and opportunities to create improved career pathways, rotational posts across community and acute, and shared training/education.</p> <p>Joint staff networks and a new joint strategic people committee will embed the NHS People Promise. Staff will benefit from stronger team resilience, shared wellbeing offers, harmonised pay structures (including bank rates), and reduced reliance on agency staff. This will improve retention and make the trust a more attractive employer both locally and regionally.</p> |
| <p><b>Chapter 5</b> – digitally enabled care will go mainstream</p>     | <ul style="list-style-type: none"> <li>• use digital technology to make access easier</li> <li>• improve planning/delivery through better use of data</li> <li>• provide improved digital tools for clinicians</li> </ul> | <p>Integration creates the opportunity to align digital strategies across hospital and community care. A joint digital infrastructure will reduce duplication, streamline electronic patient records (EPR) and extend digital access for patients.</p> <p>Combined data sets will enable stronger use of population health analytics to plan services, reduce health inequalities and improve safety. Clinicians will benefit from access to shared digital tools, diagnostics, and estate infrastructure, enabling smoother care delivery across settings.</p>                                 |
| <p><b>Chapter 6</b> – financial sustainability and productivity</p>     | <ul style="list-style-type: none"> <li>• improve efficiency and value for money</li> <li>• ensure long-term financial sustainability of NHS providers</li> </ul>                                                          | <p>The WHH/BCH integration unlocks significant financial improvement opportunities for the organisations. By consolidating estates, corporate functions, leadership and senior management, and clinical support services in the short term, the integrated trust can achieve greater economies of scale.</p> <p>A single financial strategy will help tackle the current combined underlying £48.3m</p>                                                                                                                                                                                         |

|  |  |                                                                                                                                                                                                                  |
|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  |  | deficit, supported by joint cost improvement programmes, shared procurement and harmonised bank rates. This will strengthen the trust's ability to invest in patient care, workforce development and innovation. |
|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*Table 2: how the planned integration of WHH and BCH helps meet the strategic objectives set out in the NHS 10-year plan*

## 5.10 Regional strategic direction – NHS Cheshire and Merseyside Integrated Care System (ICS)

### 5.10.1 NHS Cheshire and Merseyside ICS strategy

Cheshire and Merseyside ICS is made up of nine individual 'Places' – Cheshire East, Cheshire West and Chester, Halton, Knowsley, Liverpool, Sefton, St Helens, Warrington, and Wirral. Cheshire and Merseyside has a population of approximately 2.7 million people, living across a mixture of urban centres, market towns and rural communities. The area is home to a diverse population with significant variation in levels of deprivation, health inequalities and ethnicity across its different Places.



*Figure 5: Cheshire and Merseyside ICB Places and boundaries*

NHS Cheshire and Merseyside ICS have four key strategic objectives, which are to:

- tackle inequalities in outcomes, experience and access
- improve outcomes in population health and healthcare
- enhance productivity and value for money
- help the NHS support broader social and economic development

The proposed integration of WHH and BCH will create the conditions to support delivery of these objectives over the coming years.

NHS Cheshire and Merseyside ICS has invested heavily in data and analysis tools to help improve knowledge and insight around health and social care challenges in local areas and communities.

The immediate challenge for organisations within the region is how to unlock the potential within the data by using it to drive meaningful change and improvement. The rich data available can support service redesign and shift towards a more proactive model of care. This will facilitate increasing volumes of activity being shifted away from hospital settings and into communities.

The financial challenges facing NHS Cheshire and Merseyside ICS at present are also significant. There are opportunities for improved productivity and efficiency across clinical pathways and estates and significant financial improvement opportunities available through integrating the corporate support functions between organisations. The integration programme will create the conditions to drive financial improvement as part of a medium to long-term financial sustainability plan.

The Cheshire and Merseyside ICS strategy sets out a clear ambition for providers of health and care to work more collaboratively, breaking down traditional organisational boundaries. Many of the objectives within the strategy will only be achieved at a local level through seamless service delivery, which the proposed integration will enable.

Table 3 summarises how the proposed strategic direction of the integrated organisation is aligned with the strategic objectives of NHS Cheshire and Merseyside ICS.

| NHS Cheshire and Merseyside ICS strategic objective              | Examples of how our integration will support delivery                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Tackling health inequalities in outcomes, experiences and access | <p>We will develop an integrated clinical model based on the principle of 'home first, then community and hospital only when needed', taking services closer to people's homes wherever possible.</p> <p>This will make it easier for people to access the support they need, as soon as they need it.</p>                                                                                                                                              |
| Improve outcomes in population health and healthcare             | <p>Our integration will enhance opportunities to work with local partners using a data-led approach to increase the focus on prevention, targeted early intervention and empowering people to take greater responsibility for their own health and wellbeing.</p> <p>Through increased collaboration across our Places we can work to address the wider determinants of health that drive longer-term, sustainable improvements in health outcomes.</p> |

|                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Enhance productivity and value for money                     | <p>We recognise that continuing to function as two individual providers severely restricts our abilities to deliver the care our populations require in a financially sustainable way.</p> <p>National benchmarking data and local insight identifies areas where we can improve our collective financial performance and protect investment in frontline clinical services by coming together as one single organisation.</p>             |
| Help the NHS support broader social and economic development | <p>We know that we can work to address the wider determinants of health that drive longer-term sustainable improvements in health outcomes through increased collaboration across our Places.</p> <p>Closer collaboration, planning and service delivery alongside partners from across the sectors in Warrington, Halton and further afield can help us tackle broader challenges that can often lead to health issues later in life.</p> |

*Table 3: The proposed strategic direction of the integrated organisation and how it is aligned with the strategic objectives of NHS Cheshire and Merseyside ICS*

### 5.10.2 Cheshire and Merseyside provider blueprint

The majority of the provider trusts within Cheshire and Merseyside have identified long term financial sustainability concerns, with many forecasting rolling deficits in future years without significant organisational redesign or reduction of clinical services.

In addition, the ICS receives one of the highest per head of population NHS funding allocations in England, in comparison to other ICSs. Nationally, there is a move to review the funding allocation formulae and weighted capitation model, which could impact on the allocation of funding to NHS Cheshire and Merseyside ICS in future years.

Across the ICS there is also significant use of independent sector provision, primarily for surgical services, with a need to repatriate a large proportion of this activity to local NHS providers.

There is a clear need to deliver medium and long-term financial stability across C&M ICS and C&M provider trusts, enabling improved delivery of care to the C&M population.

Similarly, across the C&M ICS footprint, a number of NHS provider trusts have identified 'fragile' clinical services due to workforce constraints, scale, clinical expertise, infrastructure or location. This has become more apparent in the trusts providing clinical services outside of the Liverpool City footprint and includes services such as ENT, stroke, dermatology, cardiology, neonatology and maxillofacial surgery.



Cheshire and Merseyside Provider Collaborative (CMPC) has commenced work with NHS provider trusts to examine a number of these services. To date, there have been limited clinical service reconfigurations or moves across the C&M footprint. The move to reconfigure regional pathology services being one of the few, with WHH currently planning to TUPE affected pathology staff across to Mersey and West Lancashire Teaching Hospitals NHS Trust in 2026, subject to formal consultation.

There is a requirement to sure up fragile clinical services, networking and hosting services across providers to enhance service delivery, staff recruitment and retention and clinical expertise, as well as to improve patient outcomes.

In order to address the known challenges, the CEOs across Cheshire and Merseyside have supported the principles behind a new 'C&M blueprint' setting out a high-level strategic direction for NHS providers over the coming years. This is based around five key areas of focus, as shown in figure 6.

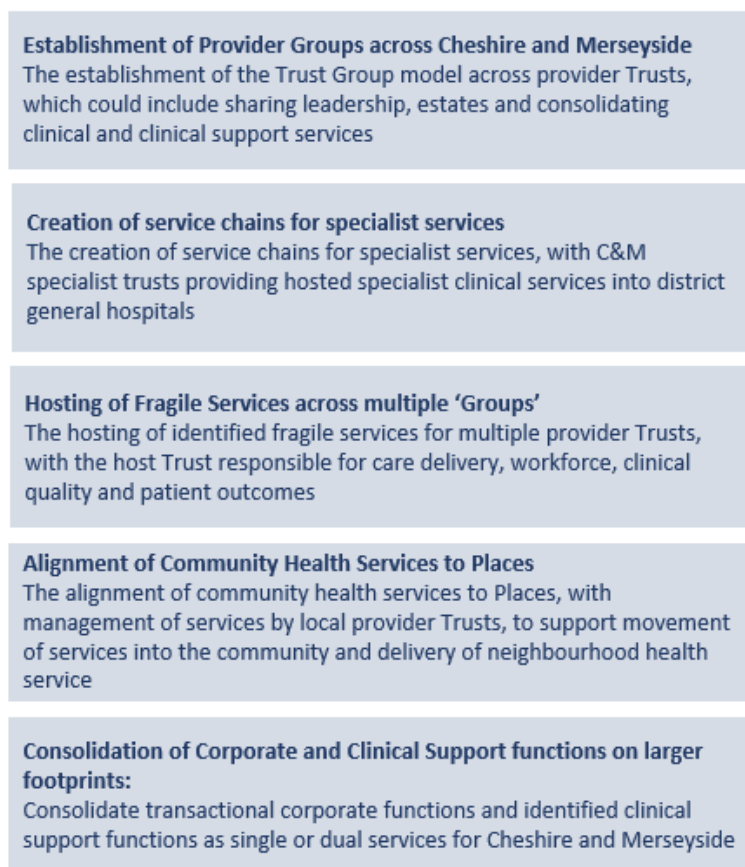


*Figure 6: Key areas of focus for the C&M NHS provider blueprint*

The integration of WHH and BCH is explicitly reflected in the C&M blueprint and is a key early part of a potentially much wider and longer-term reconfiguration of provider services across the region.

### **5.11 Local place strategic direction – Warrington and Halton**

Both Warrington and Halton operate as distinct Place partnerships within the Cheshire and Merseyside ICS. These partnerships, known locally as Warrington Together and One Halton,



bring together health, care, local authority services, and voluntary sector organisations to co-design services and deliver more joined-up, sustainable and collaborative care.

The current health and wellbeing strategies for both Warrington<sup>17</sup> and Halton<sup>18</sup> identify the importance of partnership working and addressing the wider determinants of health and wellbeing to improve health outcomes for local populations.

The integration of WHH and BCH creates a unique opportunity to redesign how and where services are delivered and allow us to focus on the delivery of intervention and support into areas with the most significant challenges.

As both Warrington and Halton Places start to develop plans to deliver health and care on a neighbourhood basis, the integration of WHH and BCH brings the chance to develop a complimentary model of secondary and community care. Both organisations have been working in close collaboration with partners within both Places over recent years to co-create and embed a number of transformational health and care projects:

- Living Well Hub in Warrington town centre
- Living Well digital platform for health and wellbeing services in Warrington
- Well Runcorn multi-agency health and education hub, which is currently under construction
- Community Diagnostic Centres in Halton and the development of new AI-led dermatology pathways
- development of integrated urgent community response and hospital discharge teams along with the local authority social care teams

More detail on some of these projects can be found later in this document.

As we continue to integrate our services our local system partners will play an even greater role in shaping delivery, ensuring community services are aligned to primary care footprints, have seamless interfaces with acute services, and are delivered smoothly, coherently and collaboratively.

Details of the key system partners we work with at a local level can be found in the supporting documents accompanying this document.

## 5.12 Strategic commissioning context

Commissioning is how local integrated care boards (ICBs) and their partners ensure allocated public money is best used to improve health. Although commissioning is further away from patients' eyes than provision of care, it determines what services are delivered, by whom, for whom, where and why.

The Secretary of State has tasked ICBs to be 'pioneers of reform' through 'strategic commissioning', driving the three shifts for health services (see section 5.9.2) outlined in the 10 Year Health Plan. The intention is to help the NHS better manage rising demand for services without consuming an ever-growing share of national wealth.

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<sup>17</sup> Warrington Borough Council (2024) *Living Well in Warrington Health and Wellbeing Strategy 2024-2028*. Available at <https://www.warrington.gov.uk/sites/default/files/2024-02/Health%20and%20Wellbeing%20Strategy%202024-28.pdf>

<sup>18</sup> One Halton (2022) *One Halton Health and Wellbeing Strategy 2022-2027*. Available at: <https://onehalton.uk/wp-content/uploads/2022/12/One-Halton-strategy.pdf>

In 2024-25, 88% of the combined turnover of WHH and BCH came from NHS England and local NHS commissioners. Less than 1% came from other NHS providers and 3.5% came from local authorities.

With such a significant proportion of the combined organisation's revenue flowing via the NHS commissioning route, it is imperative that our plans for integration reflect the changes happening outside our organisations. This will ensure that we are aligned and responsive to changing needs and priorities and able to sustain (and potentially grow) our revenue to support delivery of new models of care.

## **5.13 Summary of national, regional and local system challenges**

The challenges facing WHH, BCH, Cheshire and Merseyside ICS and the wider NHS at present are significant and complex.

Operational performance is deteriorating in terms of access to services and waiting times, demand is continually increasing from a growing and ageing population, and there is limited workforce availability and restricted revenue and capital resources.

These all combine to create an environment where a more radical and transformational approach is now required. The scale of the challenge is so large that it is unlikely it can be solved by individual organisations alone.

The government's 10 Year Health Plan sets out a vision for the development of a more collaborative, locally focused approach to the delivery of health and wellbeing services, that makes use of the wealth of data available and one that has digital services at its core.

This vision creates the opportunity to develop services alongside the local population and re-invigorate and engage a workforce that are desperate to see a brighter, more sustainable future emerge.

## **5.14 Conclusion: The next step is integration**

The strategic rationale for the integration of BCH and WHH is clear – only by integrating acute and community services into a single provider can we sustainably meet the needs of our population, deliver on national and local priorities, tackle inequalities, and secure long-term clinical and financial sustainability.

Our aim is to formally bring together the two organisations as quickly and as simply as possible. This will unlock potential short-term financial improvement opportunities to help address urgent sustainability challenges.

Integration will remove existing organisational boundaries and simplify the processes needed to enable longer-term strategic transformation.

In the medium-term, we will develop a new and exciting vision for the future of our clinical services as part of the shift towards neighbourhood health at Place. This new integrated clinical strategy will bring together connected teams, join up clinical pathways between hospital and community, and facilitate the shift of care into community and domiciliary settings.

It is a time of significant change across the NHS and wider public services, but we believe the integration of the two organisations enables that change to happen at the level of speed required.

The integration of the two organisations aligns with the strategic direction of travel on a national, regional and local level, and creates increased opportunities for the organisations to address significant performance and sustainability challenges.

## 6.0 Options appraisal

This section describes the rigorous process undertaken by both executive teams and Boards to evaluate potential models for integration. It outlines the long list of options considered, from maintaining the status quo through to merger and acquisition. It summarises how the long list was evaluated to produce a shortlist of options and how each shortlisted option was assessed against agreed evaluation criteria covering patient impact, workforce, financial sustainability, and deliverability.

The section explains the transparent scoring methodology and stakeholder involvement, including clinical and system partners, and presents the rationale behind the recommended option.

**Key message:** Following an open, evidence-based appraisal involving both Boards, NHS England, and local system partners, the acquisition of BCH by WHH was identified as the most suitable option. This route offers the greatest patient benefit, best value for money and lowest delivery risk.

It enables continuity of leadership, legal simplicity, and the realisation of integration benefits at pace, providing the clearest route to long-term sustainability for both organisations.

It evidences how this route offers the greatest patient, staff and financial benefits, with manageable delivery risk, aligning fully with national and system priorities.

### 6.1 Long list of options for integrating BCH and WHH

In October 2024 a detailed 'long list' of the different legal options for the integration between WHH and BCH was developed. The long list was compiled with input from colleagues from NHSE's transactions team, local partners and external NHS organisations from across the country with recent experience of organisational integration. The long list was shared with both Trust's executive teams on 15 October 2024 and subsequently approved on 17 October 2024.

Table 4 details the long list of options in more detail.

| Option number | Option title                                                                  | Option description                                                                                                                                                                                                                           |
|---------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1             | Do nothing                                                                    | Organisations remain as two separate legal entities and continue to operate independently.                                                                                                                                                   |
| 2             | Shared leadership with separate formal governance                             | Trusts could have a joint CEO, joint chair or both, as well as potentially a shared executive team and/or Board. However, no shared governance would be in place for formal decision making.                                                 |
| 3             | Shared leadership with joint strategic and/or limited remit formal governance | Trusts could have a joint CEO, joint chair or both, as well as potentially a shared executive team and/or Board. The trusts could make joint decisions via a joint committee.                                                                |
| 4             | Shared leadership with joint operational governance                           | Trusts could have a joint CEO, joint chair or both, as well as potentially a shared executive team and/or trust Board. The trusts could make joint decisions via a joint committee and implement shared governance via committees in common. |
| 5             | Merger between WHH and BCH                                                    | A legal transaction that sees the dissolution of two existing separate organisations and the creation of a new single organisation.                                                                                                          |

|   |                           |                                                                                                                                                                                                                         |
|---|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6 | Acquisition of BCH by WHH | An acquisition involves the dissolution of the acquired trust and the wholesale transfer of its assets and liabilities to the acquiring trust. Under this option WHH would be the acquiring trust and BCH the acquiree. |
| 7 | Acquisition of WHH by BCH | As per option 6 but with BCH as the acquiring trust and WHH as the acquiree.                                                                                                                                            |

*Table 4: Long list of integration options*

### 6.1.1 Eliminated options

The long list of options was appraised by the joint executive teams to enable a shortlist of viable options to be recommended for more detailed appraisal and evaluation.

Following discussion and review of the long list, the following options were ruled out:

#### Option 1 – Do nothing

**Rationale for exclusion:** This option would see both organisations continue to operate as individual standalone providers. Given the scale of the current and future challenges facing both trusts, doing nothing was deemed not to be a feasible option. This option is also not aligned to the strategic direction across Cheshire and Merseyside.

Furthermore, the two organisations had already commenced a degree of integrated working meaning that this option would require both trusts to revert back to previous (separate) ways of working.

#### Option 2 – Shared leadership with separate formal governance

**Rationale for exclusion:** While this option would enable closer working between the two trusts, it was deemed unlikely to deliver the larger-scale transformational benefits that a formal integration via other options would achieve.

#### Option 3 – Shared leadership with joint strategic and/or limited remit formal governance

**Rationale for exclusion:** As per option 2 above.

The remaining four options were then taken forward as a shortlist for formal, detailed consideration. The retained options were deemed to deliver the most benefits from integration for our patients, staff, and stakeholders in the least complex way. On 5 November 2024 the executive teams from both organisations approved the shortlist, which was subsequently shared with and supported by both Boards on 6 November 2024.

## 6.2 Appraising the short list of options

In order to undertake a detailed and thorough appraisal of the remaining four shortlisted options, a number of steps were followed.

### 6.2.1 Creation of scoring panel

To ensure fairness and balance throughout the options appraisal process, a scoring panel was recruited from across both BCH and WHH executive and non-executive Board members.

The panel consisted of the joint chief executive and joint executive medical director, chief people officer (WHH), executive director of finance (BCH) and the chairs, senior independent directors, and chief nurses from both WHH and BCH. The trust Boards were given the opportunity to suggest members of the scoring panel, and these suggestions were taken into account when selecting the panel. The final panel was approved by both chairs and the joint CEO.

### **6.2.2 Agreement around assessment criteria**

A framework for assessing each option was then developed by agreement with the Boards. Each of the four shortlisted options would be assessed against a total of 19 individual criteria grouped into the following six domains:

- patient impact and benefits
- patient care sustainability
- financial sustainability and value for money
- workforce and culture impact
- strategic alignment
- deliverability

The domains and the detailed criteria were compiled with significant input from colleagues within the NHS England transactions team and representatives from external trusts with recent integration experience.

The individual criteria were also allocated a weighting to ensure that scores for those areas that the Boards felt were more critical influenced the final outcome the most significantly.

### **6.2.3 Development of evidence and information pack to support evaluation and scoring process**

A detailed evidence and information pack was then compiled to support the scoring process and circulated to the scoring panel on 10 December 2024.

All executives, key partners including local authorities, the ICB, voluntary sector and primary care colleagues, and NHSE contributed to the detailed evidence and information pack used to support the evaluation of options.

The guidance and template including the criteria and weighting are included within the supporting documents to the FBC.

### **6.2.4 Option evaluation**

The options appraisal shortlist was then scored independently by each member of the scoring panel against the agreed detailed assessment criteria. The panel then met on 17 December 2024 to review individual and combined scores and make an agreed recommendation on the most suitable option.

As per guidance, assessment demonstrated impact on patients, finances, workforce and other stakeholders.

The final total scores and total weighted scores for each of the four shortlisted options are provided in table 5 below.

| Score                         | Option 4<br>Shared<br>leadership | Option 5<br>Merger | Option 6<br>Acquisition of<br>BCH by WHH | Option 7<br>Acquisition of<br>WHH by BCH |
|-------------------------------|----------------------------------|--------------------|------------------------------------------|------------------------------------------|
| <b>Total<br/>(unweighted)</b> | 326                              | 470                | 611                                      | 513                                      |
| <b>Total<br/>(weighted)</b>   | 1244                             | 1785               | 2337                                     | 1937                                     |

*Table 5: Total scores and total weighted scores for appraisal of short-listed options*

The key outcomes of the options appraisal process, as agreed by the panel on 17 December, were as follows:

- All 10 panel members scored option 6, the acquisition of BCH by WHH – the highest.
- Option 6 had a total weighted score of 2,337 vs the next highest score of 1,937 for option 7.
- The process was agreed by both Boards, supported by NHS England, and was detailed, transparent and robust.

The result of the appraisal process was that **Option 6 – Acquisition of BCH by WHH** was judged to be the recommended option.

### **6.3 Approved option**

Option 6 was unanimously selected as the first choice by all 10 panel members. The chosen option scored higher than or equal to option 7 against every one of the 19 criteria. The option was also deemed to enable delivery of broadly the same high levels of patient, staff and financial benefits as options 5 and 7, but provided the best value for money and did not present significant delivery risks against the Department of Health and Social Care's (DHSC) risk assessment process.

The Boards subsequently reviewed the outputs from the options appraisal exercise in February 2025 and formally approved the recommendation of progressing an acquisition of BCH by WHH.

## 7.0 Programme delivery and programme management

### 7.1 Chapter summary

This section sets out the governance, assurance and delivery framework for managing the integration process. It outlines the programme structure, including the role of the Better Care Together (BCT) delivery group, trust Boards, senior responsible officers (SROs), programme workstreams and underpinning reporting mechanisms.

It also highlights the clear governance arrangements already in place between the two trusts, such as joint executive leadership, and alignment with NHSE transaction oversight. Integration will progress in three phases: completing the acquisition and aligning systems by March 2026; operating as a single organisation with integrated leadership and integrated corporate infrastructure by March 2027; and fully embedding a long-term clinical model focused on 'home first, then community and hospital only when needed' from April 2027 onwards.

It explains the mechanisms for monitoring progress, managing interdependencies and mitigating risks. The section concludes by emphasising the disciplined, transparent and well-coordinated approach that underpins delivery of a safe and successful transaction.

**Key message:** A robust programme management framework underpins the integration, combining joint governance, system assurance and transparent reporting. The use of a shared Programme Management Office (PMO), aligned milestones and a structured Post-Transaction Integration Plan (PTIP) ensures the programme remains on track, accountable and outcomes-driven, reinforcing confidence among partners and regulators.

### 7.2 Governing our integration programme

Bringing the two organisations together is a complex and challenging programme of work involving multiple critical actions requiring input from every team across both Trusts.

We have set up a robust programme governance structure around this to help ensure accountability, clarity around requirements, and prioritise key actions and pieces of work. Our integration programme has been titled '**Better Care Together**' (BCT).

A BCT programme delivery group has been established to oversee the programme. The group is chaired by the joint CEO and consists of executive directors from both trusts alongside members of the BCT programme management team. Key responsibilities of the group include:

- overseeing delivery of integration workstreams and benefits
- managing programme risks and issues
- ensuring open communication between organisations
- delivery of strategic and full business cases
- maintaining commitment to the programme plan
- ensuring delivery of the programme within scope, time, cost, and quality
- reporting progress to trust Boards and key stakeholders

Key decisions relating to the integration are taken by both Boards, which have been provided with progress updates since October 2024. We have also kept both councils of governors (COG) informed of progress and engaged in programme development and delivery through the usual COG meetings.



We have used a workstream approach to develop the business case and support our planning for the date of acquisition and beyond. Each workstream has a senior responsible officer (SRO) and has identified specific projects determined by its key deliverables. We have also developed a robust risk management process for managing all risks associated with the integration programme (see chapter 19).



*Figure 7 : The BCT integration programme and 10 core workstreams within the programme*

A more detailed programme structure including the key sub-workstreams within each of the 10 core workstreams is included within the supporting documents to the FBC.

The table below details the SROs for each workstream alongside the designated support and operational leads.

| Workstream                                   | SRO                                                      | Operational leads           | Programme support                             |
|----------------------------------------------|----------------------------------------------------------|-----------------------------|-----------------------------------------------|
| Strategic programme development and delivery | Lucy Gardner                                             | Steve Bennett               | Lefteris Zabatis, Carolyne Ward               |
| Estates                                      | Dan Moore, Nick Gallagher                                | Val Doyle, John Morris      | Carl Mackie                                   |
| Workforce                                    | Paula Woods, Michelle Cloney                             | Adam Harrison-Moran         | Adam Harrison-Moran                           |
| Finance                                      | Jane Hurst, Nick Gallagher                               | Janet Parker, Rachel Hurst  | Jess Phillips, Paula Brereton                 |
| Corporate services integration               | Jane Hurst, Nick Gallagher, Paula Woods, Michelle Cloney | Steve Bennett               | Adam Harrison-Moran                           |
| Clinical and operational services            | Dan Moore, Paul Fitzsimmons, Ali Kennah                  | Various                     | Hayley Heard, Rachel Moran, Mark Charman      |
| Digital                                      | Paul Fitzsimmons, Nick Gallagher                         | Tom Poulter, Dave Smith     | Meg Wainwright, Bethan Savage                 |
| Communications and engagement                | Kate Henry, Paula Woods                                  | Hayley Smith, Mike Baker    | Meg Wainwright                                |
| Clinical governance and quality              | Ali Kennah, Jeanette Hogan                               | Susan Burton                | Hayley Heard, Philip Mumberson, Carolyne Ward |
| Corporate governance                         | John Culshaw, Jan McCartney                              | John Culshaw, Jan McCartney | Kat Cornthwaite                               |

*Table 6: BCT workstream SROs and support*

Figure 8 below illustrates how the overall integration programme is governed and the groups that report into/from the main programme governance structure.

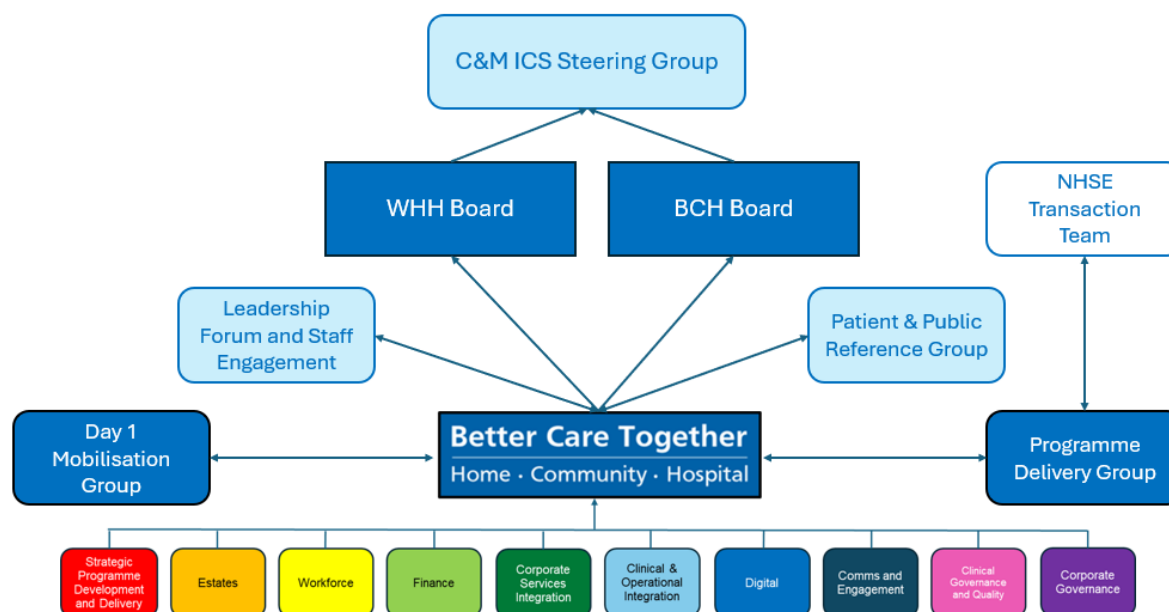


Figure 8: BCT programme governance

### 7.3 Ten core workstreams

The core workstreams, their main purpose and key milestones are detailed in table 7 below.

| Workstream                                   | Purpose/output                                                                                                                                                                                                                                                                                                                                                                                                            | High-level key milestones                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Strategic programme development and delivery | <p>To co-ordinate and progress the core aspects of the overall integration programme in line with the required timeframes.</p> <p>This includes the production of required business cases and supporting information, progression of the legal transaction, development and co-ordination of programme/project support, engagement with external professional support and overall programme governance and reporting.</p> | <p>Develop the overall programme plan, governance and resources to deliver.</p> <p>Creation and approval of the strategic case.</p> <p>Creation and formal approval of the Full Business Case (with accelerated timeline).</p> <p>Oversee the transaction.</p> <p>Record, report and, where appropriate, manage all risks arising from the programme.</p> |
| Workforce                                    | <p>The workforce workstream has the following responsibilities to:</p> <ul style="list-style-type: none"> <li>enable staff from both organisations to work and behave as a single workforce</li> </ul>                                                                                                                                                                                                                    | <p>Develop an organisational change framework.</p> <p>Agree the required TUPE/organisational change measures and</p>                                                                                                                                                                                                                                      |

|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                   | <ul style="list-style-type: none"> <li>• establish the leadership and organisational structure</li> <li>• align the vision and cultural behaviours</li> <li>• support workforce transformation arising from integration workstreams</li> <li>• develop effective change management and staff transition plans</li> </ul>                                                                                                                                                                                      | <p>manage associated processes.</p> <p>Develop a joint culture plan.</p> <p>Develop a joint people strategy.</p> <p>Integrate workforce teams from WHH and BCH.</p> <p>Align all key systems and processes across the two organisations.</p>                                                                                            |
| Communications and engagement     | <p>The communications and engagement workstream has the following responsibilities to:</p> <ul style="list-style-type: none"> <li>• maintain effective and appropriate communications around the programme with all key stakeholders</li> <li>• capture and respond to feedback from all stakeholders, but especially staff from both organisations</li> <li>• lead on public engagement and any required public consultation</li> <li>• develop a new organisational name and associated branding</li> </ul> | <p>Oversee all internal and external communications linked to the BCT programme.</p> <p>Support monthly staff engagement sessions.</p> <p>Ensure all stakeholders are appropriately engaged.</p> <p>Develop and monitor the communications and engagement plan for the BCT programme.</p> <p>Integrate the WHH and BCH comms teams.</p> |
| Digital                           | <p>This workstream will develop and deliver a strategy for the digital integration of WHH and BCH, ensuring the managed consolidation of systems and digital services to achieve quality improvements and efficiencies for both trusts.</p>                                                                                                                                                                                                                                                                   | <p>Develop a joint digital strategy.</p> <p>Align all key systems and critical digital infrastructure.</p> <p>Integrate digital teams from WHH and BCH.</p>                                                                                                                                                                             |
| Finance                           | <p>Aim to make both trusts more financially sustainable, create opportunities for efficiencies and productivity gains, and make the best use of our shared resources.</p>                                                                                                                                                                                                                                                                                                                                     | <p>Develop a joint financial strategy.</p> <p>Integrate finance teams from WHH and BCH.</p> <p>Align all key systems, processes and financial governance policies.</p>                                                                                                                                                                  |
| Clinical and operational services | <p>The clinical and operational workstream has been established to support the overall</p>                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>Develop a joint clinical strategy.</p>                                                                                                                                                                                                                                                                                               |

|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                 | <p>delivery of the integration programme, with a particular focus on:</p> <ul style="list-style-type: none"> <li>managing emerging clinical and operational risks</li> <li>integrating teams to create clinically improved models of care and better outcomes for patients</li> <li>improving urgent and emergency care pathways and delivery of flow</li> <li>developing sustainable services which are delivered in settings which are accessible, and which facilitate the delivery of optimum care and ensuring financial and clinical sustainability of services</li> </ul> | <p>Identify priority pathways and begin to integrate clinical and operational teams.</p> <p>Integrate all clinical and operational teams in line with phased plans.</p> <p>Develop the future organisational form.</p> <p>Work with Place partners to agree the future clinical vision.</p> <p>Work to improve key organisational performance metrics through integration opportunities.</p> |
| Corporate services              | <p>Develop and then implement plans to create single services for each corporate function serving a new integrated organisation between WHH and BCH.</p> <p>Ensure the corporate functions of the integrated organisation will be cost effective, efficient and fit for the future.</p>                                                                                                                                                                                                                                                                                          | <p>Oversee the integration of all corporate services and delivery of financial improvement through corporate service integration.</p>                                                                                                                                                                                                                                                        |
| Corporate governance            | <p>The programme is threefold, to:</p> <ol style="list-style-type: none"> <li>ensure both trusts continue to remain Well Led during the integration programme</li> <li>develop a strategy for greater collaboration between the trusts, focusing on joint/shared governance where appropriate</li> <li>safely guide the trusts towards the formal legal mechanism and ensure the governance is in place post transaction</li> </ol>                                                                                                                                              | <p>Agree the structure of the new Board for integrated organisation.</p> <p>Develop and implement committees in common for all key sub-committees of the Board.</p> <p>Oversee the new legal organisational form, membership of the new organisation, and governance arrangements.</p>                                                                                                       |
| Clinical governance and quality | <p>The clinical governance and quality workstream has been established to support the overall delivery of the integration programme, with a particular focus on:</p> <ul style="list-style-type: none"> <li>risk management, inclusive of complaints, incident management,</li> </ul>                                                                                                                                                                                                                                                                                            | <p>Integrate clinical governance teams from WHH and BCH.</p> <p>Align all key systems, processes and clinical policies across the two organisations.</p>                                                                                                                                                                                                                                     |

|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                      |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|         | <p>litigation and associated documentation, guidance and assurances</p> <ul style="list-style-type: none"> <li>identifying opportunities and efficiencies for improvement in clinical governance services pathways and functions</li> <li>managing emerging risks of integration from a functional and operational standpoint</li> <li>integrating teams to create improved working models of care and safer outcomes for patients</li> <li>developing aligned and sustainable services supporting patient experience such as bereavement, chaplaincy, and medical examiners</li> <li>ensuring financial and clinical sustainability of services</li> </ul> | <p>Implement a single risk management system and supporting processes.</p> <p>Oversee the quality impact assessment (QIA) for the programme and quality assurance processes for the new organisation.</p>                                                                            |
| Estates | <p>Integration of the estates department functions, contracts and sites of WHH and BCH to appropriately serve the population of Warrington and Halton and further afield.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p>Integrate estates teams from WHH and BCH.</p> <p>Ensure all 'business as usual' compliance, maintenance and estates safety issues are identified and addressed alongside the integration programme.</p> <p>Review and make recommendations on the rationalised use of estate.</p> |

*Table 7: The 10 BCT workstreams and key milestones*

### **7.3.1 Monitoring progress and assuring delivery**

Each of the core workstreams detailed above has an individual 'delivery tracker' that is used to capture all key milestones across the various phases of the integration programme. Delivery of each milestone is supported by a number of more detailed actions, which are also recorded in the trackers. The list of actions and milestones have been compiled by the SROs and workstream leads, with support and advice from NHS England and other trusts nationally that have recent experience of integration.

Within the detailed actions, all workstreams have identified and flagged all tasks that are classed as 'critical day one' requirements. These include all relevant items of risk or potential risk to the organisation based upon the due diligence exercise undertaken in October 2025 (see chapter 19 for further details).

Delivery of all critical day one actions is monitored through a separate fortnightly 'day one mobilisation' meeting. This meeting has representation from all core workstreams and reports directly into the BCT delivery group (see figure 8).

An overview of all key programme actions and milestones is included in the supplementary information accompanying this document.

### **7.3.2 Monitoring workstream risks**

Within the individual workstream delivery trackers, teams capture and record any risks associated with the workstream or the wider programme.

All risks relating to individual workstreams are recorded on the WHH Datix system and owned by the workstream teams, along with any required mitigating actions. They are also recorded on the BCH Ulysses system for completeness and to support dual reporting through the existing governance processes in the respective organisations.

All risks relating to the overall programme are recorded on the WHH Datix system and owned by the BCT programme team. They are also recorded on the BCH Ulysses system.

All risks are then monitored via the usual organisation risk monitoring processes, and they are also reported to the BCT delivery group on a monthly basis. An overview of the programme risks is included in chapter 19 of this document.

### **7.3.3 Monitoring workstream benefits – people, patients and productivity**

Within the individual workstream delivery trackers, teams also capture and record any benefits relating to patients, people or productivity (non-financial benefits) that are expected to be delivered via the programme.

Progress against the delivery of these benefits is tracked via the BCT delivery group each month. A number of the more detailed people, patients and productivity benefits anticipated from the integration are described in later sections of this document.

### **7.3.4 Monitoring workstream benefits – financial**

All workstreams also record and monitor the delivery of any anticipated financial benefits from the programme. These are detailed on the existing organisational central CIP trackers to ensure a single data source for all financial improvement across each trust.

Delivery of the respective trusts' financial improvement plans is reported each month via a range of meetings culminating in the joint finance and sustainability committee in common.

Progress against all anticipated financial benefits arising specifically from the BCT programme are reported to the BCT delivery group each month for information.

## **7.4 Senior programme leadership**

The SRO for leading the integration programme is Lucy Gardner, chief strategy and partnerships officer at WHH. Lucy holds the executive portfolio for strategy at WHH, which includes the direct line management of the strategy team.

The WHH strategy team form the core of the BCT programme team, including the programme director role. The WHH strategy team are primarily responsible for the development and delivery of externally focused strategic change and improvement. Over

recent years the team have delivered a range of collaborative programmes of work across both Warrington and Halton Places, including:

- Halton Health Hub, a multi-million pound project to convert an unused retail unit in a local shopping centre in Runcorn into a multi-use health facility
- a £16m programme to create Community Diagnostic Centre facilities in three different locations in and around the trust's Halton site, including Halton Health Hub
- the Living Well Hub in Warrington, a £3m multi-agency health and wellbeing facility bringing together connected services from more than 30 different providers (including both WHH and BCH) from a range of sectors (referenced in section 10.3.1)

Lucy Gardner has prior experience of integrating organisations from her time at Ernst & Young. Her consultancy experience includes leading the advice and consultancy support to the Royal Free Hospital when it acquired Barnet and Chase Farm.

There is also substantial experience in mergers and acquisitions across the wider senior leadership teams:

- Joint chief executive Nikhil Khashu was the executive lead for the transaction of Calderstones to Mersey Care and worked on the early stages of the acquisition of Southport and Ormskirk Hospitals by St Helens and Knowsley. Nikhil also worked closely with the national transactions team as part of his previous role at NHS England.
- Joint medical director Dr Paul Fitzsimmons was previously deputy medical director at Liverpool University Hospitals NHS Foundation Trust (LUHFT) and was accountable for the reconfiguration of clinical services when Aintree University Hospitals acquired the Royal Liverpool to create LUHFT.
- Chief people officers from both WHH and BCH have extensive experience of leading TUPE transfers of staff into and out of organisations and creating an integrated workforce.
- WHH's chief finance officer supported the integration of Lancashire Ambulance Trust into North West Ambulance Service in her role as assistant director of finance at that time.
- WHH's director of communications and engagement was executive director of communications at South West Yorkshire Partnership NHS Foundation Trust and oversaw communications and engagement activities around TUPE of various community services in and out of the organisation.
- A number of the non-executive directors across both trusts have significant experience of transactions, including as NHS executives and commercial directors and lawyers.

## **7.5 Public Sector Equality Duty: Development and ongoing implementation**

The integration programme is underpinned by a strong commitment to the Public Sector Equality Duty (PSED), ensuring that equality, diversity and inclusion are at the heart of organisational change. In 2024, both trust Boards formally agreed the Equality and Health Inequalities Impact Assessment (EHIA) process and governance arrangements, which have since been used to develop a combined EHIA for the integration. This comprehensive assessment is available as a supplementary document to the business case and provides assurance that potential impacts on protected groups and health inequalities have been thoroughly considered. The work continues and the EHIA will be a live document which continues to be reviewed post transaction as part of our implementation plans.

A standard operating procedure (SOP) has been established to ensure consistency and rigour in the EHIA process, and a bespoke combined EHIA training programme has been

developed for staff. This training aligns with statutory requirements for public consultation and engagement, equipping colleagues to identify, assess and mitigate equality impacts throughout the programme. In addition, assurance reviews are being developed in partnership with equality, diversity and inclusion leads from both trusts, providing ongoing oversight and challenge. This structured approach ensures that the PSED is not only met at the outset but will continue to be actively monitored and embedded as the new organisation moves forward.

## 7.6 A three-phase approach to integration

The scale and pace of change happening across the NHS, and public services nationally, is significant and unprecedented. As a result, it presents a challenge for our integration programme to be able to precisely define our long-term future operating model at this point in time. The main reason for this is because we know that the future success of our combined organisation will be based upon our ability to work collaboratively with our partners across the system. Therefore our future operating model needs to be developed as part of a much broader operating model across our local Places and region.

Whilst development and agreement around future operating models and the various Place vs regional aspects may require time, there are certainly elements that we can progress in the short-term to deliver improvement and create the foundations for future success. This is why we are following a three-phased approach to the integration programme as described in more detail in the following sections.

This phased approach will allow us to fully engage with the right partners at the right time to create the correct, sustainable, longer-term solutions, whilst simultaneously allowing us to progress critical improvement work that makes the most of the immediate opportunities created via the integration.

Figure 9 below illustrates the three planned phases of our programme, summarising the key work that will happen during each phase to bring together the respective elements of the two integrating partner organisations.

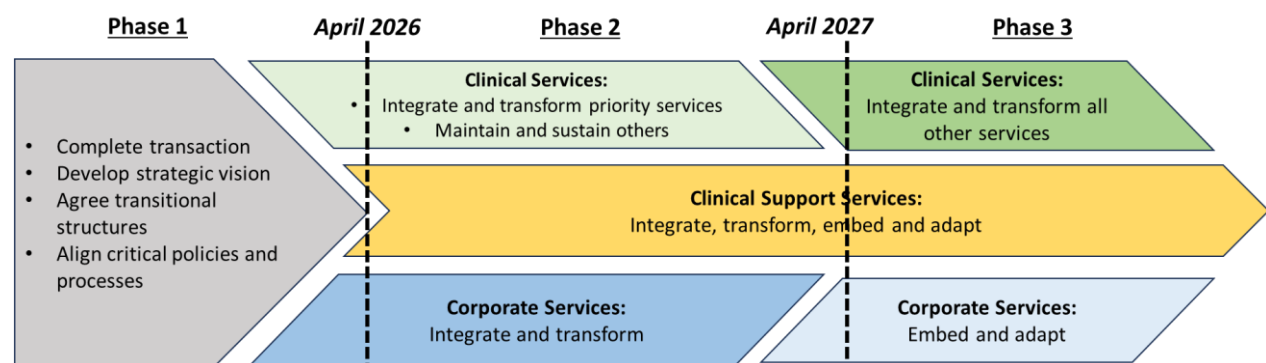


Figure 9: Three-phased approach to integration of services

## 7.7 Phase one: Period to 31 March 2026

In the short-term our aim is to bring BCH and WHH together through a formal acquisition as quickly as possible. We are aiming to complete the transaction in time to commence the new integrated organisation from 1 April 2026.



Completing the transaction quickly is more cost-effective, minimises disruption for patients and staff, creates the opportunities for improvement sooner and also makes them much easier to realise.

In the period leading up to the end of March 2026, we will focus on developing and agreeing initial integrated 'transitional' staffing structures for a number of services. These structures will create single teams and services across key parts of the organisation.

The structures will come into effect from the first day of our newly integrated organisation on 1 April 2026.

In addition, we will work to align all critical policies, processes and operating systems between the two partners to ensure the safe and seamless running of services from day one.

We will also continue to develop the strategic vision (along with supporting documents) and operating models for future services in collaboration with multiple local and regional partners, ensuring this is aligned to wider national strategic direction and the needs of our local communities.

#### **7.7.1 Accelerating the transaction**

Accelerating the process to complete the transaction and integrate the two organisations makes financial sense. It will reduce the costs associated with the transaction itself and also bring forward the date from which a number of key benefits can be delivered.

The benefits of the integration are detailed in later sections of this document but include financial benefits as well as benefits to patients and staff.

In terms of financial benefits, we estimate that accelerating our transaction will reduce the overall transaction costs by around £0.55m (see section 7.12). We also believe it will bring forward up to £4m in corporate savings by a year.

In terms of wider patient and staff benefits, formally bringing together the organisations sooner will help to simplify the process of service improvement, pathway redesign and makes it easier to divert resources between acute and community services to be more responsive to need.

We acknowledge that accelerating the transaction will also create new risks in terms of the time available to complete key tasks to support the integration. However, we believe that our phased approach to delivery will help us to mitigate that risk and allow us to divert the resources we have available to support the programme to the right projects at the right time.

#### **7.8 Phase two: Period from 1 April 2026 to 31 March 2027**

Figure 10 below illustrates the planned form of the integrated organisation, effective from 1 April 2026.

From this date, the organisation's senior leadership and senior operational management will operate as single integrated teams.

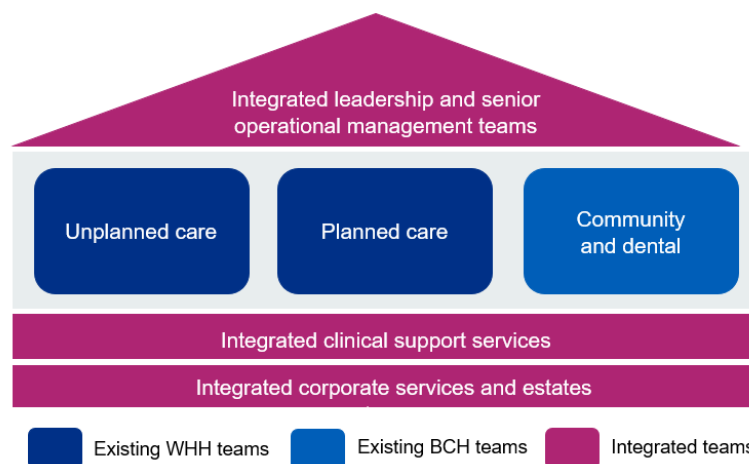


*Figure 10: The proposed organisational form for integrated organisation, effective from 1 April 2026*

The vast majority of clinical services from BCH will simply ‘slot in’ to the new integrated organisation, in the form of a new ‘community and dental services’ care group. This will operate alongside the existing WHH unplanned care and planned care groups.

The only exceptions will be where specific clinical services and pathways have been identified as priorities for integration and therefore the aim would be to deliver the required service redesign/transformation work in these areas during this phase of the programme. These clinical priorities are discussed in more detail in section 10.5.2 of this document.

The three main clinical care groups within the organisation will be supported by integrated corporate service and clinical support teams. More details on the plans to bring these teams together from 1 April 2026 is also included in later sections of this document (corporate teams in section 11.9 and clinical support teams in section 10.7).

Further detail on integration governance, risk management and delivery of the programme beyond the date of the formal transaction is set out in the post-transaction integration plan (PTIP). The PTIP is discussed further in section 7.10 below.

### **7.9 Phase three: Period from 1 April 2027 onwards**

The third phase of our planned integration programme will see the remaining (non-priority) clinical services brought together and the delivery of our long-term vision for a new clinical model.

The rest of the organisational infrastructure, key systems and processes should be in place and embedded at this stage and therefore allows for the redirection of service change/transformation/organisational development resources to support the necessary clinical change work.

The future clinical model will be firmly based on the principle of ‘home first, then community and hospital only when needed’ and will be grounded in the national strategic direction around developing neighbourhood health and data-led intervention. More detail on the vision for the future clinical model is included in chapter 10 of this document.

### 7.10 Post-transaction integration plan (PTIP)

The post-transaction integration plan (PTIP) is developed alongside this Full Business Case and operates as a standalone, complementary document, setting out distinct milestones, objectives and governance arrangements that will guide the integration.

The PTIP outlines the approach and actions required to deliver the full integration of the two organisations following the formal transaction date of 1 April 2026. Therefore, it essentially sets out the plans for bringing together the services and teams across phase two and three of the BCT programme, ensuring all risks are managed and all benefits are realised along the way.

### 7.11 Accelerating the transaction

Figure 11 below illustrates the key steps and timeframes associated with the accelerated timeline for phase one of the integration programme.

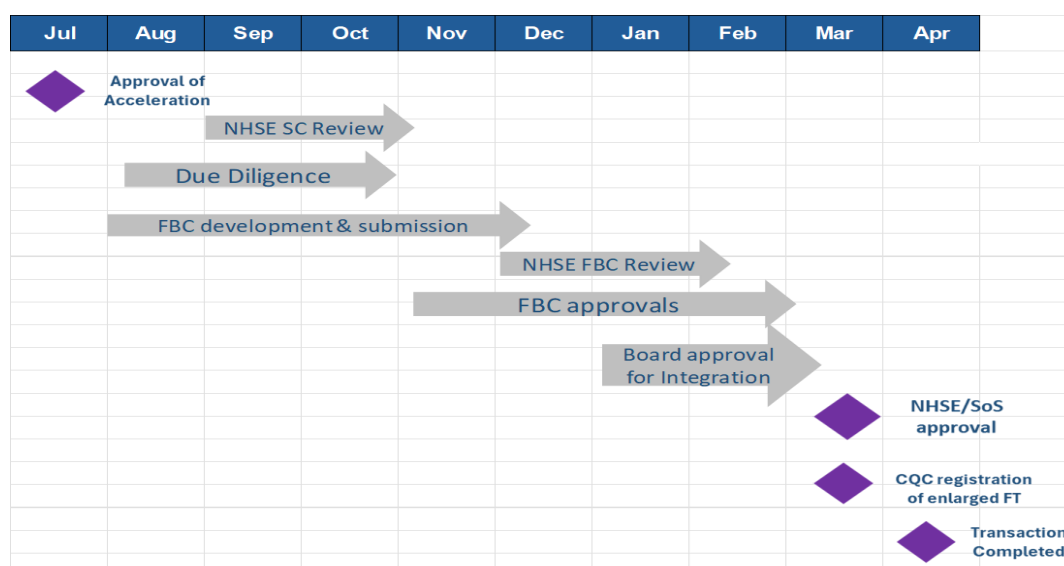


Figure 11: Timelines for key milestones as part of the accelerated transaction (phase one) of the programme plan

The key milestones achieved to date in relation to progressing the formal transaction for the integration is included in the supporting documents.

### 7.12 Resourcing the programme

Our ask of the ICS in terms of funding support to progress and complete the transaction was originally £1.65m spread across two years.

The current financial challenges across both WHH and BCH, but also across the wider ICS, present an urgent need for us to progress the accelerated timeline for the transaction. This should help to realise improvement opportunities sooner, reduce uncertainty and disruption for staff, and reduce the costs of the transaction itself.

The revised ask of the ICS to support the accelerated transaction has subsequently been reduced by £550,000. The partner organisations have agreed to realign internal resources wherever possible to deliver as much of the work required to support the integration as possible 'in house' and therefore reduce the costs. The overall revised ask is therefore just over £1.1m broken down as follows:

| Funding support requested based on original transaction timeline | Programme requirement                                        | Funding support requested based on accelerated transaction timeline |
|------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------|
| £32,000                                                          | Programme leadership and programme management support        | £32,000                                                             |
| £120,000                                                         | Finance costs to support to the programme                    | £120,000                                                            |
| £90,000                                                          | Communications and engagement costs to support the programme | £90,000                                                             |
| £112,000                                                         | Dedicated clinical leadership to the programme               | £112,000                                                            |
| £1,100,000                                                       | External consultancy support to the programme                | £550,000                                                            |
| £200,000                                                         | Legal advice and support                                     | £200,000                                                            |
| £1,654,000                                                       | Total funding support requested                              | £1,104,000                                                          |

*Table 8: Anticipated initial and revised programme costs*

### 7.13 Programme costs and additional funding to date

Table 9 below details the known/estimated programme costs to date (as at the end of November 2025). Note that costs associated with operating a mutually agreed resignation scheme (MARS) are factored into profiled annual savings included in the finance section of this document (see section 13.3) and are therefore not included as additional costs below.

Table 51 in section 13.5 of this document details the anticipated annual additional programme costs profiled by year.

| Programme requirement                                                            | Costs identified to date |
|----------------------------------------------------------------------------------|--------------------------|
| Programme leadership and programme management support                            | £0                       |
| Finance costs to support to the programme                                        | £140,000                 |
| Communications and engagement costs to support the programme (including signage) | £110,600                 |
| Dedicated clinical leadership to the programme                                   | £0                       |
| External consultancy support to the programme                                    | £415,000                 |
| Legal advice and support                                                         | £140,000                 |
| IT and system realignment costs                                                  | £97,500                  |
| <i>Contingency</i>                                                               | <i>£200,900</i>          |
| Total funding support requested                                                  | £1,104,000               |

*Table 9: BCT programme costs as at the end of November 2025*

NHS Cheshire and Merseyside formally supported our strategic case, timeline and acceleration of the transaction in July, which included the £1.1m estimate of additional costs. A request for funding had also been submitted to the ICB prior to July's Board meeting. At the time the ICB agreed to make a 'modest sum' of funding available to support the integration programme and have so far confirmed £200k of this.

WHH have subsequently formally written to the ICB to confirm that unless the remaining £900k funding is allocated, the trust will potentially go off plan by up to £900k due to the additional costs of the integration programme in 2025-26. This is included as a key programme risk on the risk log (see table 58, section 19.2).

The funding requested of £1.1m is significantly less than that provided to other integrations completed locally in recent years. Our integration is forecast to deliver £2.4m of cashable financial benefits in 2025-26 (part of WHH/BCH internal CIP challenge), and cost up to £0.9m in 2025-26 (£1.1m in total), both costs and savings are reflected in our financial forecast.

### 7.13.1 Use of internal resourcing as programme support

In order to keep additional programme costs to a minimum, given the current financial challenges, both WHH and BCH have identified and diverted internal resources to support the core workstreams with managing the programme of work.

Table 10 below shows the total whole time equivalent (WTE) staffing released from a number of internal teams across the two organisations to date, and up to the end of 2026-27. Resource requirements beyond 2026-27 will be reviewed and agreed prior to the end of 2026-27.

| Resource diverted from    | Q1 25/26    | Q2 25/26    | Q3 25/26    | Q4 25/26    | Q1 26/27    | Q2 26/27    | Q3 26/27    | Q4 26/27    |
|---------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| BCH - Digital team        |             |             |             | 0.20        | 0.20        | 0.20        | 0.20        | 0.20        |
| BCH - Transformation team | 0.20        | 0.20        | 0.20        | 0.20        | 0.20        | 0.05        | 0.05        | 0.20        |
| WHH - Finance team        |             | 0.20        | 0.40        | 0.40        | 0.40        | 0.40        | 0.40        | 0.40        |
| WHH - QI team             | 1.00        | 1.30        | 1.50        | 0.50        | 1.50        | 1.50        | 1.00        | 1.00        |
| WHH - Strategy team       | 3.40        | 3.60        | 4.05        | 5.95        | 6.80        | 6.80        | 6.30        | 6.30        |
| WHH - Transformation team |             |             |             | 0.20        | 0.20        | 0.20        | 0.20        | 0.20        |
| WHH - Workforce team      | 0.80        | 0.80        | 0.80        | 0.85        | 0.60        | 0.60        | 0.60        | 0.60        |
| <b>Grand Total</b>        | <b>5.40</b> | <b>6.10</b> | <b>6.95</b> | <b>8.30</b> | <b>9.90</b> | <b>9.75</b> | <b>8.75</b> | <b>8.90</b> |

Table 10: Internal resource diverted from BCH and WHH to support the core workstreams

Figure 12 below illustrates how the internal resources quantified in table 10 are aligned to individual workstreams across each of the three phases of the BCT programme. We are planning to continue to resource the programme as required into 2027-28 and will review the resource requirements and ensure they are met prior to the end of 2026-27.

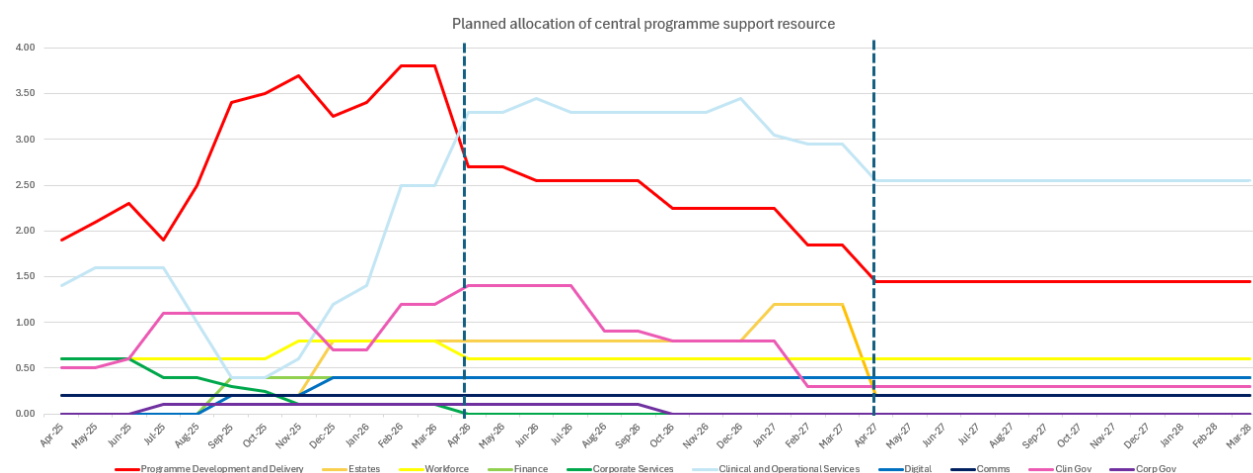


Figure 12: Alignment of central programme resource to support individual workstreams

### 7.13.2 Use of internal resourcing to support workstream delivery

In addition to the central programme support identified above, both BCH and WHH have diverted internal resources from teams within each of the core workstreams to support the delivery of all programme actions and milestones, including those classed as critical day one actions.

Table 11 below shows the total whole time equivalent (WTE) staffing released from a number of internal teams across the two organisations to date, and up to the end of September 2026 (midway through phase two of the programme). Resource requirements beyond September 2026 will be reviewed and agreed depending upon the outstanding actions within each workstream at that point.

| Resource diverted from | Q1<br>25-26 | Q2<br>25-26 | Q3<br>25-26  | Q4<br>25-26  | Q1<br>26-27  | Q2<br>26-27  |
|------------------------|-------------|-------------|--------------|--------------|--------------|--------------|
| BCH - Clin Gov team    |             | 1.10        | 4.65         | 4.65         | 4.65         | 4.65         |
| BCH - Comms team       | 0.60        | 1.00        | 1.40         | 2.10         | 2.10         | 2.10         |
| BCH - Corp Gov team    | 0.10        | 0.20        | 0.45         | 0.45         | 0.10         | 0.10         |
| BCH - Digital team     | 0.10        | 0.20        | 0.51         | 0.51         | 0.51         | 0.51         |
| BCH - Estates team     | 0.20        | 0.20        | 0.60         | 0.90         | 0.90         | 0.90         |
| BCH - Finance team     |             |             | 0.10         | 0.10         | 0.10         | 0.10         |
| BCH - Health visitors  | 0.30        | 0.30        | 0.30         | 0.30         | 0.30         | 0.30         |
| BCH - IPC team         |             |             | 0.20         | 0.20         | 0.20         | 0.20         |
| BCH - Management team  |             |             | 0.10         | 0.10         | 0.10         | 0.10         |
| BCH - Med Mgmt team    |             |             | 0.10         | 0.10         | 0.10         | 0.10         |
| WHH - Clin Gov team    |             | 0.50        | 1.40         | 3.02         | 3.02         | 3.02         |
| WHH - Comms team       | 0.40        | 0.80        | 1.20         | 2.00         | 2.00         | 2.00         |
| WHH - Corp Gov team    | 0.10        | 0.20        | 0.45         | 0.45         | 0.10         | 0.10         |
| WHH - Digital team     | 0.20        | 0.20        | 0.91         | 0.91         | 0.91         | 0.91         |
| WHH - Estates team     | 0.20        | 0.20        | 1.40         | 1.80         | 1.80         | 1.80         |
| WHH - Finance team     | 0.05        | 0.10        | 0.50         | 0.50         | 0.50         | 0.50         |
| WHH - IPC team         |             |             | 0.10         | 0.10         | 0.10         | 0.10         |
| WHH - Management team  |             |             | 0.05         | 0.05         | 0.05         | 0.05         |
| WHH - Pathology team   |             |             | 0.10         | 0.10         | 0.10         | 0.10         |
| WHH - Pharmacy team    |             |             | 0.10         | 0.10         | 0.10         | 0.10         |
| WHH - QI team          |             |             | 0.20         | 0.20         | 0.20         | 0.20         |
| WHH - Radiology team   |             |             | 0.20         | 0.20         | 0.20         | 0.20         |
| WHH - Workforce team   |             |             | 1.40         | 7.00         | 7.00         | 7.00         |
| <b>Grand total</b>     | <b>2.25</b> | <b>5.00</b> | <b>16.41</b> | <b>25.83</b> | <b>25.13</b> | <b>25.13</b> |

*Table 11: Internal resource diverted from BCH and WHH to support the delivery of actions within the 10 core workstreams*

## 8.0 Vision and strategies for the integrated trust

### 8.1 Chapter summary

The integration of WHH and BCH seeks to establish a sustainable, high-performing organisation that delivers seamless acute and community care, meeting the evolving health needs of local people. This section articulates this shared vision, the mission and strategic priorities for the new integrated organisation.

It sets out how WHH and BCH will build on existing partnership work to deliver seamless care across the acute-community pathway, supporting the 'Start Well, Live Well, Age Well' principles of the Cheshire and Merseyside ICS, focusing on health equity, digital transformation, and population wellbeing.

**Key message:** The section details the trust's new vision, to deliver seamless, sustainable, person-centred care across hospital and community settings. It explains how the integrated trust will drive clinical excellence, workforce wellbeing, digital innovation and environmental sustainability, shaping a single, forward-thinking organisation built for the future.

It highlights how strategic alignment with the NHS 10 Year Health Plan will enable transformation at scale, improving access, prevention and continuity of care, and outlines the overarching outcomes framework through which success will be measured.

### 8.2 Our vision for the future

As described in chapter 5 of the case, the challenges we are aiming to address via integration are to:

- meet the current and future health and wellbeing needs of our local population
- manage future demand for statutory services within available resources
- deliver on national priorities and performance standards
- tackle known health inequalities
- secure long-term clinical and financial sustainability

In order to rise to these challenges, transformational change of our respective organisations is required.

Our vision for the organisation is to evolve into a thriving and responsive integrated acute and community provider delivering high-quality, effective services that meet the needs of residents. We will build sustainability and cost-efficiency into our pursuit of this vision.

Our clinical ambition, aligned closely to the principle requirements of the 10 Year Health Plan, is to achieve a fundamental shift in the delivery of care from an illness focused, hospital-based model to a more sustainable, community-based, collaborative model focusing on health promotion and prevention. As we develop the detail of what the future clinical model will look like alongside our local partners, there are a number of guiding principles we will follow that have been agreed by the senior clinical and operational leadership of both trusts. These are:

- **'Home first, then community and hospital only when needed' – this is our core principle**
- any changes to clinical service delivery should aim to improve access and reduce health inequalities
- service changes should aim to deliver the most cost-effective care possible

- clinical service delivery should align to 'getting it right first time' opportunities (GIRFT) and seek to achieve compliance with national, college and national institute for clinical excellence (NICE) guidance where applicable
- services should be delivered as close to home as feasibly possible and centralised when necessary
- services that are complex, specialised or small volume should be consolidated to enable future sustainability
- co-production should be considered wherever feasibly possible

### 8.3 Long-term planning and key organisational strategies

A number of documents are currently in development that together will set out how we aim to achieve our vision for the integrated organisation. Figure 13 below shows how the various documents align and connect with one another.



Figure 13: Alignment of trust strategies

### 8.4 Five-year organisational plan

The first draft of the five-year plan for the integrated organisation is due to be submitted to NHS England in December 2025. This plan will detail the organisation's baseline position with regards its current performance and its capacity and capability to deliver on the challenges it faces. It will then describe the detailed plan for improvement over a five-year timeframe.

The integration of WHH and BCH will feature heavily in the plan as a critical enabler to improvement in terms of finance, performance, addressing health inequalities and managing future demand.

The five-year plan will incorporate the plan for financial and performance improvement.

### 8.5 Organisational strategy

#### 8.5.1 Our strategy for an integrated organisation – 2026-2029



A joint strategy for the integrated organisation is currently in development with adoption expected at the end of 2026. It will describe in more detail our strategic vision to provide more joined-up care for people living in Warrington and Halton, with a greater focus on providing more of their care at home and in the community as set out in chapter 10. It will also align with national guidance to develop local neighbourhood health models which aim to strengthen collaboration between health and social care and wider public services.

The strategy will link closely with the organisation's five-year plan to help define a number of key strategic objectives and it will be underpinned by enabling strategies. These enabling strategies will provide greater depth around specific strategic objectives and start to demonstrate not just where we are going, but how we intend to get there.

A comprehensive engagement programme to ensure wide input into the new strategy for the integrated organisation has been developed. Implementation started in August 2025 with initial engagement on the values that our new integrated trust needs to demonstrate and uphold (section 8.6). The engagement programme will be ongoing throughout 2025 to 2026 until the new strategy for the integrated organisation is approved, as illustrated in figure 14.

We are following a five-stage process to develop our new strategy:

1. August to November 2025 – assess the relevance of existing strategies and engage on new values
2. December 2025 – define the scale and nature of change needed
3. January to April 2026 – develop the building blocks for our organisational identity, vision and mission
4. May to August 2026 – determine the final strategy and engagement
5. September to December 2026 – approve and launch the new strategy and agree ongoing governance and monitoring

Ongoing regular communication and engagement via digital channels, bulletins and forums will bring together people's experience, expertise and ideas to help shape our future plans.

We will engage internally through staff forums, equality, diversity and inclusion champions, staff network meetings, staff-side meetings and with our Freedom to Speak Up (FTSU) guardians. We will also seek external views from Place committees, voluntary sector partners, Healthwatch, local authority groups, our council of governors and members, and local councillors and MPs.

We will hold dedicated meetings with the GP leads from our Places – Warrington and Halton – and hold patient and public reference groups to help capture the views of our local population around what we are planning to do and what is particularly important to them.

The feedback received during this extensive programme of engagement will be vital in the development of our strategy and in shaping our plan for integration of clinical and operational services.

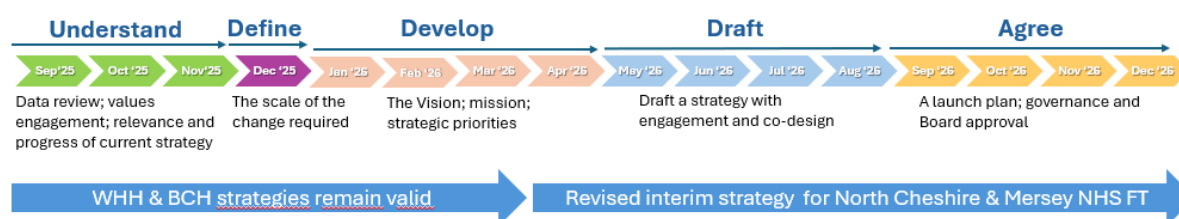


*Figure 14: The timeline for the development, approval and publication of the new organisational strategy*

### 8.5.2 Interim organisational strategy to 2026

Whilst the new strategy is in development, an interim strategy will be adopted by the new organisation from the date of the acquisition for the remainder of 2026. The interim strategy is based on the existing WHH strategy, which has been formally extended and approved by both WHH and BCH Boards with some amendments to reflect the priorities of BCH and opportunities realised through the integration.

Amendments to the WHH strategy include a change to the mission statement, which now states the ambition to be exceptional, our vision statement which previously referred to a great 'place' to receive healthcare and now refers to a great 'organisation providing healthcare'. Similarly, all three aims have had amendments to wording to incorporate phrases currently familiar within the BCH strategy as illustrated in figure 15.



Figure 15: Amended WHH organisational strategy

### 8.5.3 Interim strategic objectives

As part of the interim strategy for the integrated organisation, the current WHH strategic objectives will be adopted in the short term with one minor amendment to include belonging in 'our organisation' rather than belonging in WHH. Figure 16 below details the existing strategic objectives that are framed around the three strategic domains: quality, people and sustainability. These strategic objectives align to both WHH and BCH's existing strategies.

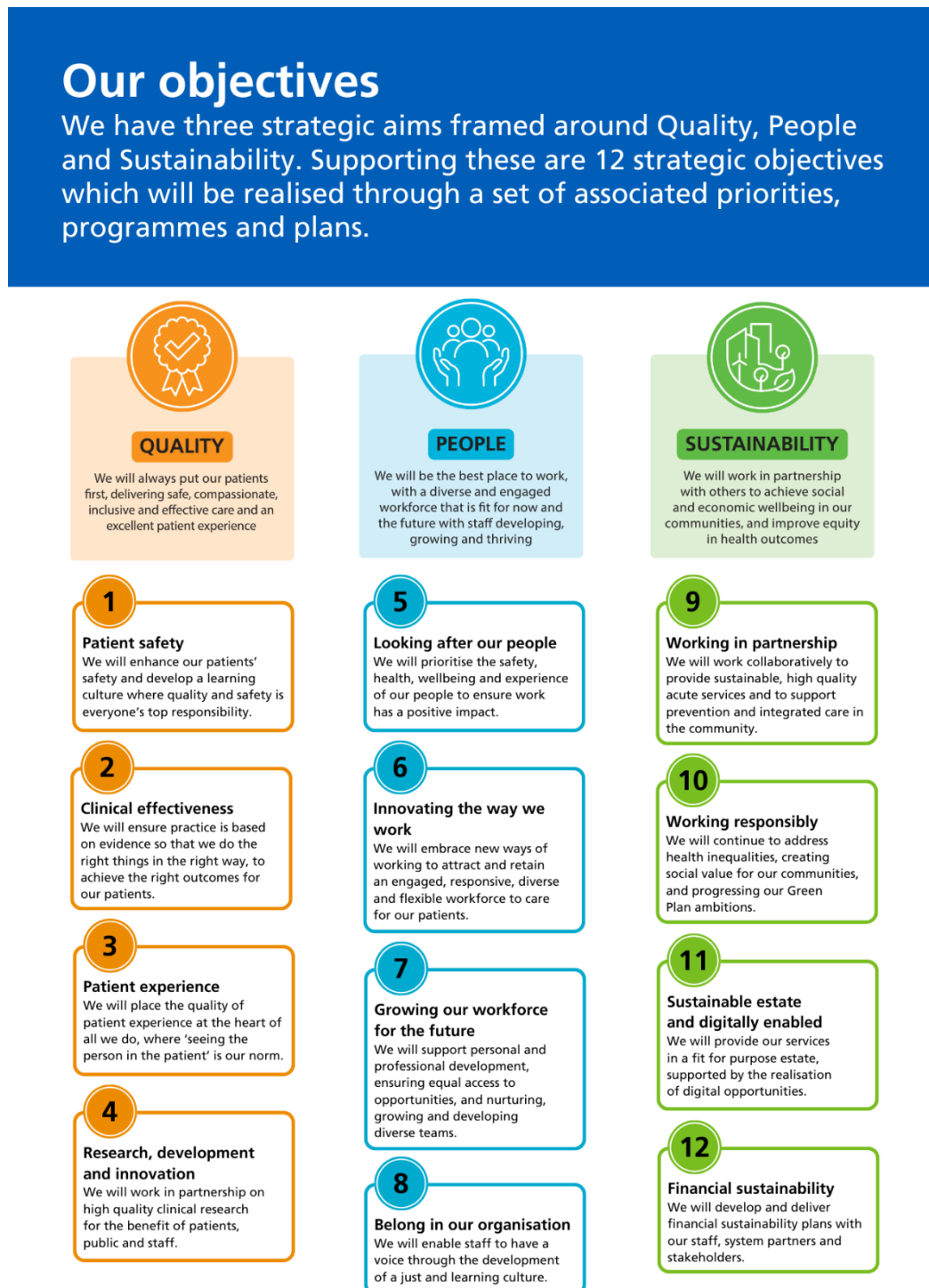


Figure 16: Amended interim strategic objectives

## 8.6 Trust values

Feedback received in staff engagement events suggested that the values of the integrated trust would be an important area for prioritisation and were something that staff were keen to input into. Refreshed organisational values will serve to guide the development of the wider strategy, and support work on culture and business planning such as a new behavioural framework and branding.

A three-week engagement exercise was undertaken across August and September 2025 via a short survey to staff which was shared widely within both trusts and with external partners. A total of 183 people completed the survey – 44% BCH, 55% WHH, 1% external.

### 8.6.1 Quantitative data

'Kindness' and related values (such as kind, caring and compassion) were the most frequently mentioned and resonated strongly with staff across both trusts, indicating a shared priority for a caring and supportive culture.

Many respondents expressed a desire for simplicity and clarity in organisational values, with comments suggesting that values should be memorable, collective and not overly numerous or complex. There was a notable emphasis on inclusivity, teamwork and openness, with staff highlighting the importance of working together, celebrating differences and maintaining honesty and transparency as the organisation moves forward.

### 8.6.2 Qualitative data

Qualitative information was gathered through discussions at various internal and external forums including Place partnership Boards and the joint trust leadership forum, which highlighted that:

- values should be concise, meaningful and reduced to around three to four in total
- there is an important link between the values and associated behavioural framework
- behaviours should additionally be engaged on, with communications clearly outlining the differences and similarities between old and new, to ensure they are embedded

Survey results and qualitative information were triangulated to develop the set of refreshed values, which will come into effect from 1 April 2026, described below.

|             |             |             |                 |
|-------------|-------------|-------------|-----------------|
| <b>Kind</b> | <b>Open</b> | <b>Fair</b> | <b>One Team</b> |
|-------------|-------------|-------------|-----------------|

*Table 12: Refreshed trust values for the integrated organisation*

## 8.7 Supporting strategies and enabling strategies

Alongside the development of a new organisational strategy, there will be a need to develop a number of key supporting strategies and enabling strategies. These complimentary documents will provide further clarity and focus on specific areas of the integrated organisation's operations.

The clinical strategy will describe the future clinical model at service level and how it will enable the trust to realise the majority of the patient benefits of the integration. The content and principles within the clinical strategy are discussed further in chapter 10.

The financial strategy will form part of the five-year organisational plan and demonstrate the plan to move the integrated organisation to a position of financial sustainability in the medium-term. The content and principles within the financial strategy are discussed further in chapter 13.

Other enabling strategies that will be produced include the estates strategy, the people strategy and the digital strategy. The content and key principles within these other enabling strategies are discussed in chapters 16 to 18.

| Strategy                                                         | High-level description                                                                                                                                                                                                                              | Timeframe     |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Five-year organisational plan                                    | Internal and regional use. Aligned to NHS 10 Year Health Plan, to set out the long-term objectives for the organisation including financial sustainability plans. Feeds into detailed operational plans on annual basis, including impact measures. | December 2025 |
| Financial strategy                                               | Internal and regional use. Plan to break even from current deficit position and maintain financial sustainability.                                                                                                                                  | December 2025 |
| Organisational strategy                                          | Public facing. Vision, values and objectives and priorities to deliver strategic goals.                                                                                                                                                             | December 2026 |
| Clinical strategy                                                | Public and internal facing. Sets out vision for neighbourhood health. Includes responsibilities to address health inequalities and wider determinants of health. Supported by service level clinical priorities and plans.                          | December 2026 |
| Estates strategy                                                 | Internal use. To describe estate requirements to deliver clinical strategy in fit for purpose facilities. Supported by detail to inform investment cases and deliver cost improvement.                                                              | October 2026  |
| Enabling strategies incl.<br>People strategy<br>Digital strategy | Internal use. Approaches to provide support, resources and conditions to enable delivery of the overarching strategy and five-year organisational plan priorities.                                                                                  | December 2026 |

*Table 13: Key organisational strategies and timeline for production*

## 8.8 Strategy development timetable

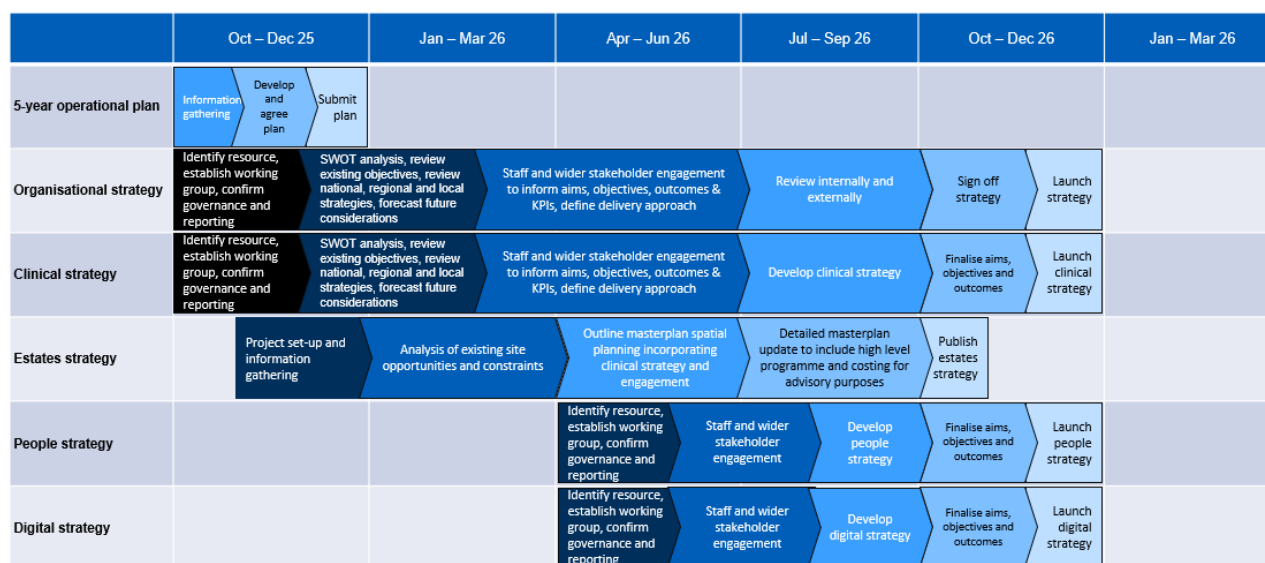


Figure 17: The timeline for development of various strategies for integrated organisation

## 8.9 Annual operating plans

Once the medium to long-term strategic direction of the new integrated organisation is set, the trust will need to translate this into clear, manageable objectives that can be monitored to ensure delivery. This will be achieved via annual operating plans that are agreed for each care group prior to the commencement of each new business year.

Through this process, all care groups are required to commit to a range of operational targets and goals aligned to the longer-term strategic objectives of the wider organisation.

Progress against the targets and goals set in the annual operating plans is monitored throughout the year by the trust senior leadership team to provide appropriate challenge and assurance, but also to identify risks to delivery and support required.



## 9.0 Organisation design

### 9.1 Chapter summary

This section outlines the proposed structure and governance of the new integrated organisation. It describes how leadership, clinical and corporate functions, the legal mechanism for the acquisition, Board committee structures, the quality and financial governance structures, and the operating model will be configured to support delivery of the Trust's strategic vision and operational priorities.

The section emphasises principles of simplicity, accountability and inclusivity, ensuring the new organisation's design supports integrated working and informed and timely decision-making.

It references early work undertaken through joint committees and collaborative working to ensure readiness for day one.

The section concludes by setting out the next steps for consultation, engagement and implementation of the future operating model.

**Key message:** The proposed design ensures a balanced, transparent and responsive structure, maintaining continuity while enabling innovation.

It integrates acute and community leadership, reflects the values of both organisations, and ensures accountability from Board to frontline services. This design positions the new organisation to deliver both local responsiveness and system-level impact.

### 9.2 Legal mechanism

The integration process between BCH and WHH has been driven by the need to improve services and achieve clinical and financial sustainability. As described in chapter 6, the chosen legal mechanism for achieving this will be through the acquisition of BCH by WHH.

Governance arrangements put in place to date include joint executive team meetings, joint Board development meetings, and the creation of an ICS steering group made up of senior representatives from both trusts, NHS Cheshire and Merseyside ICS and local system partner organisations.

As part of our BCT programme, BCH and WHH undertook a Board-to-Board session on 4 September 2024 to consider how BCH and WHH could effectively work together as a single organisation. This resulted in the options appraisal being undertaken as described in chapter 6.

Since November 2024, the trusts have been working together to introduce a joint executive team with a number of shared posts including chief executive, executive medical director, chief nurse, chief operating officer, and director of delivery to date.

At respective public trust Board meetings, on 5 and 6 February 2025, the recommendation of the options appraisal for BCH to be acquired by WHH was approved.

On 4 and 5 June 2025 respectively, it was agreed by both Boards to propose acceleration of the acquisition to 1 April 2026 to the C&M ICS Board. This happened on 24 July 2025, and the proposal was subsequently supported. Both Boards also approved the strategic case for our integration and acquisition at the same meetings on 4 and 5 June. The strategic case was also supported by the C&M ICS Board on 24 July 2025. The strategic case was then submitted to NHS England for review and feedback to be incorporated into this FBC.

### 9.3 Overall Board committee structure for WHH and BCH

Figure 18 below shows the current combined Board and sub-committee governance structure for WHH and BCH. Figure 19 and figure 20 show the current Board sub-committee structures for both BCH and WHH respectively. Finally, figure 21 shows the proposed Board sub-committee structure for the new integrated organisation.

The introduction of committees in common ensures that both Boards and the joint committee of the Boards have oversight of all domains of the two trusts and are able to balance information and appropriate challenge across shared agendas. This is complemented by integrated performance quality review reports for each trust with a single version across the two trusts scheduled to be produced ahead of day one.

As outlined in figure 18 below, committees in common for both people and finance and performance have already been established. Terms of reference for a joint committee of the Boards have also been approved, should they need to be stood up ahead of the acquisition date.

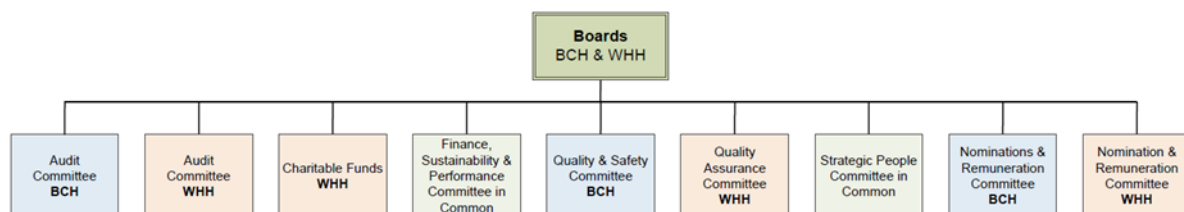


Figure 18: Current combined Board sub-committee governance structure

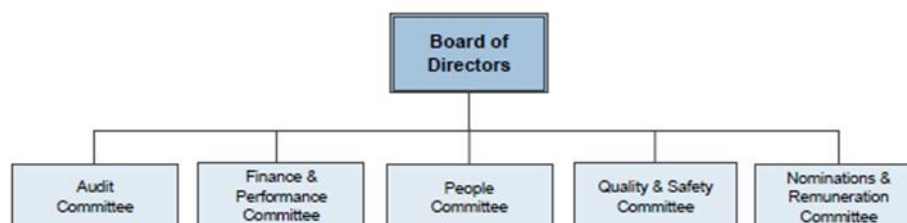


Figure 19: Previous BCH Board sub-committee structure

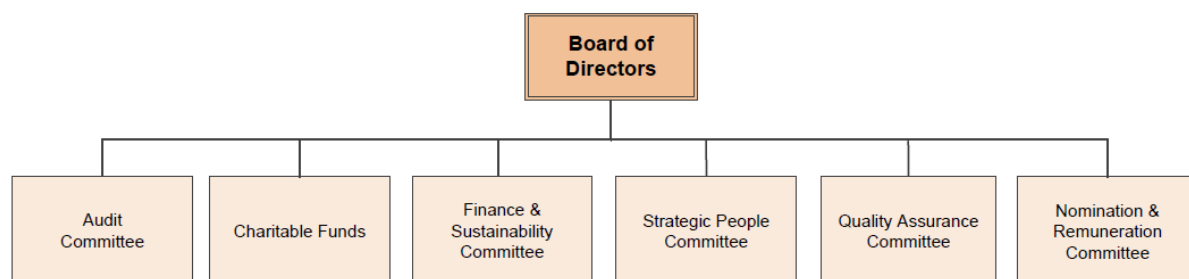


Figure 20: Previous WHH Board sub-committee structure



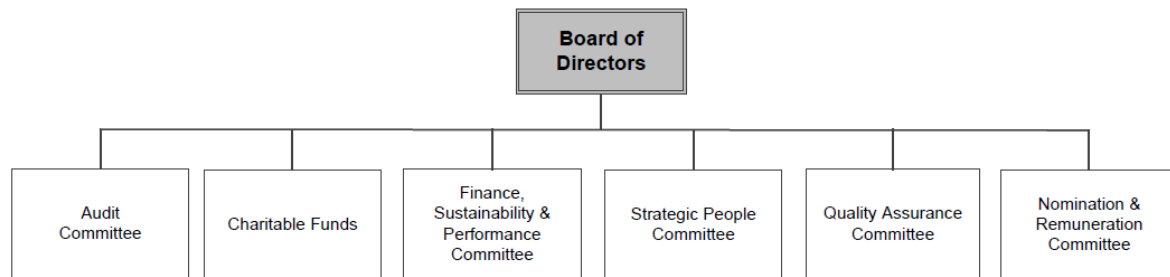


Figure 21: New Board sub-committee structure for integrated organisation

#### 9.4 Board of integrated trust – day one proposed position

With the introduction of joint executive roles across both trusts since November 2024 and the establishment of committees in common, a significant amount of joint governance has been put in place ahead of the formal transaction.

Assurance on the progress of the acquisition has been reported through the BCT programme delivery group, which reports into both trust Boards directly. The delivery group will continue following the acquisition to provide assurance on the progress of delivery of the subsequent phases of the programme and further development and delivery of the PTIP.

Post acquisition, the Board committee structure will be further reviewed as part of the review of the constitution and self-evaluation against the well-led framework, to ensure the optimal balance of strategic development and assurance, and appropriate number of Board committees. This may lead to refinement of the committee structure for the integrated trust.

The terms of reference for the strategic people committee in common were approved separately by both Boards in April 2025. Similarly, the terms of reference for the finance, sustainability and productivity committee in common were approved in August 2025.

The remaining Board committees are currently reviewing their terms of reference, which will be submitted to both Boards for approval during the 2025-26 financial year.

From day one of the integrated organisation the following committees will also be in place:

- a single audit committee
- a single nomination and remuneration committee, comprised of all non-executive directors of the new trust
- a single quality assurance committee

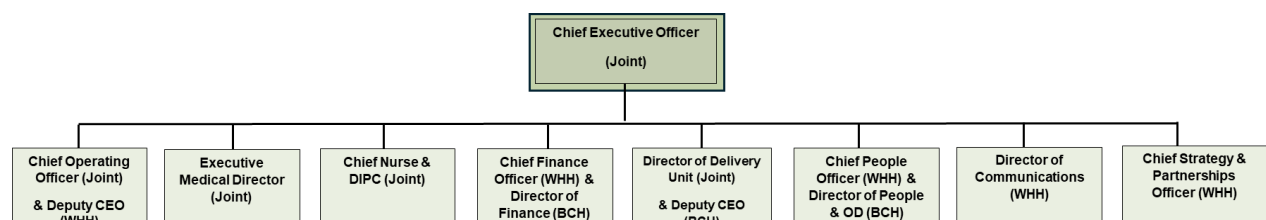


Figure 22: Current executive structure of both BCH and WHH

The integrated organisation will have a Board structure comprised of a single executive team and non-executive directors.

The trust will be led by an effective and diverse Board which is innovative and flexible and will support the delivery of the new organisation's strategy. The role of the Board of Directors will be to:

- provide effective and active leadership of the Trust within a framework of processes, procedures and controls which enable risk to be assessed and managed
- ensure compliance with the provider licence, the constitution, mandatory guidance issued by NHSE, and all relevant statutory requirements and contractual obligations
- set our strategic framework, taking into account the views of the council of governors, reviewing progress and managing performance
- assure the quality and safety of care, the reduction of health inequalities, education, training and research
- ensure that all functions are exercised effectively, efficiently and economically
- promote the long-term sustainability of the trust as part of the ICS, the local ICB and wider healthcare system in England, generating value for members of the foundation trust, patients, service users and the public
- help set the vision, values and standards of conduct and ensure obligations to members, service users and other stakeholders are understood, clearly communicated and met

The integrated organisation will have a newly appointed chair with a three-year term from April 2026-27 who will lead the organisation with the incumbent non-executive directors from WHH. The non-executive directors (NEDs) of WHH will continue their terms with the integrated organisation. The existing BCH NEDs will not automatically transfer to the new Board. However, as the terms of the current WHH NEDs come to an end, BCH NEDs will have the opportunity to apply for any forthcoming NED vacancies on the new Board, ensuring fair access to future roles within the integrated organisation.

The existing members of the WHH and joint executive team will transfer to the executive posts in the integrated organisation. The executive team structure was reviewed in 2024 as part of the appointments within the joint executive team. The required legal processes will be undertaken in line with the Transfer of Undertakings (Protection of Employment) regulations to establish the integrated Board.

Figure 23 below of the proposed executive team will support the integrated organisation with the capacity oversight and capability to deliver our integration programme and capital projects alongside business as usual.

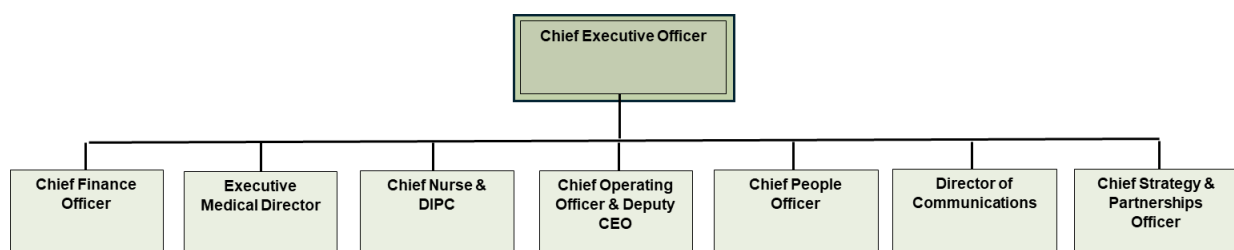


*Figure 23: Executive team of the integrated organisation*

In developing our structure, we have been mindful that the Board of the integrated organisation needs the necessary skills and experience to enable it to provide effective leadership and oversight of the new, integrated trust. This will help assure delivery of the

strategic objectives for the new organisation. The proposed Board will have the necessary skills to ensure that the integrated organisation delivers high quality, safe care to the populations we serve.

## 9.5 Constitution

An exercise will take place to review the constitutions of both WHH and BCH and align these where necessary for the integrated trust. Trust Boards and Governors will be engaged during the exercise. The updated constitution will be presented to the WHH Council of Governors and Trust Board for approval in February 2026.

Additionally, the Scheme of Reservation and Delegation (SoRD) and Standing Financial Instructions (SFIs) will be presented to the WHH Board for approval in February 2026.

## 9.6 Governors

WHH currently has 27 governors, while BCH has 24. As WHH is the acquiring trust, its council of governors will become the council of governors of the new organisation upon acquisition. The BCH council of governors will be dissolved.

Given that both trusts serve broadly the same population, work was undertaken during 2023-24 to align WHH's public constituencies with those of BCH. This resulted in the agreement of two public membership constituencies: Warrington and Halton, and rest of England, with governor representation from both. In 2023-24, the WHH constitution was updated to allow individuals to serve as governors at more than one trust encouraging cross-FT collaboration.

Staff constituencies across BCH and WHH are identical, therefore no changes are proposed. Partner governor positions are similar across both trusts. WHH currently has partner governors for all partner organisations specified by BCH, including statutory borough-based partner organisations, voluntary services and higher education.

Between September and November 2025, WHH will conduct routine elections to fill vacant seats or those with governors nearing the end of their term. Election results will be announced on 26 November 2025.

The newly formed governor engagement group in common (GEGiC) merges the WHH governor engagement group and the BCH communities matter public & community engagement group. Approved by both councils of governors in August 2025, GEGiC aims to strengthen collaboration between the two Trusts and align membership and engagement strategies to support the integration journey.

The statutory role of the council of governors is defined in the constitution. Governors work closely with non-executive directors through council meetings attended by all non-executive directors, with executive directors participating in specific agenda items as subject matter experts.

## 9.7 Membership

As of 31 March 2025, WHH had 3,062 public members and 4,790 staff members, and BCH had 1,655 staff members and 6,219 public members.

In the time leading up to the integration, efforts will be made to encourage BCH public members to become members of WHH, which will become the membership base of the new organisation. This message will be communicated through BCH and WHH member newsletters and media releases related to the 2025 WHH elections.

BCH members may submit nominations to become governors of WHH (and therefore the new trust), provided they submit a valid membership form. BCH membership will be dissolved upon acquisition. During the transaction period and beyond, the public will be encouraged to join WHH and the new organisation to ensure they can contribute to the strategic direction of the trust, stand in governor elections and vote for their representative governors.

BCH staff members will automatically become members of the new organisation following the transaction.

## **9.8 Quality governance structure for the integrated trust**

The integrated organisation will adopt a unified quality governance framework that ensures safe, effective and person-centred care across acute and community settings. This framework will align with NHS England's quality governance principles and the requirements of the care quality commission (CQC), while supporting the trust's strategic objectives and ICS priorities.

A unified quality focused Board-level committee responsible for oversight of clinical quality, patient safety and experience will be established building on the existing quality governance framework from each trust. The committee will report directly to the Board of Directors having received briefing papers from a range of subcommittees covering areas such as patient safety, experience, safeguarding, infection prevention, medicines governance and risk review. The committee will also oversee the development and implementation of quality strategies, monitor compliance with regulatory requirements, and ensure effective communication and learning frameworks are in place across the trust.

The supporting documents show the proposed internal governance structure for the integrated organisation covering the three core strategic domains of quality, people and sustainability.

### **9.8.1 Integration of quality support functions**

The integration of BCH and WHH will encompass all governance functions, including risk and incident management, central alerting system (CAS) alert management, policy, standard operating procedure (SOP) and guideline oversight, legal and claims management, and complaints and patient advice and liaison services (PALS).

More detail around the integration of clinical governance and quality teams can be found in section 11.15 of this document.

### **9.8.2 Clinical policies and procedures**

To ensure safe and effective service delivery from day one, it is essential that all high-risk clinical policies and procedures are aligned and fully understood by all staff. Policies are categorised as high risk if they will potentially require a material change in practice or process for either WHH or BCH staff following the date of integration, and the change in practice or process, if not fully communicated and/or understood, could create a risk of harm.

Successful alignment of clinical policies will promote consistency in clinical practice, improve quality and safety standards, and enhance staff confidence in the new organisation's governance arrangements. It will also reduce duplication, streamline clinical decision-making

and lay the foundation for a more efficient, integrated and sustainable approach to patient care across the integrated trust.

The process of reviewing, prioritising and aligning all clinical policies ahead of the transaction date has already commenced. Relevant documents, SOPs and policies are being updated and consolidated to ensure clarity, accountability and robust governance structures. All processes will be concluded and fully communicated by 31 March 2026, with joint governance meetings commencing from 1 April 2026. Many activities will begin ahead of full integration to maintain continuity and safety. Where full alignment cannot be achieved by day one, clear interim arrangements and governance controls will be established and communicated to provide staff with definitive guidance on which policies to follow. This approach will safeguard patient care, maintain regulatory compliance and support a smooth transition to a unified clinical governance framework.

### **9.8.3 Incident management**

Incidents will be managed collaboratively across both organisations on a daily basis. Clinical governance managers, aligned to each care group within the organisation, will provide daily escalations to the triage meeting chaired by the deputy director of governance. For any incidents of concern or interest, an SBAR report will be prepared and reviewed at the weekly executive-led safety oversight meeting (SOM), which is attended by ICB colleagues. During SOM, proportionate learning responses will be agreed and subsequently presented back for review. SOM currently reports into the WHH quality assurance committee (QAC) through relevant governance reports and escalates to the executive-led PSIRF group. It will report into the joint quality committee once this is established. Learning from incidents will be monitored through the sustained learning group, which will start in Q4 2025-26.

### **9.8.4 Risk management**

The trust is currently undertaking a procurement exercise to purchase a single governance system across both organisations. It is proposed that training and rollout of the new system will commence from the first quarter of 2026-27. This will further strengthen integration, streamline reporting and enhance assurance across both organisations.

In the meantime we will ensure that risk management processes remain robust throughout the duration of the integration programme and beyond. WHH will continue to manage risk registers and incidents on the Datix system, while BCH will continue to utilise the Ulysses system for incidents and risk registers. Both systems will be governed and managed by a single data analyst governance team, which will produce joint reports for governance committees and care groups to ensure safe business continuity.

All risk registers will be overseen by a single risk review group, attended by the executive team, all care groups and the corporate secretary. This group will ensure that all risks are managed, reviewed and aligned with the corporate risk register and the Board assurance framework. The risk review group will report into the quality committee and Board by exception. The clinical governance managers/governance teams will be fully trained in both systems.

### **9.8.5 Health and safety management**

Presently, the oversight of organisational health and safety resides within different portfolios across the two organisations. In the future integrated structure, health and safety will be managed and governed within the clinical governance portfolio to ensure clarity and consistency. BCH currently uses external contracted support to manage health and safety;

this was identified as a potential risk as part of the health and safety due diligence exercise (see section 19.3.2). It is envisaged this arrangement will continue temporarily while the capacity of the governance team is scoped and adequate resources are allocated to maintain all health and safety activity internally.

### 9.8.6 Legal and claims management

Legal and claims management currently sits within the corporate governance team at BCH, but with limited activity. This function will transfer to the WHH legal team at the point of integration, utilising existing WHH policies, procedures, and governance reporting frameworks.

## 9.9 Financial governance for the integrated trust

The new trust will operate under a robust financial governance framework, drawing on the existing structures of both organisations and aligning them through aligned policies and procedures.

While WHH and BCH remain separate legal entities until completion, both Boards have approved a 'committees in common' approach to provide unified oversight ahead of the legal transaction. For finance, this is the finance, sustainability and productivity committee in common (FSPCiC), replacing WHH's finance and sustainability committee (FSC) and BCH's finance and performance committee for joint scrutiny of plans, in year performance and strategic investments. FSPCiC reports via assurance reports to each sovereign Board and escalates as required to each trust's audit committee, operating within each scheme of reservation and delegation (SORD). The CiC oversees financial and operational planning, operational performance, strategic and business development, EPRR, estates and digital matters, and sustainability across both trusts, ensuring compliance with NHS regulations and local priorities.

Following integration, the CiC will revert to a single committee reporting within the internal governance structure illustrated in the supporting documents.

### 9.9.1 Individual elements of financial governance

**The Board of Directors** are the unitary Board responsible for stewardship of public funds, strategy, risk and assurance.

**Audit committee** – the independent committee that reviews and assures integrated governance, risk management, internal control, and the work of internal audit, external audit and counter fraud. It meets at least five times a year, with provision for private meetings with auditors, reports to the Board after each meeting, and supports the annual governance statement.

**Finance, sustainability and performance committee** – provides strategic oversight and scrutiny of financial planning, in year performance to plan/budget, efficiency and productivity, cost improvement programme (CIP), capital programme, cash and triangulation across performance and workforce. It also makes recommendations to the Board on plans, budgets and investments, and operates to an agreed cycle of business.

The governance model will be underpinned by a corporate governance manual and the annual governance statement which outline the control environment and responsibilities of key committees.



Furthermore, a single **delivery unit** has been established across both organisations to review and scrutinise productivity, non-pay, workforce and recruitment and overall financial grip and control.

### 9.9.2 Reporting lines and responsibilities

- The chief finance officer will be accountable for financial stewardship and reporting across the integrated entity.
- The audit committee reports to the Board and provides independent assurance on the adequacy of internal controls, risk management and governance processes.
- The finance, sustainability and productivity committee will report to the Board and is responsible for scrutinising financial plans, investment proposals and budget performance.
- The company secretary ensures governance compliance and supports committee operations, including documentation and escalation protocols.

### 9.9.3 Internal control system and lines of financial accountability

#### a) Core instruments

Standing financial instructions (SFIs) set out duties of all staff and the CFO to design and maintain internal financial controls, including segregation of duties, internal checks, record keeping and reporting – ensuring probity, accuracy, economy, efficiency and effectiveness.

The scheme of reservation and delegation (SORD) defines decision rights and delegated financial limits (revenue, capital, tendering/quotations, waivers), and clarifies who may commit, approve or vary budgets. Waivers of procurement processes are reported to the audit committee. Standing orders codify Board/committee composition and delegation, and requirements for conduct, declarations and meetings.

These documents will be reviewed and updated prior to the transaction to ensure they are fit for purpose for the new organisation.

#### b) Budget accountability and reporting

The CFO chaired finance resource group (FRG) reviews clinical business unit (CBU) and corporate financial performance monthly and reports to the non-executive led finance committee. The financial control group provides further grip and oversight of efficiency and controls. Quality impact assessments for CIPs are reviewed to ensure financial actions do not compromise quality.

#### c) Assurance on segregation of duties

The integration will maintain strict segregation of duties across financial processes, supported by standing financial instructions and scheme of delegation. These clearly define roles for budget holders, approvers and reviewers to prevent conflicts of interest and use financial systems with embedded controls to enforce separation of duties and prevent unauthorised transactions.

#### d) Budget accountability

Budget accountability will be embedded through:

- delegated budget responsibilities to operational leads and service managers
- regular financial reporting to the finance, sustainability and productivity committee and executive team

- integration of financial performance into the Board assurance framework (BAF) and risk registers

#### 9.9.4 Internal audit, external audit and assurance alignment

**Internal audit:** The trust's internal audit provider (Mersey Internal Audit Agency – MIAA) delivers a risk-based annual plan approved by the audit committee. The 2024-25 cycle included mapping and follow up of actions with regular reporting to the committee, and the Head of Internal Audit (HOIA) opinion for 2024-25 concluded substantial assurance. As part of integration, MIAA is aligning annual plans and projects across WHH and BCH to ensure continuity of controls before and after the transaction.

Internal audit services will be aligned to ensure consistency and coverage:

- a unified audit plan will be developed in consultation with both legacy organisations' audit teams
- counter fraud activities will be aligned, with green ratings already achieved on fraud standards

**External audit:** External audit (statutory) provides independent assurance on the annual report and accounts, AGS and quality report. Following the planned acquisition on 1 April 2026, there will be a move to a single provider of external and the same for internal audit services to the integrated trust.

**Audit committee oversight:** Audit committee meets on a five times yearly cycle, receives internal/external audit and counter fraud reports, and tracks overdue actions; cycles of business are published and monitored.

#### 9.10 People governance for the integrated trust

The new trust will operate under a robust people governance framework, drawing on the existing structures of both organisations and aligning them through harmonised policies and procedures. While Warrington and Halton Teaching Hospitals NHS Foundation Trust and Bridgewater Community Healthcare NHS Foundation Trust remain separate legal entities until completion, both Boards have approved a committees in common approach to provide unified oversight of people and organisational development ahead of the legal transaction.

For people governance, this is the strategic people committee in common (SPCiC), replacing WHH's strategic people committee and BCHT's people committee, to enable joint scrutiny of workforce strategy, organisational development, equality, diversity and inclusion, and staff wellbeing. The SPCiC provides assurance to each sovereign Board via formal assurance reports and escalates as required to each trust's audit committee, operating within each trust's Scheme of Reservation and Delegation (SORD) and standing financial instructions (SFIs). The committee oversees the development and implementation of joint people strategies, workforce planning, staff engagement and culture transformation across both trusts, ensuring compliance with NHS regulations and local priorities.

Following integration, the SPCiC will revert to a single committee reporting within the new internal governance structure, supporting the trust's ambition to be the best place to work, with a diverse and engaged workforce that is fit for now and the future. The committee will continue to monitor performance against national standards, oversee statutory and regulatory obligations in relation to equality, diversity and inclusion, and ensure that the trust attracts, develops, and retains its workforce in line with the principles of the NHS People Promise.



## 10.0 Clinical model

### 10.1 Chapter summary

This section describes the emerging joint clinical model that will underpin delivery of care across the new organisation. It demonstrates how acute, community and specialist services will be connected through integrated clinical pathways designed around patient need, not organisational boundaries.

The section explains how this model supports prevention, early intervention and reduced hospital admissions through multidisciplinary working, shared digital systems and community-based care.

The integrated clinical model transforms patient journeys by removing boundaries between hospital and community care. It strengthens clinical sustainability, reduces variation, and enables proactive, preventative care closer to home.

**Key message:** This section outlines the four priority areas for early integration – starting well, ageing well, urgent and emergency care, and long-term conditions, and the subsequent seven priority pathways of focus: frailty response, infant feeding, heart failure, chronic pain services, movement disorders, female urinary incontinence, and end of life care. It illustrates how these will improve outcomes and experience while ensuring long-term clinical and financial sustainability.

### 10.2 Clinical vision and strategy

Our vision for the future model of the integrated organisation has been set out clearly since the original strategic case for change document was produced in October 2024.

We will deliver new models of care, with the continued involvement of a wide range of partners and voices, including primary care, local authorities and people with lived experience. We want to provide care as close to home as feasibly possible and focus significantly on improving population health and reducing health inequalities.

The NHS 10 Year Health Plan provides a mandate to bring this vision to life and the integration programme between WHH and BCH becomes a key enabler to achieving that transformational change. Our aim is to play a lead role in the development and then the delivery of proactive neighbourhood health across our local places.

It also aligns with national guidance to develop local neighbourhood health models which aim to strengthen collaboration between health and social care and wider public services including the third sector.

As demonstrated in chapter 5, our current model of care results in too many people coming into hospital for inpatient and outpatient care. With a rapidly growing and ageing population, this model will contribute to unsustainable levels of demand for services in future. The 10 Year Health Plan sets out three strategic shifts and our medium to long-term vision for clinical services aligns perfectly with each of these:

#### 1) Sickness to prevention

We want to work more collaboratively with local system partners to address the wider determinants of health and drive forward an agenda of ill health prevention and earlier intervention. Increasing healthy life expectancy for current and future generations and reducing demand for statutory health and care services.

## **2) Analogue to digital**

We want to be innovative and creative in our approach and make use of current and emerging technology to promote remote/virtual management of health conditions. We also want to promote self-care and empower the local population to take greater responsibility for their own health and wellbeing. Digital technology can be a key enabler in that aim.

## **3) Hospital to community**

For those people who do require support from secondary care services, we want to rebalance the pathways so that increasing numbers are able to access those services in community settings, supported by secondary care clinicians, advice and expertise where required. The neighbourhood health agenda can be the vehicle to really make that happen.

### **10.3 Foundations for the clinical vision**

WHH and BCH have been working closely for a number of years on a number of initiatives that demonstrate the three strategic shifts are realistic and achievable.

#### **10.3.1 From sickness to prevention**

##### **10.3.1.1 Case study: Living Well programme in Warrington**

WHH and BCH are two of the core partners leading the Living Well programme of work across Warrington over recent years. There are a number of projects within the programme that are focused on supporting prevention, early intervention and self-care.

The first of the Living Well projects was the Living Well Hub, which opened in March 2024 in Warrington town centre. The hub has rapidly established itself as a trusted, non-clinical access point for early help and wellbeing support. In its first 18 months of operation it recorded more than 30,000 attendances, with 50 per cent of people walking in on a drop-in basis rather than via referral – clear evidence of unmet demand for accessible, face-to-face support. Importantly, 88 per cent of visitors come from the town's most deprived central areas, and 9 per cent report they would not have accessed any help without the hub. Activity data shows that 15 per cent of visitors use more than one service per visit, and more than 5 per cent are actively signposted onwards, demonstrating the hub's role in diverting people away from crisis and into early, preventative support.

The co-location of WHH midwives, BCH community services, carers' support teams, dementia navigators, Home Start, job centre advisors, wellbeing teams and other statutory and voluntary providers enable seamless, multi-agency responses to complex social and health needs. Case studies from the project show tangible impact: vulnerable expectant parents receiving immediate financial and emotional support; unregistered carers identified early and connected into structured help; individuals with unmanaged long-term conditions brought into clinical pathways via informal engagement; and people in distress supported before reaching emergency services. Staff and people accessing services consistently report that these outcomes 'would not have been possible' without the shared hub model.

Alongside the hub, a wider network of 10 neighbourhood Talking Points delivered more than 900 visits in the first year and generated more than 2,000 requests for support, ensuring that early help is available close to where people live.

Building on this physical presence, the launch of the Living Well Warrington digital platform in March 2025 has created a 24/7 preventative 'front door' for residents and professionals.

Co-designed and governed by WHH, BCH, Warrington Borough Council and VCFSE partners, the platform consolidates previously fragmented information sources into a single, quality-assured resource. Early usage trends demonstrate that both clinicians and social prescribers are now routinely using it to connect patients to non-clinical support – further reducing unnecessary clinical contacts and strengthening community capacity.

The financial and system impact of the programme is significant: Living Well's face-to-face connections are estimated to have delivered £40m in system savings, while the digital platform has created £1m in social value within its first six months. The three projects to date operate at an annual cost of £490k – a fraction of the cost of a hospital ward. This demonstrates that the push towards community services and prevention creates opportunities to manage greater demand in a different way and support financial sustainability of the whole system.

Together, the Living Well Hub, Talking Points and digital platform represent a mature model of joint WHH and BCH population health working. They deliver measurable benefits in demand reduction, improved access, health equity and community resilience. Most importantly, they demonstrate that both trusts are already operating beyond organisational boundaries, jointly leading the cultural and operational shift from illness to wellness which this acquisition seeks to scale.

The Living Well Warrington programme was recently highly commended in the 'integrated care initiative of the year' category at the 2025 HSJ awards.

There are opportunities to go further with the collaborative work in Halton too, through the WELL Runcorn project, which will see a similar multi-agency health and education facility open in the town centre of Runcorn in early 2026.

### 10.3.2 From analogue to digital

#### 10.3.2.1 Case Study: Skin analytics – AI-led dermatology service

April 2025 saw the launch of a new AI-led dermatology service, the result of three months of fast-paced collaboration between BCH, WHH and the software providers.

The new service uses revolutionary medical-grade artificial intelligence called DERM, which recognises skin cancer and common harmless skin conditions using photographic images instead of assessment by clinical staff. The results of the AI system are proven to be more accurate and the software also results in a faster diagnosis.

Using AI will reduce the number of hospital appointments for patients with benign lesions and allow faster care for more urgent cases, with treatment often performed on the same day, at the same location. In line with wider NHS aims, waiting times will be reduced and a rising demand better met.

The pioneering new service is delivered from Warrington and Halton Diagnostics Centre, located at Halton Health Hub, within Runcorn Shopping City. This is one of only a small number of Community Diagnostic Centres to be launched in a shopping centre in the country – and the first in Cheshire and Merseyside, making it easy for patients to access modern diagnostic services outside of a hospital environment.

There are exciting and rapidly expanding opportunities for service improvement and financial efficiency linked to the use of AI. This is an area that the integrated organisation will be focusing on over the coming years as the programme of clinical and operational transformation continues to develop and deliver.

### 10.3.3 From hospital to community

#### 10.3.3.1 Case study: Urgent Community Response (UCR) Team

BCH's UCR teams across both Warrington and Halton work in close collaboration with the acute trust as well as Warrington and Halton borough councils. The UCR teams support people to get the care they need at home. The service receives a high volume of referrals and supports patients with high acuity to prevent unnecessary hospital admissions.

The urgent care improvement programme continues to work collaboratively with WHH, BCH and local authority colleagues, and benefits of integration are demonstrated with significant increased referrals to the UCR team as an alternative to ED. More than 120 more patients each month were referred to UCR in 2024 compared to 2023. Other improvements include a 4 per cent reduction in attendance at ED and a 17 per cent reduction in the length of time spent on the ED corridor from 2022-23 to 2024-25.

#### 10.3.3.2 Case study: Frailty virtual ward

The Warrington Frailty Virtual Ward is a partnership between WHH and BCH. The aim of the virtual ward is to provide 'hospital at home' patient-centred care to patients over 65 with a frailty condition. The ward currently onboards patients who reside within both nursing and residential care homes, with an additional step-down pathway that was introduced early in spring 2024 to allow patients from the Frailty Assessment Unit to be stepped down to their own home. Moving forwards, plans are in place to introduce a step-up pathway to onboard patients from their own homes into the virtual ward.

New opportunities to shift work away from acute settings will arise from the proposed neighbourhood health agenda. The 10 Year Health Plan sets out a vision for more multi-disciplinary, neighbourhood health centres and these could potentially be facilities offering enhanced community services delivered by integrated community and acute specialty teams alongside primary care teams.

## 10.4 Clinical Strategy

The impact of delivering and sustaining these three shifts will ultimately see care provided closer to the patient's home and help prevent more people reaching poor health and crisis point. Over time, this shift of care will free-up clinical time within the acute trust, allowing secondary care clinicians to focus on complex care and potentially releasing resources that can be shifted back into the community.

By following the core principle of 'home first, community next and only then hospital', patients will only need to attend acute services as a last resort. This should free up professional time, reduce secondary care resource requirements, reduce waiting lists and ultimately increase the sustainability of the overall care model.

This principle will form the basis of a new clinical strategy for the integrated organisation, which is planned to be completed by December 2026. The new clinical strategy will provide further details about what the clinical model will look like across our local Places as the thinking and planning around neighbourhood health develops and matures with our partners.

The overall approach to clinical integration that will be captured by the strategy is based on principles of co-production, quality improvement and systems thinking. By creating the conditions for a culture of shared learning, collaboration and innovation we will facilitate the development of integrated pathways and services that lead to sustainable improvements.

Further detail around how our future integrated clinical model can support improvements in health outcomes and health inequalities can be found in chapter 14 of this document.

### 10.5 Clinical integration in phase two of the programme

We acknowledge that the development of a new Clinical Strategy and clinical model will take time (for context, the neighbourhood health plans on a national scale form part of the 10-year plan). But we also acknowledge there are opportunities for clinical improvement that exist without the longer-term, large-scale transformation described in the sections above.

Having established our principles for clinical and operational integration (see section 8.2), an initial workshop for senior clinical and operational leads was held in October 2024. Chaired by the chief strategy and partnerships officer at WHH and joint medical director, the aim of the workshop was to understand services across both trusts, to understand where we care for the same people, to identify clinical alignment and to make recommendations on priority themes for integration.

50 senior leaders from across both organisations and external partners including third sector organisations and primary care participated in the workshop and following two facilitated interactive sessions, the following themes emerged as priorities for integration:



*Figure 24: Thematic priorities for clinical integration*

- Starting well – women, children's and family services
- Ageing well
- Urgent and emergency care and discharge
- Long-term conditions

Subsequently, it was decided that urgent and emergency care already had a programme of work (ED improvement programme) being undertaken collaboratively between WHH, BCH and local authority colleagues, and a separate summit for this area was therefore not considered necessary.

It was also agreed that long-term conditions should be divided into two sub-groups to consider physical conditions and neurological conditions separately and similarly, women's health and children's services were separated too.

In total, five themes were agreed to be taken forward for further initial work. These themes then formed the basis for the next stage of the planning, which was to identify the priority

services for integration in phase two of the programme as part of a series of 'clinical summits'.

### 10.5.1 Clinical summits

Services falling within each of the five identified themes were grouped together and appropriate representatives from clinical and operational teams for each service from each trust invited to the relevant summit. Director level partners including local authority, primary care and voluntary sector representatives were also invited.

The clinical vision and ambition to move more care into the community were integral to the clinical summits. Discussion focused on high level pathways and opportunities to strengthen services rather than detailed plans or organisational structure.

Focused discussion was facilitated to:

- understand the pathways within each service and the challenges within them
- understand where patients would benefit most from integration and a shift of services into the community
- consider how integration could support improvement in pathways and the priority order for this integration

#### 10.5.1.1 Clinical summit – long-term conditions (physical)

The specific services discussed at this summit were:

- podiatry and orthotics
- diabetes
- heart failure
- respiratory disease
- end of life care

The integration priorities agreed by the group were **heart failure, and end of life care**

#### 10.5.1.2 Clinical summit – long-term conditions (neurological)

The specific services discussed at this summit were:

- neurological rehabilitation
- stroke
- movement disorders/Parkinson's disease
- chronic pain services

The integration priorities agreed by the group were **movement disorders/Parkinson's disease, and chronic pain services**

#### 10.5.1.3 Clinical summit – women's health

The specific services discussed at this summit were:

- women and family services
- gynaecology, bladder and bowel
- breast screening and surgery

The integration priority agreed by the group was **female urinary incontinence**.

#### 10.5.1.4 Clinical summit – children’s services

The specific services discussed at this summit were:

- community paediatric and nursing care
- paediatric therapies
- antenatal and intrapartum care
- postnatal and neonatal care

The integration priority agreed by the group was **infant feeding**.

#### 10.5.1.5 Ageing well

A seventh and final clinical priority was added following the completion of the clinical summit meetings in the summer of 2025.

Given the significance and the impact of the ageing and growing population locally, it was agreed that the clinical integration work also needed to include a focus on older adults.

More specifically, the system-wide management of people living with frailty syndromes and **frailty response services**.

#### 10.5.2 Clinical priorities

| Category                                                                                                         | Priority Area                                |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
|  Acute & Community Care       | Acute care closer to home – Frailty response |
|  Cardiovascular Health        | Heart failure                                |
|  Pain Management              | Chronic Pain Services                        |
|  Maternal & Child Health      | Infant feeding                               |
|  Neurological Care            | Movement Disorders / Parkinson’s Disease     |
|  Women’s Health               | Female urinary incontinence                  |
|  Palliative & Supportive Care | End of life care                             |

*Table 14: Seven services identified as priorities for integration as part of phase 2 of the programme*

The following tables summarise the main outcomes from the initial meetings to discuss the identified clinical priorities.



| Clinical priority 1: Frailty response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| What are the challenges currently across WHH and BCH?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | What will we do in terms of integration of our clinical model?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <ul style="list-style-type: none"> <li>• No single community frailty service</li> <li>• Lack of senior frailty clinical support to BCH services meaning patients are often sent into ED for further assessment rather than positive risk-taking occurring</li> <li>• Services disjointed with no direct care pathways enabling flow to step in to secondary care or step down back to community – it means patients are often conveyed to ED for senior medical review when SDEC services may be more appropriate. Similarly, patients remain on wards for bloods to be repeated when this could occur in patients' own homes with medical input virtually if required.</li> <li>• Staffing constraints in both organisations with incorrect skill mixes</li> <li>• Limited therapy, nursing and specialist geriatric support in community</li> <li>• No provision of own home falls assessments for patients who are not housebound (despite gold stand falls assessment including an own home mobility/environmental review)</li> <li>• Digital fragmentation – usage of different clinical systems in WHH compared to BCH mean not all documentation is visible to both organisations – ACPs, CFS, 4AT delirium assessments, and care plans not consistently visible across hospital, community and GP systems.</li> <li>• No single governance structure for community and hospital-based frailty services, delaying service change /improvement and preventing optimal pathway design for patients</li> <li>• Care Home Integration – variable support for falls, infection management, and end-of-life care; inconsistent pathways to avoid unnecessary hospital admission.</li> </ul> | <ul style="list-style-type: none"> <li>• Early Frailty Identification and Comprehensive Geriatric Assessment (CGA)</li> <li>• Mandatory CFS assessment for all <math>\geq 65</math> in ED, FAU, and community referrals.</li> <li>• CGA delivered within 24 hours for moderate/severe frailty (CFS <math>\geq 6</math>), including ANP/ACP support</li> <li>• CGA-lite offered in virtual ward or home for community-managed patients by community team</li> <li>• Admission avoidance and community integration</li> <li>• Expand virtual ward 'step-up' to prevent hospital admissions from ED, GP, ambulance, UCRS, community matrons and care homes</li> <li>• Strengthen links (both in and out of secondary care building) with community UCRS, ECHST and community matron teams to enable same-day or home-based care</li> <li>• Deconditioning and functional recovery</li> <li>• Mobilisation-first ethos organisation wide and in community (dress, sit up, move daily)</li> <li>• Therapy input coordinated across hospital and community to maintain function and independence</li> <li>• Delirium, falls, and bone health</li> <li>• Universal 4AT delirium screening in all hospital and community assessments</li> <li>• Standardised falls protocols across hospital, virtual ward, community and care homes</li> <li>• Osteoporosis risk assessment and post-falls rehabilitation offered in hospital and community settings. Therapy assessment for falls clinic patients to be completed in their own home</li> <li>• End of life care and advanced care plan</li> <li>• Routine ACP conversations across all hospital and community services with one standardised document to be shared between all. ReSPECT document is used nationally but not in Warrington/Halton</li> <li>• Shared digital records accessible to ED, FAU, virtual ward, community teams and GPs</li> <li>• Care home integration</li> </ul> |



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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>• Direct care pathways for hospital avoidance and early intervention with increased utilisation of virtual ward step up pathways</li> <li>• Standardised falls, infection and end-of-life protocols aligned with hospital services. Apply same formulary to community care as hospital-based care</li> <li>• Rapid access to specialist geriatric support without unnecessary hospital conveyance</li> <li>• Metrics, monitoring and digital integration</li> <li>• Dashboards to track: CFS completion, 4AT screening, admissions avoided, LOS, readmissions, functional outcomes</li> <li>• 75+ benchmarking to assess system performance and identify gaps</li> <li>• Fully integrated EPR system across hospital, community and GP networks to support shared decision-making</li> <li>• Clinical governance to be led medically by DMOP clinical lead with one centralised governance meeting for entire frailty service encompassing community and hospital provision</li> </ul> |
| <b>How will this look and feel better for patients?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>How will this look and feel better for staff?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <ul style="list-style-type: none"> <li>• More care delivered at home or in community</li> <li>• Reduced corridor waits in ED as increased direct conveyance to FAU</li> <li>• Reduced delirium and deconditioning rates</li> <li>• Reduced LOS as seen by right team at the front door and increased early supported discharge support back out into the community</li> <li>• Better end of life alignment with patient wishes</li> <li>• Improved flow of pathway for patients due to integrated service</li> </ul> | <ul style="list-style-type: none"> <li>• Increased support from senior frailty clinicians</li> <li>• Upskilling of community workforce</li> <li>• Increased awareness of community services for hospital-based staff</li> <li>• Right patient in right place; less duplication of assessment</li> <li>• Focused use of specialist staff for high-impact interventions</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

*Table 15: Outcomes from initial discussions around clinical priority 1*

| <b>Clinical priority 2: Heart failure</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| <b>What are the challenges currently across WHH and BCH?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>What will we do in terms of integration of our clinical model?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <ul style="list-style-type: none"> <li>• Variation in practice for management of referrals and wider clinical practice by area</li> <li>• Too many patients wait too long for diagnosis and management leading to an increase in admissions</li> <li>• Availability of diagnostic tests varies by area and service</li> <li>• Variation in prescribing rights across WHH and BCH</li> <li>• Waiting times for outpatient appointments</li> <li>• Lack of clinical vetting for patients on the waiting list</li> <li>• Visibility of medical history and test results across disparate EPR systems</li> <li>• Waiting time for high complexity treatment e.g. intravenous diuretic medication</li> <li>• Suboptimal management of end-of-life heart failure patients leading to unnecessary admissions</li> </ul> | <ul style="list-style-type: none"> <li>• Have a single service serving patients across the heart failure pathway</li> <li>• Deliver a seamless integrated service to manage heart failure from diagnosis throughout the disease course – aiming to maximise the time patients are at home and minimise time and contact with the hospital.</li> <li>• Develop a community IV diuretics service</li> <li>• Establish community clinics for heart failure nurses shifting clinic workload into the community</li> <li>• Standardise the scope of practice of heart failure nurses including prescribing and referral right</li> <li>• Develop a one-stop approach to diagnosis and treatment in the community wherever possible</li> <li>• Reduce variation in practice between Halton and Warrington</li> </ul> |
| <b>How will this look and feel better for patients?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>How will this look and feel better for staff?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <ul style="list-style-type: none"> <li>• More access to specialist care closer to home, less unnecessary travel for certain types of heart failure care</li> <li>• Shorter waits for diagnosis and treatment</li> <li>• Care available will be less variable by patients' geographical location</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <ul style="list-style-type: none"> <li>• Staff will work in an integrated team across community and hospital with clear agreed structures</li> <li>• Staff will see their job roles and task standardised, making the best use of their skills. For example, specialist nurses in Halton can currently prescribe but those in Warrington cannot. This will change in the new model</li> <li>• An integrated team will allow for more resilience within the staffing model</li> <li>• Co-ordination of care for people living with heart failure will be easier, and staff will see the immediate benefits for the patients and families that they support</li> </ul>                                                                                                                                           |

*Table 16: Outcomes from initial discussions around clinical priority 2*

| <b>Clinical priority 3: Chronic pain services</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| <b>What are the challenges currently across WHH and BCH?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>What will we do in terms of integration of our clinical model?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <ul style="list-style-type: none"> <li>• Dated model of pain service provision in a predominantly hospital medical intervention-based model</li> <li>• Significant volume of pharmacological interventions for pain</li> <li>• Significant volume of day case invasive interventions for chronic pain – spinal injections etc</li> <li>• Lack of a joined-up approach to non-pharmacological interventions such as physiotherapy between acute trust and community trust</li> <li>• A focus on pharmacological management of pain rather than community-based therapies enabled</li> </ul>                                                                                            | <ul style="list-style-type: none"> <li>• We will move to an integrated model of community-based chronic pain service, shifting the focus from a dated hospital-based model relying on pharmacological and theatre-based interventions to manage pain symptoms, to a predominantly community and therapies-based model, with hospital intervention being limited to only the most complex cases</li> </ul>                                                                                                                                                                                                                                                                                                                                  |
| <b>How will this look and feel better for patients?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>How will this look and feel better for staff?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <ul style="list-style-type: none"> <li>• Patients will be cared for in a model that will focus on rehabilitation and re-enablement (rather than pharmacological intervention) that will more effectively support their pain management and returning to the things they want to do</li> <li>• Reduced opioid and gabapentoid prescriptions, delivering significant patient and community benefits</li> <li>• Fewer invasive procedures will be required</li> <li>• Theatre capacity will be freed up to allow more procedures that deliver greater benefit to be undertaken – significantly reducing the number of procedures of limited evidence-based value taking place</li> </ul> | <ul style="list-style-type: none"> <li>• A reduction in opioid and gabapentoid prescribing will result in less work for primary care, both in prescribing burden and in the management of complications of these therapies</li> <li>• Theatre capacity will be freed up to allow more procedures that deliver greater benefit to be undertaken – this will allow staff to see greater benefits to patients from inpatient theatre and procedure room work</li> <li>• An integrated team will allow for more resilience within the staffing model</li> <li>• Co-ordination of care for people living with chronic pain will be easier, and staff will see the immediate benefits for the patients and families that they support</li> </ul> |

*Table 17: outcomes from initial discussions around clinical priority 3*

| <b>Clinical priority 4: Infant feeding</b>                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    |
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| <b>What are the challenges currently across WHH and BCH?</b>                                                                                                                                                                                                                    | <b>What will we do in terms of integration of our clinical model?</b>                                                                                                                                                              |
| <ul style="list-style-type: none"> <li>• Communication between services/departments (not being on the same IT systems). Not sharing an infant feeding policy. Pathways not embedded</li> <li>• Mixed messages and information provided across disciplines to parents</li> </ul> | <ul style="list-style-type: none"> <li>• Organisational-wide infant feeding policy covering all departments and services to ensure pathways are embedded and staff are aware of where to refer to for the right support</li> </ul> |

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| <ul style="list-style-type: none"> <li>• Maternity and NNU UNICEF BFI accreditation challenges due to staffing levels and culture and finances</li> <li>• Staff training not provided in settings (paediatrics, ED, urgent care, GPs) where infants are presented with feeding issues as they do not currently have BFI standards as do maternity, NNU and community</li> <li>• Different service offer in each borough due to demographics and funding associated with this. Halton also has two local acute trusts where woman birth, which creates more complexities</li> <li>• Tongue tie services currently sit outside of women and children's services</li> </ul> | <ul style="list-style-type: none"> <li>• Multi-disciplinary staff training to ensure standardisation and relationship building between services</li> <li>• Pilot tongue tie service for Halton run by maternity and infant feeding using funding from Halton Family Hubs</li> </ul>                                                                        |
| <b>How will this look and feel better for patients?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>How will this look and feel better for staff?</b>                                                                                                                                                                                                                                                                                                       |
| <ul style="list-style-type: none"> <li>• Consistent advice – trust in services/NHS</li> <li>• Assessed level of need will result in service users being directed to the appropriate practitioner via universal referrals/pathways</li> <li>• Improved patient outcomes and satisfaction</li> <li>• Reduced waiting times</li> <li>• More service users seen in the community where appropriate</li> <li>• Those that do need care from acute services or GPs will be seen more quickly</li> </ul>                                                                                                                                                                        | <ul style="list-style-type: none"> <li>• Confidence in the information that they are providing for families</li> <li>• Evidence-based</li> <li>• Know how to escalate or refer</li> <li>• Build relationships between services</li> <li>• Improve culture and morale</li> <li>• Less patient complaints</li> <li>• Opportunities for upskilling</li> </ul> |

Table 18: outcomes from initial discussions around clinical priority 4

| <b>Clinical priority 5: Movement disorders/Parkinson's disease</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| <b>What are the challenges currently across WHH and BCH?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>What will we do in terms of integration of our clinical model?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <ul style="list-style-type: none"> <li>• Disjointed pathway with multiple hand offs and clunky transfers of care when patients move between the hospital and community settings</li> <li>• 56 weeks' waiting time to see consultant</li> <li>• Deconditioning of patients whilst waiting for appointments and in hospital</li> <li>• Staffing capacity in community and hospital</li> <li>• Length of stay in hospital</li> <li>• Different IT systems</li> <li>• Variation in practice between Halton and Warrington</li> </ul> | <ul style="list-style-type: none"> <li>• Bringing together the multidisciplinary team across the hospital and community service will allow more effective use of capacity and shift the focus of care into the community supported by in-reach into the hospital setting</li> <li>• We will develop a Parkinson's passport to support holistic care</li> <li>• We will upskill our specialist and general workforce to manage movement disorders patients in an integrated model across the pathway</li> <li>• We will move to consolidate the movement disorders pathway onto (wherever possible) a single IT system</li> <li>• Forge closer links and working with community matrons and district nurses</li> </ul> |

| How will this look and feel better for patients?                                                                                                                                                                                                                                                                    | How will this look and feel better for staff?                                                                                                                                                                                                                                                                                                                        |
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| <ul style="list-style-type: none"> <li>• More joined up and effective care with fewer disruptions to care and medications when hospital care is required</li> <li>• Smoother discharges to community from inpatient stays</li> <li>• Reduced waiting times for clinic appointments and initial diagnosis</li> </ul> | <ul style="list-style-type: none"> <li>• Staff will provide care to people with Parkinson's/movement disorders in an integrated team across hospital and community</li> <li>• Job satisfaction will be increased seeing patient experience and outcomes across the pathway improve and knowing the most appropriate care is given to the people we serve.</li> </ul> |

Table 19: Outcomes from initial discussions around clinical priority 5

| Clinical priority 6: Female urinary incontinence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| What are the challenges currently across WHH and BCH?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | What will we do in terms of integration of our clinical model?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <ul style="list-style-type: none"> <li>• Women, particularly older women, may under report symptoms. Integrating UI care ensures equitable access to assessment, diagnosis, and treatment, reducing health inequalities</li> <li>• Lack of appropriate clinic room space at hospital sites for pelvic health physio</li> <li>• Waiting list for gynae appointments</li> <li>• Variable and complex pathways, with complex referral processes and rules that make accessing services challenging at times and can delay care</li> <li>• Commissioning variance driving inequality of service access and provision across Warrington and Halton</li> <li>• Complex prescribing arrangements spanning clinical pathways across primary, community and secondary care elements of the pathway</li> <li>• Availability of female clinicians to support pathways in all settings</li> </ul> | <ul style="list-style-type: none"> <li>• More collaborative working and alignment of care pathways to deliver seamless care across acute trust and community settings</li> <li>• A joint MDT (hospital and community) to discuss complex patients</li> <li>• A single referral pathway and direct referral into services</li> <li>• Improved access to IT systems to improve visibility of lab results and blood tests</li> <li>• Develop community-based clinics shifting care out of the hospital. Review pathways/contracts. Review capacity and demand. Streamline referral pathways to pelvic health physiotherapy so comparable for each site</li> <li>• Consider of 'one-stop-shop' for patients i.e. consultant, physio, nurse to provide timely treatment</li> </ul> |
| How will this look and feel better for patients?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | How will this look and feel better for staff?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <ul style="list-style-type: none"> <li>• Prioritising UI management allows timely interventions that restore confidence, independence and participation in work, social and family life</li> <li>• Early identification/treatment of UI can reduce secondary complications such as UTIs, skin breakdown and falls (from urgency or rushing to the toilet)</li> <li>• Access to conservative management (bladder training, pelvic floor exercises, weight management) and specialist interventions improves long-term continence outcomes</li> </ul>                                                                                                                                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>• Staff will be empowered to ensure patients get the right care in the right place</li> <li>• By making prescribing rights equitable across the service staff will get to utilise their skills and qualifications to best effect and gain increased work satisfaction from this. Better job satisfaction – seeing patients earlier in symptom journey, increased rehab potential to improve, less requirement on further medical/surgical support</li> <li>• Easier to support patients with navigating referral pathway system</li> </ul>                                                                                                                                                                                             |

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| <ul style="list-style-type: none"> <li>• Managing UI proactively in the community can prevent hospitalisation related to complications, improve discharge from acute care and reduce re-admissions</li> <li>• Providing UI care as part of a community-focused, integrated pathway promotes co-production, empowering patients to be involved in treatment decisions, self-management and goal setting</li> <li>• Better patient experience</li> <li>• Reduced waiting times to receive NICE recommended treatment</li> </ul> | <ul style="list-style-type: none"> <li>• Will free up consultant time for more complex patients</li> </ul> |
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Table 20: Outcomes from initial discussions around clinical priority 6

| Clinical priority 7: End of life care                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What are the challenges currently across WHH and BCH?                                                                                                                                                                                                                                         | What will we do in terms of integration of our clinical model?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <ul style="list-style-type: none"> <li>• Too many patients are not dying in their preferred place with their preferences met</li> <li>• Too often patients do not receive timely, responsive access to face-to-face support, whether from generalist or specialist palliative care</li> </ul> | <ul style="list-style-type: none"> <li>• Strengthen our integrated MDT approach with accessible electronic solutions to share clinical information</li> <li>• Up to date personalised care planning discussions and decisions will be available, accessed and updated wherever the patient is met on their journey (EPaCCs)</li> <li>• Build our 'palliative care at the front door' model, working to integrate with Rapid Response in the community</li> <li>• Work towards an enhanced integrated hub model to ensure needs are met by the right people at the right time</li> <li>• Further integrate to work alongside primary care to improve effectiveness of the Gold Standards Framework process</li> <li>• Standardise the multidisciplinary process for the transition of young people to adult services</li> <li>• Develop a smoother, integrated discharge process</li> <li>• Integrate education for non-specialists across sectors</li> <li>• Work towards a 7/7 face to face specialist service within all settings</li> <li>• Strengthen our integrated governance processes to streamline the patient journey across the whole pathway</li> <li>• Align our 'learning from deaths' process across acute and community settings, including evaluation of whether the five priorities of care for the dying person are met</li> </ul> |



| How will this look and feel better for patients?                                                                                                                                                                                                                                                                                                                                                                                | How will this look and feel better for staff?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• More patients will have the opportunity for timely discussions about personalised care planning at the end of life</li> <li>• Patients will be more likely to have their needs and preferences met and their symptoms managed</li> <li>• Fewer avoidable hospital admissions in the last year of life, whilst ensuring necessary admissions are not unnecessarily prolonged</li> </ul> | <ul style="list-style-type: none"> <li>• Increased team morale, with effective administration enabling more time spent with patients</li> <li>• Feeling part of an integrated team and having a shared influence over the whole patient experience, throughout an integrated pathway</li> <li>• Greater understanding of the whole system, sharing responsibility for overcoming challenges</li> <li>• Non-specialist staff to feel valued and more confident in managing patients' generalist palliative needs, with improved timely access to specialist support</li> </ul> |

*Table 21: Outcomes from initial discussions around clinical priority 7*

### 10.5.3 Clinical priorities – next steps

A number of 'quick wins' and smaller scale improvement projects have been identified via the initial clinical summits to be taken forward by clinical teams with minimal support from the central project management team. A standardised process has been developed to ensure consistency and transparency including information collection template, a standardised equality and health inequality impact assessment (EHIA) process and governance structure. Clinical and operational integration projects undertaken by service teams will require authorisation from the executive management team and progress and benefits realisation will be reported through the clinical and operational services integration workstream to the BCT delivery group.

The larger scale clinical priorities will need project management support to mobilise and maintain progress, and the pace of delivery will be dependent on available resource. Delivery plans will be developed for each project and managed through the workstream, also reporting to the BCT delivery group. We will aim for the first three priority pathways to be integrated by July 2026 with further prioritisation of remaining pathways. Public, patient and partner involvement will be crucial in the next steps of the integration process. The plans around public and patient engagement are discussed further in chapter 15.

The BCT delivery group approved the recommendation for the priority order of pathways for integration in May 2025 as illustrated in figure 25 below. Next steps include:

- integration projects already in progress, e.g. 0-19 and maternity services should continue with regular reporting to the BCT delivery group
- small scale integration projects should be taken forward by clinical and operational teams with approval from the executive management team, standardisation of data collection and routine reporting
- heart failure, infant feeding and chronic pain management pathways should be prioritised as larger scale integration projects with allocated project management support

- urgent and emergency care integration should continue through the ED improvement programme

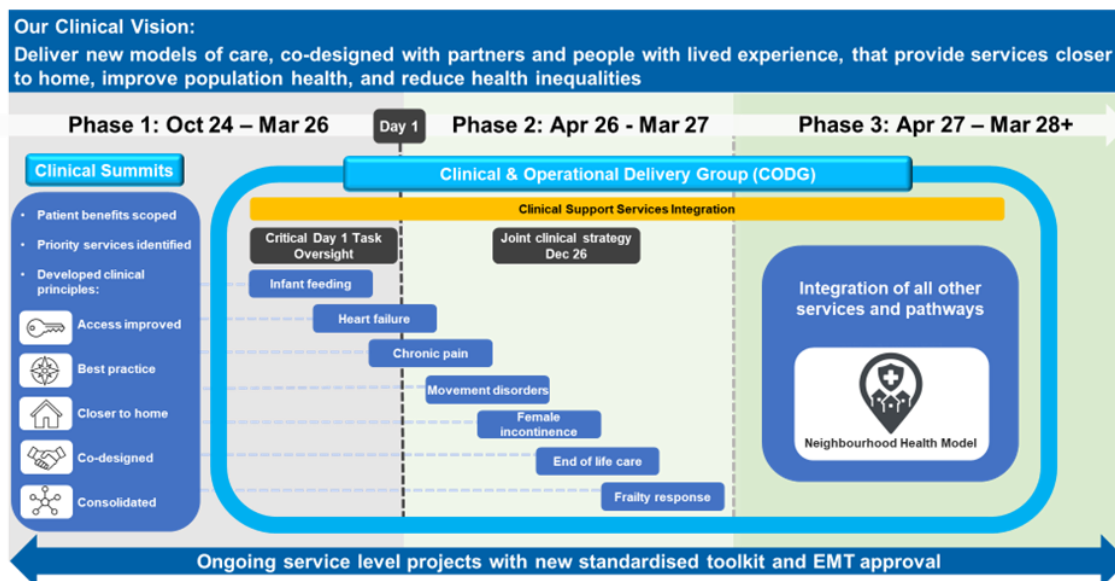


Figure 25: Next steps and timeframes around clinical priority workstreams

## 10.6 Urgent and emergency care

As noted in section 10.5, the work to more closely align and eventually integrate urgent and emergency care services is covered by the well-established ED improvement programme, which has involvement and engagement from both WHH and BCH teams.

Achievements of this programme of work as of early summer 2025 include a **4 per cent reduction in ED attendances** from people aged over 65 years, from 7,359 per month in 2022-23 to 7,060 in 2024-25 and a **17 per cent improvement to the length of time patients spend on the ED corridor** (from 8.2 hours in 2022-23 to 6.8 hours in 2024-25). Referrals to the urgent community response team in Warrington have increased by 126 patients per month compared to 2023 and more people are being referred to the same day emergency care (SDEC) department (246 more each month compared to 2023). On average patients are spending 1.5 days less in hospital than they were in 2023 (12.2 days compared to 13.7 days).

A workshop held in May 2025 agreed to revise the structure of the programme to establish three distinct workstreams: pre-hospital, in-hospital and post-hospital as illustrated in figure 26 below.



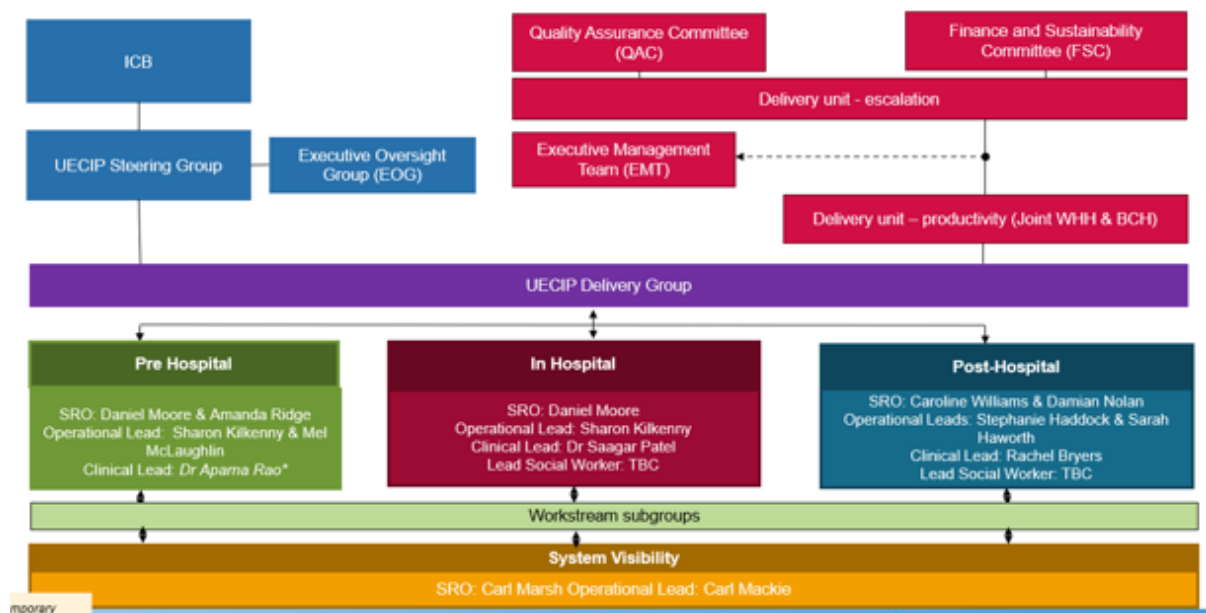


Figure 26: UEC/ED improvement programme of work

Each workstream has an SRO and clinical lead to deliver their work plan. Key areas of focus are outlined in the table below.

| ED improvement programme: Key areas of focus                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                              |                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pre hospital                                                                                                                                                                                                                                                                                                                                  | In hospital                                                                                                                                                                                                                  | Post hospital                                                                                                                                                                                                             |
| <ul style="list-style-type: none"> <li>Alternatives to ED: <ul style="list-style-type: none"> <li>UCR*</li> <li>FAU</li> <li>SDEC</li> </ul> </li> <li>Education/training on alternatives to ED</li> <li>Decision to refer GP/111</li> <li>Conveyances – NWAS</li> <li>Single point of access</li> <li>Palliative/end of life care</li> </ul> | <ul style="list-style-type: none"> <li>Frailty</li> <li>4 and 12-hour waiting times</li> <li>Non-elective length of stay</li> <li>Transfer of care (discharge)</li> <li>Decision to admit</li> <li>Front door UTC</li> </ul> | <ul style="list-style-type: none"> <li>ICAHT* single assessment</li> <li>In Reach (pull model)</li> <li>Flow through ICAHT / bed bases</li> <li>Standardisation and optimisation of information</li> <li>NCTR*</li> </ul> |

Table 22: Key areas of focus of the ED improvement programme

\*UCR = urgent community response

FAU = Frailty Assessment Unit

SDEC = Same Day Emergency Care

ICAHT = Intermediate Care at Home Team

NCTR = no criteria to reside

The ED improvement programme will work closely with the clinical and operational integration workstream with shared SROs and alignment of delivery plans.

## 10.7 Integration of clinical support services

The integration of the clinical support services (CSS) clinical business unit (CBU), bringing WHH and BCH services together, represents a key enabler for delivering high-quality, efficient and seamless care across acute and community settings. The approach to bringing these teams and services together has been aligned with the overarching objectives of the initial phases of the integration programme. Namely, ensuring safe transition at day one, maintaining continuity of service, and realising longer-term clinical and operational benefits through unified service models.

### 10.7.1 Integration approach and principles

The integration of CSS will follow a structured, risk-managed approach underpinned by clear governance and engagement. The key principles are:

- service continuity and patient safety during transition
- alignment of governance and quality systems under established clinical governance frameworks
- operational efficiency through unified management structures and shared resources
- Improved patient pathways through more consistent diagnostic, therapeutic and support service delivery across community and acute settings
- workforce alignment and engagement to ensure staff feel supported and valued during change

### 10.7.2 Service-specific CSS integration plans

#### 10.7.2.1 Pharmacy

We intend for WHH pharmacy services and BCH medicines management services to be fully integrated from day one, adopting a new operational structure that brings together acute and community pharmacy functions under a single governance and leadership model. This will be achieved through meaningful consultation.

#### 10.7.2.2 Radiology/imaging services

Radiology services will remain within the pre-existing CSS structure and form part of the new integrated CSS CBU. BCH imaging colleagues will join WHH's established radiology safety meetings from day one, ensuring alignment of clinical governance, safety standards and reporting processes. This will support consistent diagnostic quality and more efficient cross-site reporting.

#### 10.7.2.3 Pathology

Regional pathology service transformation is progressing through the Cheshire and Merseyside pathology network. As noted in section 5.10.2, WHH and Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL) plan to deliver a single, integrated pathology service for the local geography, including an essential service laboratory (ESL), collectively referred to as the East Hub.

Non-patient-facing pathology staff from WHH are planned to transfer via TUPE to MWL, which will deliver the service on behalf of both organisations. Oversight will be provided by the east hub pathology service committee, with TUPE transfers scheduled to complete in 2026 and full implementation of the regional model, including integration of the laboratory information management system (LIMS), by April 2027.

It is anticipated that regulatory responsibilities for laboratory quality and safety will transfer to MWL, while the new integrated CSS will operate under a shared clinical governance structure. Oversight will be provided by the joint executive medical director, ensuring effective coordination of regional and local priorities.

Within WHH, clinical haematology (consultants, nursing and administrative teams) will remain locally managed within the integrated CSS, ensuring continuity of specialist services. Phlebotomy services are also included in the CSS integration, with BCH staff phased into the new CBU. A draft PID is being developed to confirm accountability, timelines and delivery plans for a single, efficient and patient-centred phlebotomy service.

Despite the organisational and contractual changes, there will be no material impact on patient experience or clinical service delivery, ensuring continuity of safe, high-quality pathology services throughout the transition.

#### **10.7.2.4 Breast screening**

The breast screening service will remain within CSS in its current form. The mobile screening unit, which operates under regional branding, will continue to deliver screening services on behalf of the wider programme, maintaining current governance and operational arrangements.

#### **10.7.2.5 Therapies**

WHH therapy services, including physiotherapy, occupational therapy, speech and language therapy, orthotics, dietetics, heart failure and stroke nursing, exercise physiology, and support staff, will continue within the CSS CBU at day one to maintain continuity of care. BCH therapy services will transfer to the new Community and Dental CBU on 1 April 2026.

As part of the phased approach, there is significant opportunity over time to review, optimise, and realign therapy structures and pathways in line with the NHS 10 Year Health Plan and emerging neighbourhood health models. From April 2026, a structured programme of full integration will focus on developing seamless acute-community therapy pathways and management structures that enhance patient flow, reduce duplication and improve rehabilitation and reablement outcomes.

#### **10.7.2.6 Infection prevention and control (IPC)**

IPC services across WHH and BCH will be fully integrated from day one under a single operational and governance structure. This will ensure consistent infection control standards across all care settings, strengthen outbreak management and surveillance, and enhance audit, education and assurance processes across the merged organisation.

### **10.7.3 Summary and overview of clinical pathway integration**

Figure 27 provides a high-level overview of the proposed alignment of services within the two new clinical business units (CBUs): the new Community and Dental CBU and the integrated Clinical Support Services (CSS) CBU. It sets out the proposed structure from day one and highlights the phased opportunities for service integration that will support more seamless care delivery across community and acute settings.

The new Community and Dental CBU will bring together a range of existing community-based and specialist nursing services currently delivered by BCH. These include adult community and district nursing, children's specialist and paediatric services, health visiting and school nursing, audiology, and wellbeing services. The formation of this CBU

establishes a coherent framework for the delivery of integrated community care, strengthening local provision and supporting population health management.

Building on this foundation, the diagram identifies phase one priority clinical pathways where integration offers the greatest immediate impact and will be considered as part of priority pathway workstreams. These include services such as heart failure, dermatology, infant feeding, specialist palliative care, and bladder and bowel care. Each of these pathways represents a highlighted key area where improved coordination between community and acute teams can deliver tangible benefits for patients through more consistent management, reduced duplication, and enhanced continuity of care.

Further phase two opportunities for integration are also illustrated. These encompass multidisciplinary services such as falls and rehabilitation, single point of access, urgent community response (UCR), adult and children's therapies, and neurorehabilitation. These areas will be explored in subsequent phases once the foundational integration work is embedded, enabling the model to evolve in a controlled and sustainable way whilst maintaining continuity of existing services.

The integrated clinical support services (CSS) CBU will consolidate cross-cutting clinical support functions that underpin both community and acute delivery. Specific services situated within BCH will be integrated from day one, including pharmacy, infection prevention and control, pathology and radiology. The other pre-existing CSS services operating with WHH will continue into the new CSS CBU. Their integration under the CSS CBU will further strengthen consistency, efficiency and quality across organisational boundaries.

It should be noted that the service list presented in the diagram is not exhaustive, and certain services have been grouped together to provide a high-level strategic overview. There are likely to be specific complexities relating to contracting and commissioning arrangements that will need to be addressed as the integration develops, for example the transfer of some pathology staff to MWL. As the integration programme progresses, further detailed mapping and analysis will be undertaken to confirm the inclusion of additional services and to refine the associated operational, governance and workforce arrangements.

This phased approach ensures that the development of the CBUs is both pragmatic and progressive, enabling early wins through targeted pathway integration, while establishing a robust framework for longer-term transformation across the wider clinical and community system.

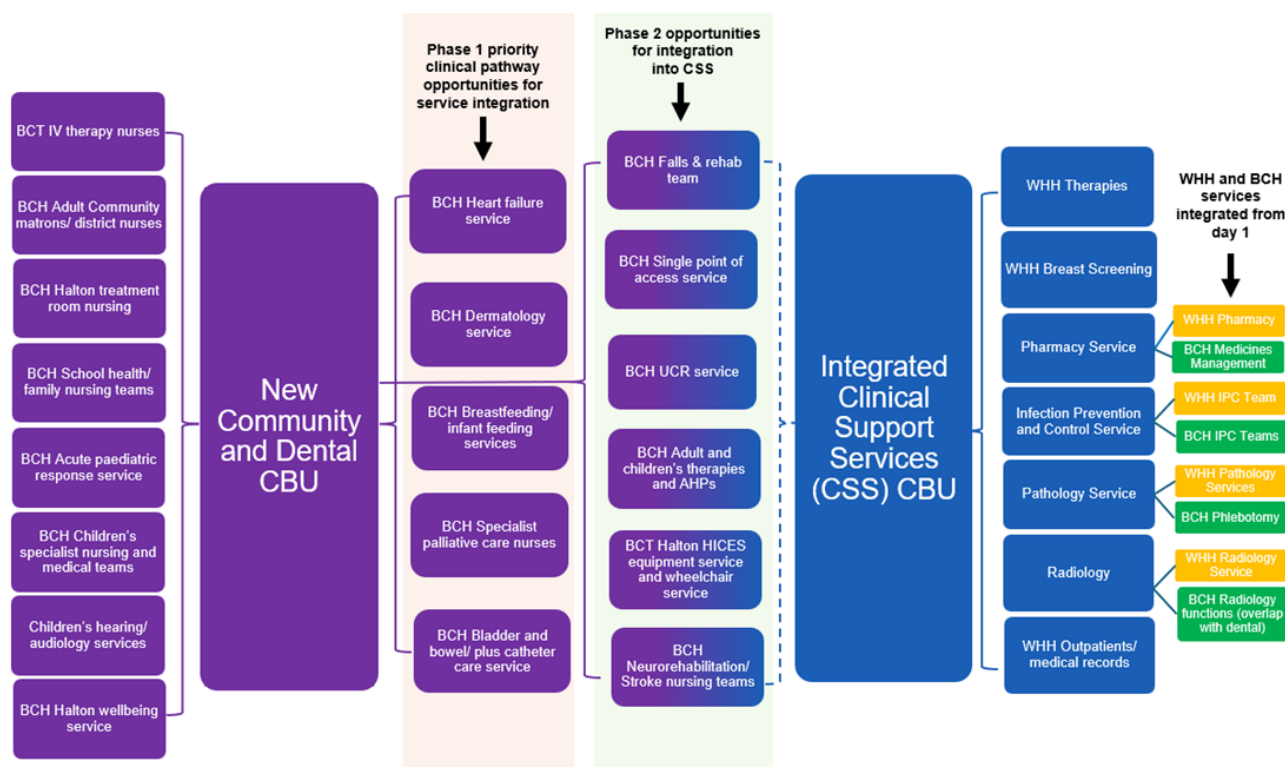


Figure 27: Visual showing planned integration of clinical support services

## 10.8 Research and development

As part of our integration programme we are establishing a joint research growth strategy designed to strengthen, expand and align research capability across acute and community settings. The integration represents a key opportunity to create a single, system-wide approach to research delivery that enhances patient outcomes, attracts investment and supports long-term sustainability.

The integration presents multiple opportunities to expand and enhance the research capabilities of the new organisation through:

- **expanding patient access** to clinical research opportunities across both hospital and community settings, ensuring equitable participation for all populations, including underserved groups
- **improving the ability to apply for and deliver a greater volume of clinical trials**, supported by integrated governance, streamlined processes and shared expertise
- **developing multidisciplinary staff** to increase the number of qualified principal investigators and strengthen the overall research leadership pipeline
- **growing the academic portfolio** to support recruitment, retention and professional development of clinicians, nurses, midwives and Allied Health Professionals
- **expanding the research footprint** by leveraging WHH's infrastructure such as the Halton Clinical Research Unit (HCRU), alongside BCH's access to diverse community populations
- **increasing the number of HCRU-delivered trials** and extending capacity to host high-value, phase two and three studies
- **growing annual commercial research income**, enabling continued reinvestment into infrastructure, workforce and study delivery

WHH brings a proven track record in commercial research, having generated more than £4.8m since 2021 through delivery of large-scale industry-sponsored trials across specialties including gastroenterology, respiratory medicine, rheumatology and maternity.

BCH complements this with recognised expertise in community-based and oral health research, as well as strong engagement of NMAHPs in early-career research and education. Together, these complementary strengths create a balanced and scalable platform for future growth.

The partnership also aligns strategically with the newly established **NIHR Commercial Research Delivery Centre (CRDC)** hosted by the University Hospitals of Liverpool Group. Participation in the CRDC will enable WHH and BCH to attract prestigious commercial trials, enhance visibility across the Cheshire and Merseyside region, and increase access to cutting-edge research for local patients.

Integrated governance and risk management structures will ensure regulatory compliance, operational resilience and financial stability. Shared infrastructure, joint governance frameworks and coordinated staffing models will reduce duplication, optimise use of resources and create capacity for larger, more complex studies.

Ultimately, the integration will deliver a more connected and equitable research ecosystem that drives innovation, improves patient outcomes and contributes to workforce development across the health system.

The combined strengths of both organisations will enhance the position of the new trust in clinical and applied research, capable of delivering sustainable income growth, supporting national NIHR priorities, and embedding research as a core component of high-quality patient care.

## 11.0 Corporate support functions

### 11.1 Chapter summary

This section details the approach to integrating the corporate services that underpin effective delivery across the new organisation. It outlines the benefits of unified functions in areas such as finance, workforce, digital, estates, governance, and communications, and demonstrates how alignment will create efficiencies, eliminate duplication and strengthen resilience.

The section also highlights the importance of maintaining continuity during transition, supported by joint governance structures and shared best practice from both trusts.

**Key message:** Integration of support functions creates a unified backbone for the new organisation – improving efficiency, reducing duplication and enhancing service quality.

By standardising systems and processes, the new organisation will deliver greater value for money and ensure a consistent, high-quality service across all operational areas.

### 11.2 Corporate support integration – our approach

The integration of all corporate functions across both WHH and BCH will be guided by principles of safety and efficiency. Alongside this, we will ensure that future services are fit for purpose and able to provide the appropriate corporate support to clinical teams and the wider organisation, and respond quickly to changing demands and needs.

The approach to integration will follow the phased plan as set out in section 7.6, ensuring that both short-term continuity (from day one) and medium to long-term transformation are achieved.

The work to integrate all support functions is overseen by the corporate services integration workstream within the Better Care Together programme governance (see section 7.2).

### 11.3 Financial opportunities within corporate service

The latest 2024-25 data from the NHS Model Health System website highlights the significant opportunities that exist for financial improvement through the integration of the corporate functions across WHH and BCH. Bringing two sets of corporate teams together formally unlocks economies of scale that are not available to the organisations in their current form.

The supporting documents provide further detail at corporate sub-function level but in total there is estimated to be around £8m of recurrent financial improvement to be achieved if the combined corporate service costs of the two trusts were to reduce to the median levels recorded across the country (see section 13.3.1 for links to overall financial benefits).

If the integrated organisation was to be able to go beyond this and deliver costs in line with national lower quartile performance, there would be further potential savings of around £9m (in addition to the £8m) to be achieved. It should be noted that the vast majority of providers reporting lower quartile corporate costs are much larger organisations (£1bn+ turnover).

### 11.4 A three-phased approach to integrating corporate services

Section 7.6 details the three-phased approach to the integration programme, the following sections detail how the plan for integrating corporate services will follow that approach.



#### **11.4.1 Phase 1 – the period up to 31 March 2026**

In the pre-transaction period, the focus of the work around integrating corporate services will be around planning and preparing the future service models. The key part of this will involve bringing the teams from the two partner organisations together to start to familiarise themselves with each other's services, processes and ways of working. All corporate teams will work to align business-critical systems and processes as part of phase one, to ensure a smooth transition into a single service supporting both acute and community services immediately following the transaction date.

Alongside the work to align processes, initial transitional structures for each service that will become effective immediately following the formal transaction date, will be developed and agreed following formal consultation.

#### **11.4.2 Phase 2 – 1 April 2026 to 31 March 2027**

In the 12-month period following the transaction, the challenge for all corporate services will be to embed all immediate changes and ensure smooth and effective delivery of all corporate support functions to the newly integrated organisation. In addition, each service will be expected to start to unlock the known financial opportunities and begin to bring the combined corporate costs down to median national performance (as a minimum). The launch of mutually agreed resignation scheme (MARS) across both BCH and WHH in November 2025 will help to expedite this.

#### **11.4.3 Phase 3 – 1 April 2027 onwards**

By April 2027 it is expected that the integrated corporate services will be running smoothly and cost-effectively, and working towards national median cost performance based on model health benchmarking.

From this date onwards, the challenge will be to review the latest national benchmarking information each year to check progress and drive further efficiency if required. Corporate teams should also start to consider the implications of moving further towards lower quartile national benchmarking levels in future years. In order to achieve this, it is likely that shared service corporate models may need to be explored, potentially as part of the work around the Cheshire and Merseyside provider blueprint (see section 5.10.2).

### **11.5 Transitional arrangements and target operating models**

Transitional arrangements will be put in place to ensure a smooth transition from legacy structures to the new integrated model. This will involve the establishment of a transitional structure for both governance and staffing by day one of the transaction, in line with TUPE law. Much of the transition will be a 'lift and shift' process, ensuring minimal disruption to ongoing operations. Following this, a wider service redesign will be completed once the clinical structures have been finalised, ensuring that support functions are reflective of the organisation's needs and aimed at delivering high-quality patient outcomes.

### **11.6 Organisational change framework**

An organisational change framework has been developed to ensure that the integration processes reflect our legal and statutory requirements. This framework includes comprehensive governance arrangements to ensure compliance and oversight. The ambition is to have a transitional structure in place for both governance and staffing by day one of the transaction, ensuring continuity and stability.



## 11.7 Governance arrangements

Governance arrangements are being incorporated into the integration process to ensure that all legal and statutory requirements are met. This includes the establishment of clear governance structures and processes to oversee the integration and ensure accountability across the length of the programme.

## 11.8 Staff consultation

Formal staff consultation around the initial integration of services will commence in November 2025 and run for a period of 3-4 months to ensure that it is meaningful and inclusive. During this period, transitional structures may adapt based on feedback and evolving needs. However, governance arrangements will remain in place to ensure stability and compliance throughout the transition.

## 11.9 Integration of corporate governance services

### 11.9.1 Vision for an integrated corporate governance service

The vision for the integrated corporate governance service is to create a single, resilient team that supports the integrated organisation with robust governance, compliance and assurance. By bringing together the expertise and resources of WHH and Bridgewater, the new service will enable effective decision-making, transparency and accountability across all levels of the trust. The integrated team will foster a culture of continuous improvement, partnership working and shared learning, ensuring that governance arrangements are fit for the future and aligned with the strategic objectives of the new organisation.

This approach will help the trust to meet statutory and regulatory requirements, support the Board and its committees to facilitate high-quality services to patients and communities. The integrated governance service will also play a key role in supporting transformation, risk management and stakeholder engagement. The draft transitional structure is included within the supplementary information to this document.

### 11.9.2 Scope of corporate governance services

| Service area                              | Description                                                    |
|-------------------------------------------|----------------------------------------------------------------|
| Board and committee support               | Secretariat, agenda planning, minute-taking, action tracking   |
| Statutory compliance                      | Annual reporting, regulatory submissions, licence management   |
| Risk management (BAF)                     | Board assurance framework management                           |
| Corporate governance policy and procedure | Development, review, alignment of policies and procedures      |
| Corporate records management              | Information governance, records retention, FOI coordination    |
| Stakeholder engagement                    | Governor and member support, public engagement, communications |
| Legal and transactional support           | Due diligence, co-ordination of legal advice                   |
| Training and development                  | Governance training for staff and Board members                |

Table 23: Core duties of the integrated corporate governance team

### 11.9.3 The key integration objectives for the integrated corporate governance team include:

- ensure effective and compliant governance across the new organisation
- support the Board and committees with timely, accurate information and assurance
- align policies, procedures, and systems to enable seamless operations
- align Board Assurance Framework
- facilitate stakeholder engagement and transparent communications
- enable continuous improvement and shared learning
- deliver efficient, cost-effective corporate governance services

WHH and BCH already have a number of Board sub-committees working as joint committees in common and a number of shared executive director posts in place.

### 11.9.4 Current challenges and opportunities for corporate governance

#### Challenges:

- aligning different governance cultures, policies and systems
- managing capacity and workload during transition
- ensuring continuity of statutory compliance and assurance
- integrating digital systems and records management
- addressing resource gaps and vacancies in both teams

#### Opportunities:

- streamlining processes and reducing duplication
- sharing best practice and expertise across both organisations
- enhancing resilience and flexibility of the governance function
- improving stakeholder engagement and communications
- supporting transformation and innovation in corporate governance

### 11.9.5 Success criteria for corporate governance

- ✓ seamless transition to a single, integrated governance team with minimal disruption to statutory compliance and Board assurance
- ✓ alignment of policies, procedures, and governance systems across the new organisation within agreed timescales
- ✓ improved efficiency and effectiveness of Board and committee support, evidenced by timely agendas, accurate minutes and clear action tracking
- ✓ enhanced risk management, with a unified risk register and robust incident reporting processes
- ✓ positive feedback from Board members, governors, and stakeholders regarding the quality and responsiveness of governance support
- ✓ achievement of regulatory and accreditation standards, with no adverse findings from external audits or inspections
- ✓ establishing an effective Board assurance framework (BAF)
- ✓ increased staff engagement and participation in governance training and development
- ✓ delivery of cost savings or resource efficiencies through streamlined processes and reduced duplication
- ✓ evidence of continuous improvement, innovation, and shared learning within the governance function

## 11.10 Digital services integration

### 11.10.1 Vision for an integrated digital service

Our vision is to establish a fully integrated digital service that brings together acute and community capabilities under a single, collaborative digital team structure. Creating a single, seamless digital service that connects acute and community care, enabling our workforce to access the right information in the right place at the right time, delivering safer, more coordinated, and patient-centred care across the system.

The integrated service will deliver a unified digital infrastructure, shared data environment and support services with a consistent user experience, allowing staff across all care settings to work as one team. By aligning technology, information and processes we will improve care continuity, efficiency and population health outcomes, while reducing duplication and operational silos.

Through this approach the digital service will function as an enabler for transformation, supporting the move towards integrated care delivery, data-driven decision-making, and a sustainable, paper-light trust.

The transitional structure is included within the supplementary information to this document.

### 11.10.2 Scope of digital services included

| Service area                    | Description                                                                                                                                                                                                                               |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Digital strategy and governance | Development and delivery of the trust's digital strategy, ensuring alignment with organisational priorities, national digital standards and ICS integration initiatives.<br><br>Oversees governance, compliance and benefits realisation. |
| Clinical Systems/EPR            | Management, optimisation and support of clinical systems including Electronic Patient Record (EPR) and associated clinical applications across the trust.<br><br>Ensure interoperability and continuity of care.                          |
| Data and analytics              | Provision of data warehousing, reporting, business intelligence and advanced analytics.<br>Supports operational performance, population health and decision-making through accurate and timely information.                               |
| Infrastructure and networks     | Delivery and maintenance of core IT infrastructure including data centres, cloud services, network connectivity, Wi-Fi and device management.<br>Ensure resilience, scalability and business continuity.                                  |
| Desktop Support                 | Management of user devices, desktop/laptop provisioning, mobile device management, and end user support via service desk and field engineering teams.<br>Focus on user experience and responsiveness.                                     |

| Service area                              | Description                                                                                                                                                                                                                    |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cyber security and information governance | Protection of information assets through cybersecurity monitoring, risk management and compliance with NHS DSPT and IG standards.<br>Works in partnership with information governance whilst ensuring digital clinical safety. |
| Unified communications and collaboration  | Delivery of communication and collaboration tools (email, telephony, MS Teams, video, messaging) to enable flexible and efficient working across acute and community settings.                                                 |
| Records management and scanning services  | Delivery of EDMS, records digitisation, retention and destruction policies, and digital archiving to support the trust's transition to paper-light working and BS 10008 compliance.                                            |
| Programme and project delivery            | Oversight and delivery of digital projects and programmes, ensuring alignment with trust strategy, governance compliance, and benefits realisation.                                                                            |
| Service management and performance        | End-to-end service management including SLAs, incident/problem management, capacity planning, and continual service improvement across all digital functions.                                                                  |
| Training and digital enabled workforce    | Ensuring confident digitally literate staff, digital skills assessments, learning and development and support from digital advocates.                                                                                          |

*Table 24: Core duties of digital services included*

### 11.10.3 The key integration objectives for the integrated digital team include:

The integrated digital team will deliver a unified, system-wide digital service that supports safe, efficient, and joined-up care for all stakeholders across acute and community settings.

The key integration objectives are to:

- create a single, unified digital service – establish one integrated digital operating model with shared leadership, governance and standards
- enable seamless care through shared systems and data – align clinical, corporate, and data systems to support continuity of care and improved access to information across all sites
- optimise resources and reduce duplication – consolidate contracts, infrastructure and support functions to improve efficiency, enable transformation and maximise value for money
- provide a consistent user experience – deliver standardised support, digital tools and processes to ensure all staff receive the same high-quality service, empowering patients with access to their information
- strengthen data, security, and compliance – align data governance, cyber security and information management standards to ensure resilience and compliance

- drive innovation and digital maturity – create capacity for innovation and transformation, supporting continuous improvement and readiness for AI and wider future system integration

#### 11.10.4 Current challenges and opportunities for digital services

##### Challenges

- fragmented digital teams and systems – separate acute and community digital services lead to duplicated effort, inconsistent processes, and limit interoperability between systems
- inconsistent user experience and support – variability in service levels, IT support and capabilities reduces efficiency and hinders adoption across BCH and WHH teams
- limited data integration for patient pathways – disconnected systems make it difficult to share patient information, track outcomes across care settings, or analyse population health effectively
- resource and capacity constraints – recruitment and retention challenges with limited digital staff capacity and competing priorities make it challenging to deliver the integration, manage infrastructure changes and deliver the new service
- financial pressures and contract inefficiencies – multiple contracts for infrastructure, hosting and applications increase costs, duplication and limit flexibility for shared EPR's and digital service models
- change fatigue and cultural differences – differences in organisational culture, process maturity and readiness for digital change could slow integration and adoption of shared systems

##### Opportunities

- integrated acute and community digital service – consolidating digital teams and governance across WHH and BCH will streamline delivery, reduce duplication and improve accountability.
- EPR convergence and shared instance – moving towards common EPR systems allows consistent workflows, enables further interoperability and real-time access to patient information across acute, community services and wider place partners.
- enhanced data, analytics, and reporting – integrated data platforms enable population health management, pathway optimisation and system-wide insights for decision-making
- consistent user experience across our services – standardised tools and processes improved digital adoption and productivity, and user satisfaction across our pathways services
- efficiency and financial sustainability – rationalising infrastructure, contracts and support services will reduce costs, free investment capacity, and support a sustainable integrated digital model
- acceleration of digital innovation – a shared digital service facilitates the adoption of digital transformation initiatives, automation and innovative technologies to improve care delivery and patient outcomes

### 11.10.5 Success criteria for digital services

- ✓ integrated service delivery – single integrated digital team operational adherence to agreed governance framework
- ✓ EPR and system availability – shared EPR instances offer reliable, easy access with standard workflow experience
- ✓ data availability and quality – >95% data quality, seamless information sharing between acute and community services, analytics driven decisions new FDP functionality
- ✓ user adoption and satisfaction – >85% staff adoption positive user satisfaction ratings; support tickets reduced over baseline
- ✓ operational efficiency and cost optimisation – reduction in duplicated systems/contracts measurable cost savings achieved

## 11.11 Workforce team integration

### 11.11.1 Vision for an integrated workforce service

The integration of workforce services across BCH and WHH is designed to deliver a comprehensive and consistent approach to people management, supporting the NHS People Plan, statutory requirements and organisational priorities. The integrated service will continue to be responsible for providing core HR, organisational development, staff engagement, workforce planning, recruitment, education and training, EDI and wellbeing functions, ensuring a positive and inclusive working environment for staff and high-quality care for patients.

Both organisations operate within a robust governance framework, with clear reporting lines, performance monitoring and a commitment to equality and health inequalities impact assessments. The integration will align systems, key performance indicators and leverage best practices from both organisations, ensuring efficient use of resources, improved service delivery and enhanced staff experience.

The transitional structure is included within the supplementary information to this document.

### 11.11.2 Scope of workforce services

| Service area                                                 | Description                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Apprenticeships and widening participation / Talent for Care | Supporting and implementing government and local initiatives in relation to apprenticeships, work experience and work placements.                                                                                                                                                                              |
| Employment Services                                          | End-to-end recruitment support to managers, managing return to practice process for AHPs and nursing, supporting international recruitment for nurses and clinical fellows, running the medical bank and non-nursing agency requirements. In addition, supporting the effective running of rostering services. |
| Human Resources (HR)                                         | Working in partnership with the organisation on a wider range of people management, employee relations, deployment and development matters. Providing managers and employees with specialist expertise, information, guidance and advice.                                                                      |

| Service area                                              | Description                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Learning and Development                                  | Supporting mandatory and role specific training as well as corporate induction across the organisation.                                                                                                                                                                                                                                                                                             |
| Medical Job Planning                                      | Supporting and facilitating the job planning process for medical staff across the trust. Providing specialist advisory support regarding the job planning framework and system.                                                                                                                                                                                                                     |
| Mental Wellbeing Hub                                      | In-house staff counselling and wellbeing services to support the mental wellbeing of the workforce.                                                                                                                                                                                                                                                                                                 |
| Occupational Health and Wellbeing                         | Specialist clinical service providing a targeted, proactive and accredited support system for staff.                                                                                                                                                                                                                                                                                                |
| Organisational Development (OD)                           | Specialists in developing interventions and programmes to support leaders and teams in creating a compassionate and inclusive culture to enable individuals to thrive in the workplace.                                                                                                                                                                                                             |
| ESR Helpdesk                                              | Manage ESR data quality ensuring information is accurate, managing expenses system and processing payments. In addition, project manage the transition to the new national workforce system.                                                                                                                                                                                                        |
| Culture and Equality, Diversity and Inclusion (Workforce) | Supporting staff networks and statutory duties relating to workforce equality, diversity, inclusion and human rights related issues and developments.                                                                                                                                                                                                                                               |
| Culture and Staff Engagement                              | Lead and support staff voice, feedback, reward and recognition and staff experience initiatives across the organisation.                                                                                                                                                                                                                                                                            |
| Workforce Information                                     | Manage and create trust level reporting for the Workforce Dashboard with key people metrics, manage the infrastructure of these reporting systems and provide other daily, weekly and monthly reporting for both national returns and locally required reports.                                                                                                                                     |
| Clinical Education and Resus Services                     | Leads the development of a skilled, confident and compassionate clinical workforce capable of delivering outstanding patient care. This multi-professional team provides structured education and training across the career lifecycle, from student placements to post-registration development, ensuring staff have the clinical and non-clinical competencies required to thrive in their roles. |
| Medical Education                                         | Leads the development of a skilled, confident and compassionate medical workforce capable of delivering outstanding patient care. This dedicated team provides structured education and training across the career lifecycle, from undergraduate placements to postgraduate specialty training, ensuring doctors have the clinical and professional competencies required to thrive in their roles. |

Table 25: Core duties of the workforce services



### 11.11.3 The key integration objectives for the integrated workforce team include:

- inclusive recruitment and retention – become a local employer of choice, attracting and retaining talent to deliver the new organisation's aims
- development of a robust people strategy to meet the future priorities of the organisation and national 10 Year Health Plan
- development of a robust workforce equality, diversity and inclusion strategy which achieves the NHS equality, diversity and inclusion improvement plan
- development of a leading career development programme, ensuring our workforce have the skills, behaviours and capability to respond positively to a changing health and social care environment
- create a pre and post-integration organisational development and organisational design programme which supports managers and leaders to have the skills for their teams to thrive through change
- integration of the two electronic staff records systems and project manage the transition to the new national workforce system
- delivery of the joint culture plan to support all our workforce to have a good day at work

### 11.11.4 Current challenges and opportunities – workforce services

From a workforce and people perspective, the integration presents both challenges and valuable opportunities. One of the key challenges lies in balancing the delivery of transformational change alongside maintaining business-as-usual activity. Current workforce capacity is limited and there is a risk that progress on transformation could impact the quality and consistency of ongoing operational services. This has been carefully managed and a dedicated role has been put in place to support the workforce and HR elements of integration.

High levels of sickness absence across the workforce continue to affect productivity, service continuity and staff wellbeing. Sustained organisational change also carries risks of change fatigue, with potential impacts on morale, engagement and retention of critical roles.

Despite these challenges, the integration offers considerable opportunities to strengthen the workforce function and enhance organisational effectiveness. By bringing together people and workforce teams, the integration can enable more collaborative and efficient ways of working, improve coordination and reduce duplication. There is a significant opportunity to develop and share deeper expertise in organisation development and design, supporting a more strategic and evidence-based approach to shaping services. This includes alignment with the new organisation's values and behavioural framework.

The programme has already demonstrated the value of shared learning, collaboration and professional partnership across teams. Building on this foundation will enable the organisation to make better use of its collective expertise in HR, workforce planning, organisational development, design and leadership, enhancing both capability and capacity. Over time, the integration can also help create a more flexible and resilient workforce model, enabling the more agile deployment of staff and improved alignment of resources with organisational priorities.

Finally, through a more cohesive and connected approach to people management, learning and wellbeing, the integration provides a platform to improve the overall employee experience. This will help strengthen engagement, support retention and contribute to



reducing sickness absence levels over time, while embedding a culture of collaboration, learning and continuous improvement across the organisation.

#### 11.11.5 Success criteria – workforce services

The success of the workforce integration will be evidenced by:

- ✓ continued improvement in response rates and NHS staff survey results through aligned action plans which consider the quantitative and qualitative results
- ✓ improved employee engagement and satisfaction scores which demonstrate improvement in areas relating to communication, leadership and change management
- ✓ sickness rates to achieve the trust target and maintain performance
- ✓ achievement of the integrated workforce plan and interdependencies in reporting
- ✓ ensure alignment of workforce key performance indicators which consistently achieve the trust targets
- ✓ programme of organisation design developed to support the clinical and corporate transformation programme, as highlighted within this business case
- ✓ achievement of statutory returns and requirements for the new organisation
- ✓ develop and prepare our workforce to deliver care and services at a system level

### 11.12 Finance integration

#### 11.12.1 Vision for an integrated finance team

Our vision is to become one team delivering expert financial advice and stewardship to the integrated organisation as efficiently and effectively as possible. We also want to use the integration of our two organisations to reduce or eliminate single points of service failure (for example capital management processes) across both trusts.

Both teams currently use the same ledger (SBS) which will be merged from 1 April 2026, along with the capital (CARS) and costing system (CIVICA). For the first three months post-integration the teams will work independently to produce the audited accounts for the individual trusts whilst coming together to undertake a combined month 1 position. Following the production of the accounts the team will become co-located and continue to work flexibly with hybrid working. Integration and culture change takes time, and the senior team will support this with staff training and development, regular communication and away day sessions. The team will work towards becoming an award-winning level 3 accredited team.

The draft transitional structure is included within the supplementary information to this document.

#### 11.12.2 Scope of finance services

| Service area                | Description                                                                                                                |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------|
| Financial planning          | Strategic financial planning using patient-level costing and national benchmarking to inform strategic decision-making.    |
| Improvement and performance | Relentlessly exploring commercial development and financial improvement opportunities to support long-term sustainability. |

| Service area          | Description                                                                                                                                                     |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Management accounting | Budget setting, management and monthly reporting to keep the organisation on track financially and identify emerging financial challenges as early as possible. |
| Financial services    | Treasury management of organisation including cash flow, capital and all external financial reporting.                                                          |
| Procurement           | Constantly ensuring value for money through commercial contracts and purchasing. Also, includes stores, receipts and distribution.                              |
| Clinical coding       | Ensuring the accurate and timely coding of all recorded clinical activity to support appropriate income maximisation and external reporting.                    |

Table 26: Core duties of the finance services

### 11.12.3 The key integration objectives for the integrated finance team include:

- annual accounts for external submission
- monthly submissions to ICS and NHS England
- contribution to internal Board performance and finance committee reporting
- charity accounts for external submission
- national cost collection for external submission
- contribute to system working across Cheshire and Merseyside and the north west
- working collaboratively across all teams in the integrated trust and supporting operational teams
- contribute to sustainability plans and ensure value for money
- develop and maintain a highly professional and competent team

### 11.12.4 Current challenges and opportunities – finance services

#### Challenges:

- requirement to complete two separate sets of accounts whilst coming together and simultaneously producing a joint month one position and reports
- two separate audit processes (with two sets of auditors) to be managed
- possible increased absence, retirement and leavers in teams. Potential for loss of local knowledge

#### Opportunities:

- economies of scale and reduce single point of failure
- learning from each other, sharing skills and best practice

### 11.12.5 Success criteria – finance services

- ✓ unqualified accounts
- ✓ positive internal audit reviews
- ✓ all key deadlines achieved
- ✓ working with one single ledger from 1 April 2026 and all information feeds working
- ✓ accreditation for new trust
- ✓ feedback from away days / staff survey

- ✓ new Board agrees operational plan and budget setting
- ✓ new contracts in place for SBS, CARs, CIVICA, auditors, insurance etc
- ✓ successful transition to new location(s)

### 11.13 Estates integration

#### 11.13.1 Vision for an integrated estates team

Our integrated estates and facilities team will provide operational support across the expanded organisation, ensuring that services are provided from clean, safe and efficient spaces across our portfolio. The team will be responsive to the needs of our staff across acute and community sites and ensure that all sites are accessible and welcoming for our patients. Strategically, our integrated team will work across our expanded geography, supporting the trust's aim of home first, community second and hospital only when necessary.

The transitional structure is included within the supplementary information to this document.

#### 11.13.2 Scope of estates services

| Service area                                                | Description                                                                                                                                                                                   |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Management and maintenance of new and existing trust assets | Maintenance and repair of trust physical assets, management of major trust capital projects (strategic and infrastructure), management of backlog maintenance, and overall estates portfolio. |
| Leadership and management of environmental sustainability   | Management of overall environmental sustainability and development and delivery of green plan.                                                                                                |
| Compliance with all statutory and mandatory requirements    | Fire safety, cleaning standards, waste management and recycling, grounds and gardens maintenance.                                                                                             |
| Management of the trust's catering service                  | Including all patient, staff and retail catering offers across the sites.                                                                                                                     |
| Management of site access and security                      | Including car parking, site security, staff ID badges and associated access control.                                                                                                          |
| Management of patient movement and transport services       | Including portering, patient and staff transport, and equipment logistics services.                                                                                                           |
| Management of equipment maintenance and storage             | Including medical engineering and maintenance and distribution of medical devices.                                                                                                            |
| Management of linen and laundry services                    | Including all site linen and laundry services and staff uniforms.                                                                                                                             |
| Management of inbound telephony services                    | Including hospital and community site switchboard.                                                                                                                                            |

Table 27: Core duties of the estates services

### 11.13.3 The key integration objectives for the integrated estates team include:

- align the estate to the clinical strategies and underpin the trust's values and objectives
- reduce backlog maintenance and critical infrastructure risks
- enable the delivery of clinical and operational services and sustainability
- improve functional suitability and net zero target
- improve utilisation of estate
- improve compliance with health building notes and health technical memorandums
- provide a solid platform to prioritise investment and prepare for future opportunities
- support the ambitions of Warrington and Halton as growing boroughs, focusing on regenerating built and natural environment and reducing health inequalities

### 11.13.4 Current challenges and opportunities – estates services

#### Challenges:

- WHH estates services are predominantly focused on a small number of larger sites with many facilities management services delivered in-house. BCH estates services are predominantly focused on a large number of smaller sites with many facilities management services delivered via external contracts. The two estates teams function in different ways and therefore need to understand each other's challenges and ways of working
- some opportunities for financial benefits through bringing externally contracted services in-house may prove not to deliver benefits due to NHS terms and conditions

#### Opportunities:

- evolving neighbourhood health plans across both Warrington and Halton create the opportunity to review and potentially rationalise use of estate
- underutilisation of space across both organisations is an opportunity to review and either improve use or rationalise

### 11.13.5 Success criteria – estates services

- ✓ all staff have access to sites as required
- ✓ operation of a unified estates helpdesk
- ✓ singular reporting as an integrated organisation from 1 April 2026
- ✓ integrated estates contracts and asset registers in place
- ✓ approved single capital programme agreed for integrated organisation
- ✓ consolidation of sites and reduction in spend on leases wherever appropriate
- ✓ reduced spend on external facilities management contracts

## 11.14 Communications and engagement team integration

### 11.14.1 Vision for an integrated communications and engagement team

Our vision is to work together and in partnership with our colleagues, patients and communities to deliver a proactive and strategic communications and engagement service that supports better care, stronger relationships and has a lasting impact.

The draft transitional structure is included within the supplementary information to this document.

### 11.14.2 Scope of communications and engagement services

| Service Area                                           | Description                                                                                                   |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Public affairs                                         | Manage relationships with the government, policymakers and regulatory bodies to support organisational goals. |
| Patient and public engagement and consultation         | Involve patients/public in relation to new services and service change.                                       |
| Stakeholder engagement                                 | Build and maintain positive relationships with key individuals/groups.                                        |
| Brand and reputation management                        | Protect and enhance the trust's identity and profile internally and externally.                               |
| Campaign development                                   | Create targeted comms initiatives to raise awareness and promote services.                                    |
| Internal communications                                | Ensure staff are informed, engaged and support trust values and priorities.                                   |
| Strategic communications                               | Plan and deliver comms that support long-term organisational objectives.                                      |
| Media relations                                        | Manage relationships with media outlets to achieve positive and accurate coverage.                            |
| Digital communications                                 | Use online platforms to share information and engage audiences.                                               |
| Patient information                                    | Produce accessible materials to help patients understand their care, treatment and services.                  |
| Film, photography and design                           | Create visual content to support trust communications.                                                        |
| Communications and engagement strategy                 | How the organisation communicates and supports future strategic plans.                                        |
| Staff awards event management                          | Organise annual staff awards to recognise and honour achievements.                                            |
| Hospital charity communications and engagement support | Comms and engagement support for the organisation's WHH Charity.                                              |

Table 28: Core duties of the communications and engagement services

### 11.14.3 The key integration objectives for the integrated communications and engagement team include:

- provide communications and engagement support for the overall BCT integration programme and subsequent integrated organisation. This includes the trust rebrand and associated communications
- provide support to engage patients, trust governors, carers and communities in Warrington, Halton and surrounding areas, to ensure their voice is used to help influence decisions on service design and strategy development. This includes public consultations, managing patient reference groups and forums, and attending events when required
- develop accessible and inclusive patient information, leaflets and resources
- keep staff updated and engaged via internal communications channels, news bulletins and digital platforms

- manage the reputation and brand of North Cheshire and Mersey NHS Foundation Trust/handle crisis communications
- promote the trust's services and initiatives externally through the media, social media, websites, stakeholders and events
- develop a proactive and strategic approach to the communications and engagement service, objectives and growth
- develop communications and public relations campaigns for the trust
- support other teams and departments with their communication needs, e.g. campaigns, digital work, essential branded materials, governance requirements. This also includes our external services when needed
- provide briefings, speeches and presentations for our trust executives and Board members as required
- maintain and uphold NHS and trust identity guidelines (e.g. branding and style guide), statutory accessibility requirements and health literacy standards
- support system-level communications including ICS/NHS North West
- manage the communications for WHH Charity

#### **11.14.4 Current challenges and opportunities – communications and engagement services**

##### **Challenges:**

- due to the differences in acute and community requirements there are likely to be variations in communications support and the level of service provided to other departments by each team that need to be worked through. Prioritisation of communications requests across acute and community services may be different to previous expectations. Any variances will be considered and an aligned comms offer agreed
- effective segmentation of staff groups will be required to achieve effective internal communications across a larger and more dispersed workforce
- team members will need to adapt to different working styles and patterns
- ensuring communications reach patients and service users with limited access to mainstream communication channels
- ensuring communications reach staff working with underserved populations, including those in outreach, safeguarding, and community-based roles, will be critical to maintaining equity in messaging and engagement

##### **Opportunities:**

- ability to pool resources and share skills and individual specialisms where they will be of the greatest benefit
- reduced duplication – both internally within the team, and externally e.g. patient engagement approaches (our organisations largely cover the same communities)
- creation of a new joint communications and engagement strategy and service model offer that truly meets the needs of a modern, integrated acute and community health provider aligned with the 10 Year Health Plan priorities
- a stronger, more unified voice across acute and community services, improving clarity and consistency in messaging to patients, staff, stakeholders and local communities
- improved stakeholder engagement through coordinated campaigns
- enhanced internal communications that support a more connected and informed workforce

- ability to co-design messaging with communities experiencing health inequalities, ensuring that campaigns are culturally relevant, accessible, and emotionally safe
- potential to improve responsiveness in managing media relations and crisis communications, as well as capacity to be more proactive in generating positive comms for the benefit of the trust
- further opportunities will be explored as the team integration progresses

#### 11.14.5 Success criteria – communications and engagement services

- ✓ a unified team delivering a single high quality service offer
- ✓ communications channels will be fully integrated to reduce duplication, and engagement with our patients and public will happen in a coordinated manner

Key communications metrics to evidence success are highlighted in the communications section of this case (see chapter 15).

### 11.15 Clinical governance team integration

#### 11.15.1 Vision for an integrated clinical governance team

The vision for the integrated clinical governance team is to create a unified, transparent and accountable infrastructure where teams collectively ensure safety, quality, and excellence in patient care. A single leadership structure bringing teams together reduces variation, promotes effective, sustainable coordinated services and excellence in delivery of clinical governance across the trust.

The draft transitional structure is included within the supplementary information to this document.

#### 11.15.2 Scope of clinical governance services

| Service area            | Description                                                                                                                                                                                                                                                                                                                                    |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Risk and Patient Safety | Management of the incident reporting system and leads on the approach to patient safety in the trust i.e. patient safety incident reporting framework (PSIRF).<br>Monitoring central alert system alerts, management of risk registers.                                                                                                        |
| Clinical Governance     | NICE compliance and clinical policies.<br>Compliance – CQC and accreditation.                                                                                                                                                                                                                                                                  |
| Complaints/Pals         | Management of complaints and compliments.                                                                                                                                                                                                                                                                                                      |
| Patient Experience      | Coordination of systems including friends and family test (FFT) and patient-reported outcome measures (PROMS). Translation and interpretation. Management of volunteers.                                                                                                                                                                       |
| Legal Services/ Claims  | Manage and respond to legal claims, including clinical negligence and personal injury. Liaise with NHS Resolution and external legal counsel. Support staff involved in litigation or inquests. Prepare documentation and represent the hospital at coroner's inquests. Advise clinicians and staff on giving evidence and legal implications. |

Table 29: Core duties of the clinical governance services



### 11.15.3 The key integration objectives for the clinical governance team include:

- develop an integrated leadership hierarchy structure
- ensure clinical functions, systems and processes are coordinated and delivered across the organisation
- align and synchronise portfolios of the teams from each organisation into one cohesive team

### 11.15.4 Current challenges and opportunities – clinical governance team

#### Challenges:

- establishing a single risk management system
- standardising clinical governance systems and processes and sub-committee meetings across the organisation
- capacity of clinical staff to align relevant clinical policies by end of March 2026 in line with phase one of the integration programme

#### Opportunities:

- create efficiencies and reduce duplication
- improved resilience of clinical governance teams
- improved communication and responsiveness
- improved outcomes – sharing of knowledge and skills

### 11.15.5 Success criteria – clinical governance team

- ✓ seamless high-quality care. Patient-centred decision making and outcomes
- ✓ responsive clinical governance team that supports delivery of organisational strategy
- ✓ collaborative and engaged workforce
- ✓ clear data driven reporting, transparency of decision-making providing assurance to the Board and sub-committees of the Board
- ✓ sustainable system integration

## 11.16 Data, BI and performance team integration

### 11.16.1 Vision for an integrated data, BI and performance team

Our vision is to provide a single, trusted source of data and insight to support safe, efficient, and high-quality care, operational excellence, and strategic decision-making. The goal is to unify data, embed analytics in decision-making, and enable improvement at every level – from ward to Board.

There are five core components of our vision:

#### Integrated data platform

- single data environment (data warehouse) that consolidates data from:
  - EPR and PAS systems
  - Workforce, finance, estates, digital systems
  - National datasets (SUS, HES, Model Hospital, etc.)
- automated data pipelines to reduce manual collection
- common data model and definitions – a ‘single version of the truth’



### Business Intelligence (BI) Layer

- modern BI tools (Power BI, Qlik) used across the trust
- self-service dashboards with governed access for different user groups:
  - executives: Board performance, quality, financial sustainability
  - operational teams: patient flow, bed occupancy, RTT, theatre utilisation
  - clinicians: outcomes, safety metrics, clinical effectiveness
- dashboards aligned to national priorities (elective recovery, UEC, CDS quality, workforce)

### Real-time and predictive analytics

- integrate live feeds from EPR and other operational systems
- deploy predictive tools for:
  - patient flow and discharge planning
  - demand and capacity modelling
  - infection or readmission risk

### Data governance

- strong information governance framework: role-based access, privacy, audit trails
- data quality framework: regular checks, automated monitoring, feedback loops
- transparency: clear ownership of data and metrics

### Culture and capability

- build a data-literate workforce:
  - training for staff in data interpretation and use
  - clinical and operational teams empowered to use self-service dashboards
  - encourage data-driven conversations at all performance and quality meetings
- promote collaboration between business intelligence, digital, performance, clinical and improvement teams

The draft transitional structure is included within the supplementary information to this document.

#### 11.16.2 Scope of data, BI and performance team services

| Service area                       | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Business Intelligence (BI)         | <p>Modern BI tools (Power BI, Qlik) used across the trust.<br/>Self-service dashboards with governed access for different user groups:</p> <ul style="list-style-type: none"> <li>• executives: Board performance, quality, financial sustainability</li> <li>• operational teams: patient flow, bed occupancy, RTT, theatre utilisation</li> <li>• clinicians: outcomes, safety metrics, clinical effectiveness</li> <li>• dashboards aligned to national priorities (Elective Recovery, UEC, CDS Quality, Workforce)</li> </ul> |
| Real-Time and Predictive Analytics | <p>Integrate live feeds from EPR and other operational systems.<br/>To support:</p> <ul style="list-style-type: none"> <li>• patient flow and discharge planning</li> <li>• demand and capacity modelling</li> <li>• infection or readmission risk</li> </ul>                                                                                                                                                                                                                                                                     |

| Service area    | Description                                                                                                                                                                                           |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Data governance | Strong IG Framework: role-based access, privacy, audit trails.<br>Data Quality Framework: regular checks, automated monitoring, feedback loops.<br>Transparency: clear ownership of data and metrics. |

Table 30: Core duties of the data, BI and performance team services

#### 11.16.3 The key integration objectives for the integrated data, BI and performance team include:

- ✓ to be able to report nationally via integrated sit reps from day one
- ✓ to move to new operating model within 12 months of integration

| Level                             | Function                           | Example deliverables                               |
|-----------------------------------|------------------------------------|----------------------------------------------------|
| <b>Trust Board / Execs</b>        | Strategic insights, benchmarking   | Integrated Board Report; IPR national KPI tracking |
| <b>Care Group / Directorate</b>   | Operational and quality management | Divisional dashboards; service line reports        |
| <b>Frontline / Clinical Teams</b> | Local improvement and safety       | Real-time ward metrics, SPC charts                 |
| <b>Corporate Services</b>         | Finance, workforce, digital        | Integrated resource and productivity dashboards    |

Table 31: Key integration objectives for the integrated data, BI and performance team

#### 11.16.4 Current challenges and opportunities – data, BI and performance team

##### Challenges:

- ensuring that integrated data systems can support population health management and track progress on reducing health inequalities across both Places
- aligning data definitions and metrics across acute and community settings to enable consistent reporting on equity, access, and outcomes

##### Opportunities:

- integration will increase skills pool within the team as different products are currently being used in each organisation prior to integration
- enable intelligent procurement exercise to arrive at future BI platform of choice taking into account affordability, usability and scalability
- streamlining of dashboards to provide the right information, in the right format, at the right time for the new organisation
- enhanced use of CIPHA data, which includes trust level health inequalities dashboards, will enable targeted analysis of variation in access, outcomes and experience – supporting Place-based planning and equity focused decision-making

- opportunity to embed population health metrics into core performance reporting, ensuring that system transformation is informed by real-time insights into deprivation, long-term conditions, and service reach

#### **11.16.5 Success criteria – data, BI and performance**

- ✓ integrated sit reps to be submitted from day one
- ✓ ability to provide access to relevant dashboards to executive team, trust Board and clinical/operational management teams from day one.

## 12.0 Expected benefits and quality impact

### 12.1 Chapter summary

This section summarises the expected clinical, operational, workforce and financial benefits of integration. It highlights how joining acute and community care will improve patient outcomes, enhance workforce satisfaction, and deliver long-term sustainability.

The section provides an overview of the benefits realisation framework and the approach for monitoring and evaluation. It reinforces that integration will result in better continuity of care, reduced duplication, improved access and greater equity across populations, ensuring that quality and safety remain central to every element of transformation.

**Key message:** The benefits of integration are significant and measurable. Patients will experience more consistent, joined-up care; staff will benefit from expanded opportunities and shared learning; and the system will achieve greater efficiency and resilience. The benefits realisation framework ensures delivery is tracked, quantified and sustained over time.

This section covers the expected patient benefits; scale of those benefits and the realisations measured as identified through the initial ideas and seven early priorities developed through collaborative clinical workshops.

### 12.2 Key points supporting the patient benefits case

1. **A fundamental shift in care – Home first, then community and hospital only when needed:** The integration will enable holistic, joined-up care closer to patients' homes, with a strong emphasis on prevention and early intervention. This shift supports population health goals by addressing needs upstream and reducing avoidable hospital admissions – particularly for those in deprived or underserved communities.
2. **Enhanced clinical model implementation:** The joint clinical model prioritises seven service areas that span acute and community care. These priorities are designed to reduce unwarranted variation, improve continuity, and ensure that care is tailored to the needs of populations experiencing the greatest health inequalities.
3. **Overcoming operational barriers:** Integration will remove longstanding obstacles such as fragmented IT systems, commissioning arrangements and governance structures that currently hinder equitable service delivery. A unified approach will enable better coordination and more efficient use of resources, ensuring that patients receive consistent care regardless of geography or provider.
4. **Cross-cutting patient benefits:** Integration will improve the patient experience by simplifying pathways and reducing fragmentation. It will also enhance equity of access, directly addressing health inequalities through better use of pooled resources and more consistent service offers, helping to eliminate postcode lotteries and ensure that care reaches those who need it most.
5. **Financial and professional advantages:** The integration is expected to generate financial benefits for the integrated trust and the wider healthcare system. Without sustainability clinical services will not thrive. Additionally, it will create expanded

professional opportunities for staff, drawing on the strengths of both organisations and improving job satisfaction.

6. **Specific clinical improvements:** Building on the seven clinical priorities, integration will strengthen coordination between hospital and community settings, improving outcomes for patients with complex needs and those at risk of exclusion:
  - Frailty services will shift focus to earlier, community-based interventions – reducing crisis admissions and supporting independence, especially in areas with high deprivation and multimorbidity.
  - Infant feeding support will be consistent and specialist-led, improving outcomes for mothers and babies, particularly in communities with lower breastfeeding rates and limited access to early years support.
  - Heart failure services will offer greater access to specialist care closer to home, reducing travel barriers and improving outcomes in areas with high cardiovascular risk.
  - Chronic pain management will be enhanced through coordinated, multidisciplinary pathways – reducing delays and improving quality of life for patients often marginalised in traditional models.
  - Movement disorders and Parkinson’s disease care will be more joined-up, ensuring reliable access to medication and continuity of support, especially for those with mobility or transport challenges.
  - Urinary incontinence services will offer timely assessment and treatment, reduce stigma and improve daily functioning, particularly for women in communities where access to pelvic health services is limited.
  - End-of-life care will be strengthened through better coordination and personalised support, often delivered closer to home ensuring dignity and compassion regardless of socioeconomic status or setting.
7. **Patient and public involvement:** Patient and public voices are central to service design and monitoring, with engagement already underway through clinical workshops and summits. This is described in further detail in section 10.5.1.
8. **Benefits realisation:** As the programme advances, progress will be tracked through specific indicators and milestones, ensuring accountability for delivery. All workstreams within the BCT programme maintain a detailed tracker recording actions, milestones, risks and benefits. These are updated periodically and reported monthly through to BCT delivery group for assurance around progress.

In summary, the integration of BCH by WHH is predicted to deliver substantial improvements in healthcare delivery and patient outcomes. By addressing current operational barriers and clinical inefficiencies, the integration aims to create a more efficient, equitable, and patient-centred healthcare system.

The comprehensive approach outlined in the document underscores the commitment to transforming health services, through vertical integration, for the benefit of the population we serve.

### 12.3 Summary of patient benefits

### 12.3.1 Introduction to patient benefits

This section summarises the patient benefits we expect to achieve from integration. Becoming a single organisation will enable us to implement our clinical model, deliver improvement in our clinical priorities, and realise substantial patient benefits.

We are ambitious on behalf of the population we serve and want to transform the way we deliver services to improve the health of Warrington and Halton. Together with our local partners we want to better meet our patients' health needs now and in the future. We will do this by providing integrated, holistic care, closer to patients' homes, with a focus on prevention and early intervention: **Home first, then community and hospital only when needed.**

Although we have seen some early benefits from partnership working to date as part of the Better Care Together programme, integration enables us to take forward more opportunities at a much greater scale and pace than is possible while we are two separate legal entities. The Boards strongly believe that integration is an essential enabler to making these planned changes a reality within the timescale required.

The planned integration will deliver substantial and lasting improvements to the health outcomes and experiences of our local populations as we move to transform our model of care locally. Integration at scale and pace will also expand the professional opportunities available to colleagues, drawing on the strengths of both organisations and improving staff satisfaction. The single organisation will achieve these benefits while also reducing costs for the combined trust and the wider system.

Although some BCH and WHH services are already working closely together, different IT systems, commissioning arrangements, employment contracts, governance arrangements and fractured clinical pathways limit this collaboration. Integration offers the opportunity to overcome these barriers and secure significant patient benefits in terms of better care and experience. It also enables us to streamline processes and remove duplication to free up clinicians' time for frontline care and to work more effectively with system partners.

### 12.3.2 Cross-cutting patient benefits

Integration presents the opportunity to create a new and exciting joint clinical strategy for the combined organisation.

The seven clinical priorities identified by the clinical and operational integration workstream outline clear patient and population benefits, and the approach taken with these priorities will be used as a future blueprint for all the clinical integration work. As the wider corporate and clinical services identify their integration scope, vision, key milestones and opportunities, they will also define their benefits.

The table below details the cross-cutting benefits that the trusts have identified as critical benefits from integration:

| Benefit                                | Measure                                                                                                                                                                                |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Patient and population benefits</b> | Improved equity of access to health and care services across our places; pooling our resources to remove existing 'post-code lotteries', particularly where current disparities and/or |

|                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| <p><b>Improved patient experience</b> by creating services that are less fragmented, across both clinical pathways and geographic areas.</p> | health inequalities exist because of historic commissioning decisions.                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                              | Improved patient experience by simplifying pathways and reducing hand-offs.                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                              | Improved accessibility of our services by reducing the number of interfaces encountered by patients and their carers that can act as barriers to the provision of fast and easy access to care.                                                                                                                                                                                                                   |
|                                                                                                                                              | Improved continuity of care by aligning the geographic coverage of our service teams and reducing the number of interfaces across care pathways.                                                                                                                                                                                                                                                                  |
|                                                                                                                                              | Improved communication with patients, their carers, and across clinical teams by reducing the inter-organisational boundaries along patient pathways that can act as barriers to the provision of consistent and complete information.                                                                                                                                                                            |
| <p><b>Patient and population benefits</b></p> <p>Improvements to patient safety and outcomes</p>                                             | <p>Working with primary care and other partners to support multi-disciplinary team working, so that when people do require care this is delivered at home or as close to home as possible through a model that has the benefit of 'acute oversight' where required, allowing a greater degree of clinical risk to be managed locally.</p> <p><b>Home first, then community and hospital only when needed.</b></p> |
|                                                                                                                                              | Establish a universal, trust-wide approach to quality improvement (QI) and transformation that utilises our combined expertise and recognises the importance of both standardisations to reduce unwarranted variation, and adaptation to meet the needs of Warrington and Halton.                                                                                                                                 |
|                                                                                                                                              | Improving the quality of patient care by improving clinical information sharing, enhancing access to specialists in community settings and reducing gaps in specialist clinical knowledge by sharing resources more widely and improving knowledge transfer within teams.                                                                                                                                         |
|                                                                                                                                              | Sharing resources more effectively to maintain sustainable staffing levels, service delivery integrity and reducing gaps in specialist clinical knowledge, particularly of smaller services.                                                                                                                                                                                                                      |
| <p><b>Wider benefits to health and care system</b></p>                                                                                       | Simplifying and integrating our care pathways and making it easier for primary, social care and other partner colleagues to access and work with our services to support people in the                                                                                                                                                                                                                            |

|  |                                                                                                                                                                                                              |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | community to avoid unnecessary deterioration and admissions to hospital.                                                                                                                                     |
|  | Reducing A&E attendances and avoidable admissions to secondary care through reducing the complexity and duplication of our care pathways to always care for patients in community settings when appropriate. |
|  | Inform and shape future system and place strategy development, particularly neighbourhood models, from an integrated acute/community trust perspective.                                                      |
|  | Simplify governance and commissioning arrangements with place and ICB with a single trust being held accountable for the delivery of equitable safe and high-quality acute and community services.           |

*Table 32: Anticipated public and patient benefits from integration*

#### **12.4 Patient and population benefits aligned to clinical priorities**

In addition to the cross-cutting benefits described above, the integration will enable delivery of specific patient and population benefits aligned to the seven clinical priorities identified as the start point for the clinical and operational integration workstream. These priorities represent the areas where integration is expected to have the greatest or most urgent impact on outcomes, experience, and sustainability of services.

The benefits identified in this section are grounded in evidence and practice. They draw on the extensive clinical engagement process described in chapter 10, a review of published literature, and insights from clinical integration leads and the clinical summits.

It is important to note that the benefits presented here are initial ideas and early priorities developed through collaborative clinical workshops. They should be regarded as the starting point for a programme of work that will continue to evolve.

As the integration progresses, each priority will be supported by detailed delivery plans, refined benefit realisation measures, and evaluation frameworks that will be tested and adapted in practice.

Accordingly, the measures and outcomes set out in the following six tables should not be considered final or fixed. They will develop iteratively through co-design with patients, staff, and partners, and will be subject to ongoing scrutiny and oversight by the Better Care Together delivery group.

This flexible approach ensures that the programme remains responsive to patient needs, local system capacity, and emerging evidence, while retaining clear accountability for the delivery of benefits.



| Clinical priority 1 – frailty response services                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                     |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Change enabled by integration                                                                                                                                                                                                                                                                                                        | Patient benefit                                                                                                                                                                                                                                                                                     | Scale of benefit – how many people benefit                                                                     | Benefit realisation measures                                                                                                                                                                                                                                                                                                                                                                                              |
| <p>Establishment of a single, integrated frailty response model across Warrington and Halton.</p> <p>Brings together acute, community, and primary care teams under shared clinical governance and pathways.</p> <p>Enables rapid, multi-disciplinary assessment and response in the community, reducing duplication and delays.</p> | <p>Improved access to timely and coordinated care for people living with frailty.</p> <p>Reduction in avoidable hospital admissions and length of stay.</p> <p>Enhanced patient experience through continuity of care and care closer to home.</p> <p>Improved support for carers and families.</p> | <p>c. 27,500 people aged 65+ living in Warrington and Halton with moderate to severe frailty.<sup>19</sup></p> | <p>Reduction in non-elective admissions for frail older adults.</p> <p>Reduction in average length of stay for frailty-related admissions.</p> <p>Increase in same-day/within 2-hour community response rates.</p> <p>Improved patient and carer experience scores.</p> <p>Reduction in repeat attendances to ED or UCC within 30 days.</p> <p>Increased proportion of people dying in their preferred place of care.</p> |

Table 33: Clinical priority 1 – frailty response services benefits

| Clinical priority 2 – heart failure                                                             |                                                                                                                          |                                                                                          |                                                                                                    |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Change enabled by integration                                                                   | Patient benefit                                                                                                          | Scale of benefit – how many people benefit                                               | Benefit realisation measures                                                                       |
| <p>Develop an integrated heart failure model with a single team serving patients across the</p> | <p>An integrated service can create more cohesive care pathways, reduce transitions, and improve continuity of care.</p> | <p>Based on NW England HF prevalence rate of 1.22% estimated HF cases are Warrington</p> | <p>Increase in early HF diagnosis rates.</p> <p>Improved recognition of terminal heart failure</p> |

<sup>19</sup> CIPHA ICB Frailty Dashboard

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                           |
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| <p>pathway and shifting care closer to home. Developing a community diagnostic service for heart failure including standardisation of referral criteria.</p> <p>Developing a community IV diuretics service.</p> <p>Establishing community clinics for heart failure nurses</p> <p>Increasing the scope of heart failure nurses and access to blood results.</p> <p>Developing a one stop approach to diagnosis and treatment.</p> <p>Reducing variation in practice between Halton and Warrington.</p> | <p>Being treated at home rather than in hospital helps with recovery, improves outcomes, and provides a personalised service.</p> <p>Better communication and data sharing between teams can ensure a more personalised and responsive care provision, reducing waiting times for appointments, tests and treatments leading to faster diagnosis and commencement on an appropriate treatment plan.</p> <p>Better and more equitable access to specialised services, expertise, and treatment modalities.</p> <p>Provides patients with more opportunities for education, support and engagement in their care improving their quality of life and self-management of their care pathway.</p> <p>Timely interventions and supportive care reduce mortality risk and need for hospital admission.</p> | <p>2,600 people and Halton 1,600 people<sup>20</sup>.</p> <p>In the UK approx 385k people are living with undiagnosed and untreated HF and modelling suggests more than 1,200 are in Warrington and Halton<sup>21 22</sup>.</p> <p>HF accounts for 5% of all emergency hospital admissions in the UK<sup>23</sup>. Since April 2023 784 attendances at WHH ED with HF as primary diagnosis were admitted to a hospital bed. RTT stats: 1,940 patients waiting for new cardiology OP appointments and 6,534 waiting for follow up.</p> <p>In Warrington, on average around 39% of all cardiovascular disease mortality in people aged under 75 is considered preventable<sup>24</sup>.</p> | <p>and initiation of appropriate management plan.</p> <p>Improved quality of life indicators and qualitative patient feedback scores.</p> |
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*Table 34: Clinical priority 2 – heart failure benefits*

<sup>20</sup> Department for Health and Social Care (no date) *Health trends in England: Cardiovascular disease in the North West*. Available at: [https://fingertips.phe.org.uk/static-reports/health-trends-in-england/North\\_West/cardiovascular\\_disease.html](https://fingertips.phe.org.uk/static-reports/health-trends-in-england/North_West/cardiovascular_disease.html)

<sup>21</sup> British Heart Foundation (2020) *Heart Failure: A Blueprint for Change*. Available at: <https://www.bhf.org.uk/-/media/files/health-intelligence/heart-failure-a-blueprint-for-change.pdf?rev=f89dedb7c933452e8086cc063ff98c26>

<sup>22</sup> Lippi, G. and Sanchis-Gomar, F. (2020) 'Global epidemiology and future trends of heart failure', *AME Medical Journal*, 5(15), doi:10.21037/amj.2020.03.03

<sup>23</sup> NHS Cheshire and Merseyside (2023) *Expanding the use of virtual wards to support heart failure patients in Liverpool*. Available at: <https://www.cheshireandmerseyside.nhs.uk/posts/expanding-the-use-of-virtual-wards-to-support-heart-failure-patients-in-liverpool/#:~:text=Heart%20failure%20NHS%20virtual%20wards%20in%20Liverpool&text=Allowing%20patients%20to%20recover%20in,been%20successfully%20treated%20this%20way.> (Accessed: 28 November 2025)

<sup>24</sup> Warrington Borough Council (2025). Joint Strategic Needs Assessment Warrington 2024–May 2025.

| Clinical priority 3 – chronic pain services                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Change enabled by integration                                                                                                                                                                                                                                                                                                                                                              | Patient benefit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Scale of benefit – how many people benefit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Benefit realisation measures                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p>We will move away from the current hospital-based model to an integrated, community-based chronic pain service.</p> <p>The focus will shift from a service that relies on pharmacological and theatre-based interventions to manage pain symptoms, to a predominantly community and therapies-based model, with hospital intervention being limited to only the most complex cases.</p> | <p>Patients will be cared for in a model that will focus on rehabilitation and re-enablement (rather than pharmacological intervention) that will more effectively support their pain management and returning to the things they want to do.</p> <p>Reduced opioid and gabapentoid prescriptions, delivering significant patient and community benefits.</p> <p>Fewer invasive procedures will be required.</p> <p>Theatre capacity will be freed up to allow more procedures that deliver greater benefit to be undertaken – significantly reducing the number of procedures of limited evidence-based value taking place.</p> | <p>National evidence shows ~34% of adults live with chronic pain and ~12% with high-impact chronic pain. In Warrington and Halton this equates to ~90,000 with chronic pain and ~30,000 with high-impact chronic pain<sup>25 26</sup>.</p> <p>Around 84% of chronic pain cases are musculo-skeletal in nature, meaning community-based rehabilitation models could directly target the majority of cases<sup>27</sup>.</p> <p>Published average waiting time for pain management treatment at WHH is currently 25 wks.</p> <p>c. 700 people on waiting list for the specialist pain management service in Warrington and Halton<sup>28</sup>.</p> | <p>Improved function, participation in meaningful activities, reducing pain impact and enhancing quality of life as measured by patient-reported outcomes such as the Patient-Specific Functional Scale (PSFS).</p> <p>Increased physical activity levels as assessed through patient supported outcomes.</p> <p>Decreased rates of opioid and gabapentoid prescription.</p> <p>Decreased rates of pain-related invasive interventions such as spinal injections.</p> |

Table 35: Clinical priority 3 – chronic pain services benefits

<sup>25</sup> Versus Arthritis (2021) *Chronic pain in England: Unseen, unequal, unfair*. Available at:

<https://www.arthritis-uk.org/media/23739/chronic-pain-report-june2021.pdf>

<sup>26</sup> Fayaz, A. et al. (2016) 'Prevalence of chronic pain in the UK: a systematic review and meta-analysis of population studies', *BMJ Open*, 6(6), p.e010364. doi: 10.1136/bmjopen-2015-010364

<sup>27</sup> Versus Arthritis (2021) *Chronic pain in England: Unseen, unequal, unfair*. Available at:

<https://www.arthritis-uk.org/media/23739/chronic-pain-report-june2021.pdf>

<sup>28</sup> CIPHA, Elective recovery database (in pilot).

| Clinical priority 4 – infant feeding                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                          |                                                                                    |                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Change enabled by integration                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Patient benefit                                                                                                          | Scale of benefit – how many people benefit                                         | Benefit realisation measures                                                                                                                                                                                                                                              |
| <p>Provision of an integrated service model reducing inequality across the population served.</p> <p>Consistency with regional priorities as outlined in the Cheshire and Mersey Infant Feeding Strategy to include:</p> <ul style="list-style-type: none"> <li>- consistent referral criteria</li> <li>- equitable advice and support</li> <li>- coherent and joined up approach</li> </ul> <p>Policy alignment. Closing service gaps between hospital and community care.</p> | <p>Seamless support in various formats</p> <p>Equality and accessibility</p> <p>Consistent information and education</p> | c. 2500 in accordance with birth rates recorded for Warrington and Halton Hospital | <p>Increase breast feeding rates at 6 to 8 weeks equal to or exceed the national average of 52.7%.</p> <p>Increase first feed of breast milk equal to or exceeding the national average of 71.3%.</p> <p>Increase in women's satisfaction with breastfeeding support.</p> |

Table 36: Clinical priority 4 – infant feeding benefits

| Clinical priority 5 – movement disorders / Parkinson's                                                                                                                                         |                                                                                                                                                                                                 |                                                                                                                                                                   |                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Change enabled by integration                                                                                                                                                                  | Patient benefit                                                                                                                                                                                 | Scale of benefit – how many people benefit                                                                                                                        | Benefit realisation measures                                                                                                      |
| Bringing together the MDT caring for patients with movement disorders across the hospital and community service will allow more effective use of capacity and shift the focus of care into the | <p>Patients will receive earlier diagnosis of Parkinson's disease and other movement disorders.</p> <p>Patients will receive a greater proportion of their care in the community with fewer</p> | 4,925 admissions to hospital for people with Parkinson's (planned or unplanned) in Cheshire and Merseyside in FY 2024-25 compared to a national average of 2,625. | <p>Reduced waiting list times for first appointment and follow up.</p> <p>Reduction in hospital based follow up appointments.</p> |

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| <p>community supported by in-reach into the hospital setting.</p> <p>Develop a Parkinson's passport to support holistic care. Upskill our workforce to manage movement disorders patients in an integrated model across the pathway.</p> <p>Move to consolidate the movement disorders pathway onto (wherever possible) a single IT system.</p> <p>Forge closer links and work with community matrons and district nurses to identify deterioration and changes in treatment requirements in Parkinson's patients earlier.</p> | <p>visits to hospital clinics.</p> <p>Care will be better coordinated across primary, community and secondary care, with fewer missed doses of medication when patients have an acute admission.</p> | <p>10% of these admissions were to WHH with an excess bed day cost to the trust of nearly £160k<sup>29</sup>.</p> <p>Approx 114 new cases of Parkinson's diagnosed in Warrington and Halton every year (based on NICE prevalence rates)<sup>30*</sup>.</p> <p>In Warrington and Halton 831 are currently registered as having Parkinson's disease<sup>31</sup>.</p> | <p>Fewer missed doses of medication following admission.</p> |
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*Table 37: Clinical priority 5 – movement disorders/Parkinson's benefits*

<sup>29</sup> Parkinson's UK (2021) *Hospital admissions for people with Parkinson's*. Available at: <https://parkinsonsuk.hsj.co.uk/hospital-admissions-people-parkinsonss>

<sup>30</sup> National Institute for Health and Care Excellence (NICE) (2025) *Parkinson's disease: How common is it?* Available at: <https://cks.nice.org.uk/topics/parkinsons-disease/background-information/prevalence/>

\*Actual diagnosis rates and numbers of people living with Parkinsons and other movement disorders will be available via a local GP database review

<sup>31</sup> CIPHA ICB Population Explorer tool

| Clinical priority 6 – female urinary incontinence (UI)                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Change enabled by integration                                                                                                                                                                                                                                                                                                                                                      | Patient benefit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Scale of benefit – how many people benefit                                                                                                                                                                                                                                                                                                       | Benefit realisation measures                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p>More collaborative working and understanding of care pathways.</p> <p>A joint MDT (hospital and community) to discuss complex patients.</p> <p>A single referral pathway and direct referral into services.</p> <p>Seamless care.</p> <p>Improved access to IT systems to improve visibility of lab results and blood tests.</p> <p>Development of community-based clinics.</p> | <p>Prioritising UI management allows timely interventions that restore confidence, independence and participation in work, social and family life.</p> <p>Early identification and treatment of UI can reduce secondary complications such as urinary tract infections, skin breakdown and falls (from urgency or rushing to the toilet).</p> <p>Access to conservative management (bladder training, pelvic floor exercises, weight management) and specialist interventions improves long-term continence outcomes.</p> | <p>It is estimated that 34% of UK women are living with UI<sup>32</sup>.</p> <p>Using local age/sex data and applying plausible prevalence rates, ~34,500* women aged 18+ across Warrington and Halton may currently experience urinary incontinence and could benefit from improved diagnostic and treatment pathways<sup>33, 34, 35</sup>.</p> | <p>Reduction in complications such as urinary tract infections, falls, or skin breakdown related to incontinence.</p> <p>Reduced waiting times for assessment and treatment.</p> <p>Increased number and proportion of women receiving assessment and treatment within community settings.</p> <p>Reduction in acute hospital admissions related to complications of UI.</p> <p>Increased patient satisfaction and symptom control.</p> |

<sup>32</sup> NICE (2025) *Incontinence – urinary, in women*. Available at:

<https://cks.nice.org.uk/topics/incontinence-urinary-in-women/>

<sup>33</sup> Based on ONS (2024) *Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2023*. Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2023>

<sup>34</sup> Warrington Borough Council. (2025) *Joint Strategic Needs Assessment (JSNA)*. Available at:

<https://www.warrington.gov.uk/jsna>

<sup>35</sup> Halton Borough Council. (2024) *Joint Strategic Needs Assessment: Population Overview*. Runcorn: Halton Borough Council. <https://www3.halton.gov.uk/Pages/health/publichealthinfo.aspx>

\*While an estimated 34,500 women across Warrington and Halton may be affected, a clearer picture of the true unmet need (as not all women with UI will present for treatment) and target population can be built over time by triangulating GP coding data, continence service referrals, prescribing patterns, and local survey insights as the integration programme develops.

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
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|  | <p>Women, particularly older women, may underreport symptoms. Integrating UI care ensures equitable access to assessment, diagnosis and treatment, reducing health inequalities.</p> <p>Managing UI proactively in the community can prevent hospitalisation related to complications, improve discharge from acute care, and reduce re-admissions.</p> <p>Providing UI care as part of a community-focused, integrated pathway promotes co-production, empowering patients to be involved in treatment decisions, self-management, and goal setting.</p> |  |  |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|

Table 38: Clinical priority 6 – female urinary incontinence (UI) benefits

| Clinical priority 7 – end of life care |                                  |                                                 |                                       |
|----------------------------------------|----------------------------------|-------------------------------------------------|---------------------------------------|
| Change enabled by integration          | Patient benefit                  | Scale of benefit – how many people benefit      | Benefit realisation measures          |
| Multi-disciplinary, electronic and     | Increased opportunity for timely | Approx 3,370 <sup>36, 37</sup> people each year | Improved experience including symptom |

<sup>36</sup> Stopford (2024) *Analysis: Deaths registered in England and Wales 2022*. Available at:

<https://stopford.com/analysis-deaths-registered-in-england-and-wales-2022/>

<sup>37</sup> Warrington Borough Council (2021) *Joint Strategic Needs Assessment Summary 2021*. Available at:

<https://www.warrington.gov.uk/sites/default/files/2022-01/Joint%20Strategic%20Needs%20Assesment%20Summary%202021.pdf>



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| governance processes will be streamlined across sectors to deliver an integrated pathway.<br><br>All staff will view and use the personalised care plans.<br><br>Access to specialist palliative care across the whole week and including at the front door will be strengthened.<br><br>Integration of education to specialists and non-specialists will continue. | personalised care planning.<br><br>More likely to have preferences met, including preferred place of care and preferred place of death.<br><br>Timely access to appropriate generalist and specialist palliative care with improved symptom management across the patient journey, across the whole week and equitable across patient groups. | across Warrington and Halton likely to be in last year of life (for Halton estimated based on available data), expected to rise by 25.4% by 2040 with an increase of 42.4% in those needing specialist palliative care services <sup>38</sup> .<br><br>Using population data in England over a two-year period, it has been estimated that 69-82% of people who die need palliative care <sup>39</sup> . | management, reduced avoidable admissions and safely reduced lengths of stay measured by:<br>- Integrated Palliative Care Outcomes Scale (IPOS)<br>- key performance indicators and clinical audits including re: front door and gold standards framework (GSF)<br>- national audit of care at the end of life<br>- CODE™ survey<br>- Cheshire and Merseyside palliative end of life care population based needs analysis<br>- palliative care activity dashboard (including GSF data for front door attendances and admissions) |
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Table 39: Clinical priority 7 – end of life care benefits

## 12.5 Why integration is essential

The case studies presented in section 10.3 illustrate how colleagues and teams from BCH and WHH have already worked together pre-transaction to secure tangible benefits for patients.

These examples show that integration of individual services can be achieved through collaboration, given sufficient resource, effort and commitment. However, this approach is inherently limited. With finite resources and competing demands on clinicians and operational leaders, relying on workarounds is unsustainable and cannot deliver the scale or pace of change that patients need.

Integration provides the essential lever to unlock systemic transformation across all services. It removes dependence on self-selecting groups of clinicians driving change in isolation and instead embeds integration as a strategic, organisation-wide and system-wide priority.

<sup>38</sup> Sue Ryder (2021) *Modelling demand and costs for palliative care services in England: A final report for Sue Ryder*. Available at: [https://media.sueryder.org/documents/Modelling\\_Demand\\_and\\_Costs\\_for\\_Palliative\\_Care\\_Services\\_in\\_England\\_1.pdf](https://media.sueryder.org/documents/Modelling_Demand_and_Costs_for_Palliative_Care_Services_in_England_1.pdf)

<sup>39</sup> Murtagh, F. E. *et al.* (2013) 'How many people need palliative care? A study developing and comparing methods for population-based estimates'. *Palliative Medicine*. 28(1), pp. 49-58.  
doi:10.1177/0269216313489367



This enables improvement efforts to be aligned with the areas that clinicians, partners and patient representatives have identified as offering the greatest benefits. It also ensures that resources are used most effectively, accelerating transformation while maintaining safety and quality.

The wider evidence base on integration highlights well-documented barriers to delivery of clinical improvement<sup>40, 41</sup> including:

- a lack of organisational commitment
- insufficient resources
- misaligned payment mechanisms
- poor information sharing between professionals
- weak coordination across services
- limited focus on patient needs and preferences
- workforce pressures and role uncertainty
- conflicting priorities and resistance to change

Conversely, research identifies clear enablers of success, such as well-defined and evidence-based service models, collaborative working between general practices, adequate resourcing, shared values, effective digital communication, and robust monitoring of quality and outcomes.

Integration directly addresses many of the barriers while embedding the recognised enablers. Although the national evidence integration is complex, NHS case studies demonstrate that bringing acute and community services together within a single organisation can accelerate transformation. Staff working in combined acute-community trusts report that integration strengthens teamwork, speeds up service redesign, and improves continuity and coordination of care, all of which are critical to achieving the fundamental shift in focus required for our population<sup>42</sup>.

## 12.6 Patient and public involvement in clinical integration

A communications and engagement plan has been developed for the overarching BCT programme to inform and engage a broad audience about the integration of the organisations and clinical pathways.

This plan sets out an approach that will cover both engagement and involvement, and public consultation where required, across both BCH and WHH stakeholders and services. This is based on a 'start with people' approach and a commitment to ensuring effective engagement with staff, stakeholders and communities, including people with lived experience of services.

Chapter 10 of this business case describes early engagement with staff and wider stakeholders, including Healthwatch which informed the priority areas for clinical transformation.

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<sup>40</sup> Ling, T. *et al.* (2012) 'Barriers and facilitators to integrating care: experiences from the English Integrated Care Pilots'. *International Journal of Integrated Care*, 12(5), pp. e129. doi: 10.5334/ijic.982

<sup>41</sup> Kozłowska, O. *et al.* (2018) 'Barriers and facilitators to integrating primary and specialist healthcare in the United Kingdom: a narrative literature review'. *Future Healthcare Journal*, 5(1), pp. 64-80. doi: <https://doi.org/10.7861/futurehosp.5-1-64>

<sup>42</sup> The King's Fund (2015) *Acute hospitals and integrated care: From Hospitals to health systems*. Available at: <https://www.kingsfund.org.uk/insight-and-analysis/reports/acute-hospitals-and-integrated-care>

The next steps to support this activity and to ensure meaningful patient and public engagement informs any changes to services will be the involvement of Healthwatch Halton and Healthwatch Warrington, to provide independent chairing and project coordination of feedback from a BCT patient and public reference group (PPRG).

The PPRG will formally report into the BCT programme delivery group and will tap into wider engagement networks, helping to ensure that the voice of our patients and local public is heard.

The inaugural meeting will be held in December 2025 to agree the format and terms of reference and will be followed by three further monthly meetings, progressing to bi-monthly meetings focused on topic areas including seven areas of clinical pathway transformation.

**Provisional meeting timetable:**

| Meeting date   | Area of focus                                                                                                                            |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------|
| December 2025  | Overview of BCT integration plans, the case for change, understanding engagement and feedback to date, and agree PPRG terms of reference |
| January 2026   | Infant feeding pathway                                                                                                                   |
| February 2026  | Urgent and emergency care/self-care                                                                                                      |
| March 2026     | Heart failure pathway                                                                                                                    |
| May 2026       | Chronic pain management/frailty services                                                                                                 |
| June 2026      | Movement disorders/end of life care                                                                                                      |
| September 2026 | Female urinary incontinence                                                                                                              |

*Table 40 – PPRG provisional meeting timetable*

Members of the group will be expected to share information and engage with their respective networks / communities on behalf of the PPRG, feeding back into the group with community responses about the wider integration programme, to inform clinical integration plans.

In addition, we will incorporate engagement on clinical integration priorities through our established engagement networks and activity across both BCH and WHH. This will include those with lived experience of both community and hospital services in the priority workstream task and finish groups as required.

It will also include engagement attendees at community events in Halton and Warrington and through those services delivered across a wider footprint. We will provide opportunities for local people to hear about our integration plans from senior leaders through established forums and groups so that people can ask questions, make suggestions and share thoughts and concerns.

## **12.7 Benefits realisation**

The evidence base to support the tangible benefits resulting from integrated care is complex, but systematic reviews report that integration can enhance patient satisfaction, increase perceived quality of care, and enable access to services.

Examples of where expected benefits of integration have failed to be delivered often link to one or more of the following:

- poor design of the integrated service model
- problems with implementation of the model
- problems with evaluation of the benefits of integration

Mitigating design and implementation challenges has been addressed in the above section on our approach to clinical integration. As described, our approach has been designed with reference to the insight drawn from the evidence base, best practice guidance and expert advice.

Realising the benefits of integration through integration therefore relies on the successful delivery and evaluation of three key elements:

- new or changed capabilities (e.g. new or redesigned pathways, operating models, digital technologies, roles or infrastructure)
- adoption of the changed capabilities (e.g. the behaviour change by staff, patients and the public required to make use of the new capabilities)
- measuring the outcome of the change process (e.g. capturing the benefits that should be accrued with successful delivery)

Our plan for clinical integration will empower teams to take a systematic approach to the design and delivery of new or transformed services.

Each of the clinical priority areas detailed in section 10.5.2 will have key performance indicators, visible to staff and regularly reviewed, which will provide the 'leading' measures of improvement at team level.

This will allow us to clearly communicate performance improvements from integration, alongside any risks to performance that may emerge. By empowering our clinical teams in this way, we provide an engine for frontline change that is focused on the things that matter most to our staff, patients and populations.

True benefit measures will typically be 'lagging' measures – outcomes that impact directly on people and that may accrue over a longer period after change has taken place and may be more challenging to measure.

Our evaluation of the benefits of integration will be managed and monitored via the Better Care Together programme governance structure in 2025-26 and then via our post transaction integration programme governance structure from 2026-27 onwards.

## 13.0 Financial case

### 13.1 Chapter summary

This section presents the financial evidence supporting the integration, including baseline and projected future financial positions of the partner organisations, financial improvement opportunities associated with the acquisition, and the anticipated additional costs incurred as a result. It sets out the medium-term financial plan for the integrated trust to support financial sustainability that will help protect resources allocated to frontline patient care.

**Key message:** Integration will create significant opportunities for financial improvement for both WHH and BCH. Without integration, the ability of both providers to reach a position of financial sustainability and maintain clinical quality and effectiveness is severely restricted.

By removing duplication, optimising resources and leveraging shared investment, the new organisation will deliver better value for money and greater system resilience.

In this section we detail how integration will deliver economies of scale, streamline services and unlock up to £33m in financial opportunities, helping to significantly improve the current combined underlying deficit of £48.3m across the two organisations (projected as at the end of 2025-26). Opportunities for financial improvement identified to date far outweigh the anticipated £1.1m additional costs of the integration programme. This aligns with NHSE's expectations for integrated, financially sustainable care systems.

### 13.2 Historic financial performance

#### 13.2.1 I&E performance

WHH and BCH financial performance over the three years to 2024-25 is set out below. Both organisations have historically achieved their ICS agreed risk adjusted plans/forecasts each financial year for both revenue and capital and CIP delivery has improved year on year.

*Note:* The WHH 2024-25 position includes deficit support funding of £16.5m.

| £m                                                | Actual       | Actual        | Actual        |
|---------------------------------------------------|--------------|---------------|---------------|
| I&E – WHH                                         | 2022-23      | 2023-24       | 2024-25       |
| Income                                            | 347.1        | 356.1         | 392.0         |
| Pay                                               | (255.0)      | (275.8)       | (293.8)       |
| Non-pay                                           | (95.1)       | (103.8)       | (117.6)       |
| Non-operating expenditure                         | (4.5)        | (4.7)         | 2.3           |
| <b>Surplus / (deficit) as per accounts</b>        | <b>(7.6)</b> | <b>(28.2)</b> | <b>(17.2)</b> |
| Adjustments to financial performance              | (0.3)        | (1.7)         | 0.3           |
| <b>Adjusted surplus / (deficit)</b>               | <b>(7.9)</b> | <b>(30.0)</b> | <b>(16.8)</b> |
| Exclude deficit support funding (DSF)             | 0.0          | 0.0           | (16.5)        |
| <b>Adjusted surplus / (deficit) excluding DSF</b> | <b>(7.9)</b> | <b>(30.0)</b> | <b>(33.3)</b> |
| Planned surplus / (deficit)                       | (16.8)       | (19.9)        | (27.8)        |

Table 41: WHH recent historic financial performance (I&E)

| £m                                         | Actual     | Actual     | Actual       |
|--------------------------------------------|------------|------------|--------------|
| I&E – BCH                                  | 2022-23    | 2023-24    | 2024-25      |
| Income                                     | 97.0       | 101.9      | 107.6        |
| Pay                                        | (69.1)     | (72.6)     | (77.6)       |
| Non-pay                                    | (27.5)     | (30.6)     | (31.2)       |
| Non-operating expenditure                  | 0.6        | 1.3        | (0.0)        |
| <b>Surplus / (deficit) as per accounts</b> | <b>1.0</b> | <b>0.0</b> | <b>(1.2)</b> |
| Adjustments to financial performance       | 0.0        | 0.0        | 0.0          |
| <b>Adjusted surplus / (deficit)</b>        | <b>1.0</b> | <b>0.0</b> | <b>(1.2)</b> |
| Planned surplus / (deficit)                | 0.0        | 0.0        | 2.1          |

*Table 42: BCH recent historic financial performance (I&E)*

Delivery of the financial plans has become more challenging for both organisations, as shown by the deteriorating financial positions of both WHH and BCH over recent years. There has been increasing requirement for additional CIP due to growth in staffing (see section 5.6) and reduction in productivity post-COVID.

WHH in particular has a historic underlying deficit position. Drivers of underlying financial deficit at WHH are predominantly operational and structural factors:

- Operational
  - outpatient and inpatient activity case mix changes are driving higher costs
  - authorised but unfunded pay increases to meet patient safety standards and increased clinical activity
  - savings being achieved non-recurrently
  - impact of workforce challenges
  - high levels of premium pay spend due to vacancies and recruitment.
  - winter
  - acuity of patients post COVID
  - infrastructure challenges
- Structural
  - decrease in recurrent income, increased depreciation and amortisation costs due to significant levels of investment in plant and machinery and software in response to COVID. In 2021-22 and 2022-23 non-recurrent income was supporting recurrent costs. This income reduced in 2023-24 and further reduced in the 2024-25 plan
  - reduced out of hospital support facilitating timely discharge and care in the community
  - block contracts / PBR
  - PBR tariffs for DGH without specialist activity more likely to have a deficit
  - the reliance on non-recurrent income
  - impact of industrial action

A number of the drivers behind the deficit position, such as infrastructure costs and reduced out of hospital support, can be addressed and improved through the integration programme.

### 13.2.2 Balance sheet positions

WHH and BCH balance sheet positions at the end of each year over the three years to 2024-25 are set out below.

| Balance sheet WHH – £m                    | 2022-23    | 2023-24    | 2024-25    |
|-------------------------------------------|------------|------------|------------|
| Non-current assets                        | 192        | 211        | 207        |
| Current assets                            | 58         | 35         | 30         |
| Current liabilities                       | (55)       | (53)       | (48)       |
| Non-current liabilities                   | (11)       | (10)       | (9)        |
| <b>Net assets employed</b>                | <b>184</b> | <b>182</b> | <b>180</b> |
| PDC                                       | 215        | 240        | 264        |
| Revaluation reserves                      | 41         | 41         | 36         |
| I&E reserve                               | (71)       | (98)       | (120)      |
| <b>Total taxpayers and others' equity</b> | <b>184</b> | <b>182</b> | <b>180</b> |

Table 43: WHH balance sheet positions at the end of each of the most recent three years

| Balance sheet BCH – £m                    | 2022-23   | 2023-24   | 2024-25   |
|-------------------------------------------|-----------|-----------|-----------|
| Non-current assets                        | 51        | 51        | 48        |
| Current assets                            | 33        | 27        | 23        |
| Current liabilities                       | (22)      | (15)      | (14)      |
| Non-current liabilities                   | (37)      | (37)      | (33)      |
| <b>Net assets employed</b>                | <b>26</b> | <b>26</b> | <b>25</b> |
| PDC                                       | 33        | 34        | 34        |
| Revaluation Reserves                      | 3         | 3         | 3         |
| I&E Reserve                               | (10)      | (11)      | (12)      |
| <b>Total taxpayers and others' equity</b> | <b>26</b> | <b>26</b> | <b>25</b> |

Table 44: BCH balance sheet positions at the end of each of the most recent three years

BCH balance sheet position is largely unchanged over the period.

WHH balance sheet position has changed as a result of:

- investment in WHH asset portfolio to deliver and improve patient care, and address mandated and business critical requirements linked to dated estate

- current assets have declined as the cash position has followed the challenging I&E performance of the trust
- main movement to note is the I&E reserve due to the deficit position which is offset by the PDC reserve

Again, some of the negative balance sheet movement for WHH is a result of the deficit I&E position. This is something that the integration programme can help improve.

### 13.2.3 Cost improvement (CIP) delivery

Historic CIP performance for both WHH and BCH is shown below.

BCH has achieved CIP in recent years albeit with the use of non-recurrent items.

WHH has increased CIP delivery year on year with a significant shift to recurrent delivery.

|                |               | WHH         |             |              | BCH        |            |            |
|----------------|---------------|-------------|-------------|--------------|------------|------------|------------|
|                |               | Plan £m     | Actual £m   | Var £m       | Plan £m    | Actual £m  | Var £m     |
| 2022-23        | recurrent     | 15.7        | 1.5         | (14.3)       | 1.9        | 1.6        | (0.3)      |
| 2022-23        | non recurrent | 0.0         | 13.4        | 13.4         | 2.3        | 2.6        | 0.3        |
| <b>2022-23</b> | <b>Total</b>  | <b>15.7</b> | <b>14.9</b> | <b>(0.9)</b> | <b>4.2</b> | <b>4.2</b> | <b>0.0</b> |
| 2023-24        | recurrent     | 17.9        | 7.3         | (10.6)       | 5.2        | 1.7        | (3.5)      |
| 2023-24        | non recurrent | 0.0         | 8.2         | 8.2          | 0.0        | 3.6        | 3.6        |
| <b>2023-24</b> | <b>Total</b>  | <b>17.9</b> | <b>15.5</b> | <b>(2.4)</b> | <b>5.2</b> | <b>5.2</b> | <b>0.1</b> |
| 2024-25        | recurrent     | 19.4        | 12.7        | (6.8)        | 4.9        | 1.7        | (3.2)      |
| 2024-25        | non recurrent | 0.0         | 4.3         | 4.3          | 0.0        | 3.3        | 3.3        |
| <b>2024-25</b> | <b>Total</b>  | <b>19.4</b> | <b>17.0</b> | <b>(2.5)</b> | <b>4.9</b> | <b>5.0</b> | <b>0.1</b> |

Table 45: WHH and BCH CIP delivery since 2022-23

### 13.2.4 Capital spend

Historically, both organisations have spent their planned capital allocation (see table 46 below).

Spend in WHH capital in previous years has been higher than plan due to additional national and regional funding received during the course of the year, including for the Community Diagnostic Centre (CDC) scheme, Targeted Investment Fund (TIF) schemes and IFRS16.

Actual spend in 2024-25 was lower than plan due to a deferral of frontline digitisation funds to 2025-26.

|         | WHH     |           |        | BCH     |           |        |
|---------|---------|-----------|--------|---------|-----------|--------|
|         | Plan £m | Actual £m | Var £m | Plan £m | Actual £m | Var £m |
| 2022-23 | 22.7    | 27.4      | 4.7    | 2.1     | 2.3       | 0.2    |
| 2023-24 | 26.9    | 31.6      | 4.7    | 2.4     | 2.4       | 0.0    |
| 2024-25 | 25.0    | 21.9      | (3.1)  | 2.3     | 2.2       | (0.1)  |

Table 46: WHH and BCH historic capital spend v plan

Future capital investment will be delivered through existing CDEL levels, no additional funding is assumed, except if targeted funding becomes available to support specific schemes.

### 13.3 Financial opportunities through integration

As individual standalone organisations, both WHH and BCH will have limited opportunities to deliver services more efficiently. Continuing to deliver annual CIP targets at current levels is not realistic unless the model of service provision is transformed and ongoing/future demand managed more effectively.

Table 47 below summaries the anticipated financial benefits from the integration over the coming years. This includes:

- £2.39m of recurrent financial benefits already realised during 2025-26 (at month 7)
- a further £9.75m of recurrent financial benefits that can be realised across the next four years directly as a result of bringing the organisations together (£8.4m between 2026-27 and 2028-29)
- a further £21m of recurrent financial benefits that are *enabled* via the integration over the next four years (£18.2m between 2026-27 and 2028-29)

Note that a number of the financial opportunities linked to integration are profiled to deliver in later years. This aligns with the fact that we have limited transformation/programme support resources (see section 7.12) to deliver large-scale clinical change at pace.

Delivery of some aspects of clinical redesign will be limited by our ability to divert programme resources away from other aspects of the programme, as and when they come to a conclusion (e.g. completion of the transaction, integration of corporate and clinical support teams as part of phase one and phase two of the programme).

|                                                 | 2025/26 | 2026/27 | 2027/28 | 2028/29 | 2029/30 | Total |
|-------------------------------------------------|---------|---------|---------|---------|---------|-------|
| <b>Direct financial benefits of integration</b> |         |         |         |         |         |       |
| Corporate services integration                  | 0.30    | 1.05    | 3.30    | 2.75    | 0.60    | 8.00  |
| Clinical service redesign                       | 0.29    | -       | -       | 0.75    | 0.75    | 1.79  |
| Re-align bank rates                             | 1.80    | -       | -       | -       | -       | 1.80  |
| Contract alignment (excl corporate)             | -       | 0.05    | 0.05    | -       | -       | 0.10  |
| Corporate hub                                   | -       | -       | 0.15    | -       | -       | 0.15  |
| Operational management restructure              | -       | -       | 0.10    | -       | -       | 0.10  |
| Community estates rationalisation               | -       | -       | 0.20    | -       | -       | 0.20  |
| Community treatment rooms                       | TBC     | TBC     | TBC     | TBC     | TBC     | 0.00  |



|                                                   | 2.39        | 1.10        | 3.80         | 3.50        | 1.35        | 12.14        |
|---------------------------------------------------|-------------|-------------|--------------|-------------|-------------|--------------|
| <b>Indirect financial benefits of integration</b> |             |             |              |             |             |              |
| Place-based demand management                     | -           | 2.80        | 2.80         | 2.80        | 2.80        | 11.20        |
| UEC improvement                                   | -           | 0.39        | -            | -           | -           | 0.39         |
| CDC phase 4                                       | -           | -           | 0.96         | -           | -           | 0.96         |
| Commercial clinical services                      | -           | -           | 0.50         | -           | -           | 0.50         |
| GIRFT productivity                                | -           | 0.86        | 0.84         | -           | -           | 1.70         |
| Fragile service restructure                       | -           | -           | -            | 1.40        | -           | 1.40         |
| Car parking charges for BCH staff                 | -           | 0.45        | -            | -           | -           | 0.45         |
| BCH block contract review                         | -           | -           | 2.20         | 2.20        | -           | 4.40         |
|                                                   | <b>0.00</b> | <b>4.50</b> | <b>7.30</b>  | <b>6.40</b> | <b>2.80</b> | <b>21.00</b> |
|                                                   |             |             |              |             |             |              |
| <b>Grand total</b>                                | <b>2.39</b> | <b>5.60</b> | <b>11.10</b> | <b>9.90</b> | <b>4.15</b> | <b>33.14</b> |

*Table 47: £33m of financial benefit opportunities identified to date from integration (both direct and indirect)*

### 13.3.1 Corporate services integration

National benchmarking information from the NHS Model Health System data identifies financial improvement opportunities that can be delivered through the integration of corporate functions between the two organisations. By reducing overall costs in line with national median levels, the potential financial improvement would equate to around **£8m** recurrently.

Both WHH and BCH have already launched mutually agreed resignation schemes (MARS) in order to create required vacancies across affected corporate services. The costs in the table above account for the payment of MARS costs, hence the delayed profiling of the main benefits into 2027-28.

The integration of WHH and BCH, and particularly the increased organisational scale that is created via the integration, is critical in terms of realising this benefit. The ability of both organisations to reduce corporate costs down to national median levels is restricted as standalone organisations.

Nationally, the best performing trusts in terms of corporate costs are those with the larger turnover. As figure 28 below shows, organisations with 19 times the revenue of BCH only report corporate costs to be around five times those of BCH. This is simply due to economies of scale within corporate teams.

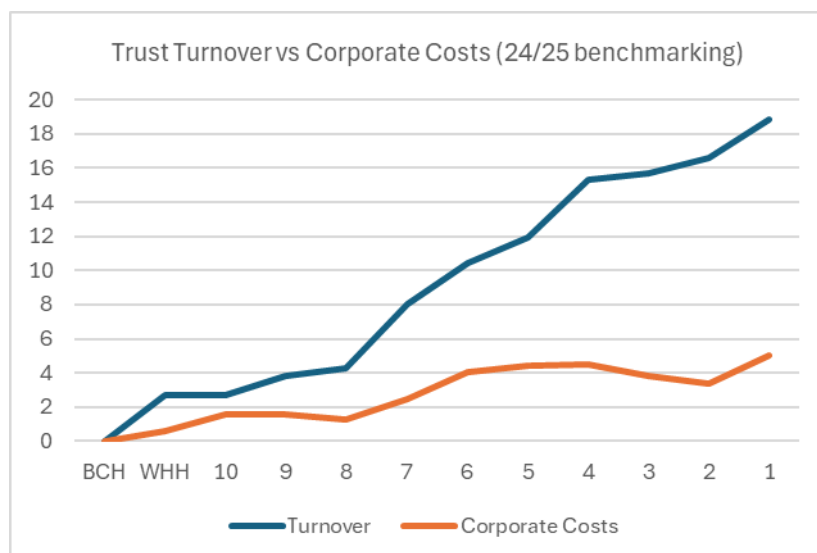


*Figure 28: Total corporate service costs vs trust turnover based on a sample range of trusts from the NHS Model Health System benchmarking data*

### 13.3.2 Clinical service redesign

There are a wide range of opportunities for financial improvement via the integration of clinical services. The opportunities are all dependent upon transforming delivery of services aligned to the principles set out in chapter 10 of this document.

For example, the current model for the chronic pain management service at WHH is predominantly secondary-care based and consultant-led. Other similar services locally are predominantly community-based and non-consultant-led. The difference in cost between these two models of care is significant. The integration of BCH and WHH creates the opportunity to shift the acute model to one delivered out in the community. This would reduce costs and align with the national strategic direction.

Similarly, evidence from the Getting It Right First Time (GIRFT) programme suggests that up to £2,000 of savings can be made by the organisation for every frailty admission to the hospital bed base that can be avoided. Based upon volumes of current (increasing) admissions for this group of patients, potentially between **£1.5m and £2m per year** could be saved if we were to avoid 10 to 15% of admissions. The management of frailty is a key clinical priority and the development of a multi-agency, community-based model has significant potential to deliver the transformation required to unlock the financial improvement.

According to the NHS Model Health System data, the average cost of a weighted unit of activity (WAU) for dentistry at WHH is the highest in the country, as demonstrated by figure 29 below. Given the scale of the community dentistry service delivered by BCH, there is likely to be a number of opportunities created through integration of the services to drive financial improvement through accessing economies of scale.

### Dentistry - Cost per WAU (MFF adjusted)



Figure 29: Cost per WAU for dentistry at WHH

The launch of the BCH AI-led dermatology service at WHH (see section 10.3.2.1) has already generated additional revenue of **£0.3m** in 2025-26, which demonstrates that the opportunities to deliver services differently and improve profitability at the same time are real.

#### 13.3.3 Realign bank rates

More than **£1.8m** of pay cost savings have been delivered by WHH in 2025-26 as a result of reviewing the payment of bank rates for temporary shifts and aligning them to the rates paid by BCH to their staff. The integration of BCH and WHH will help increase the volume of staff able to support with temporary staffing cover across both community and acute services. This will help the integrated organisation to provide greater resilience to the workforce numbers and keep temporary staffing costs as low as possible into the future.

#### 13.3.4 Contract alignment

An initial review of the current contract registers across both BCH and WHH indicates approximately 34 'matched' clinical or estates contracts between the two organisations<sup>43</sup>. These are contracts that appear to be for the same or similar goods and/or services. The total value of these matched contracts is around £2.8m. A 10% improvement in total cost as a result of the combined purchasing power of the integrated organisation and reduced duplication should be achievable and would equate to **£0.28m per year**.

#### 13.3.5 Corporate hub

As part of the work to integrate corporate services (see section 13.3.1 above), there is a parallel piece of work to explore the creation of a single corporate hub as the central 'home' location for all corporate services in the integrated organisation.

Spencer House in Birchwood, Warrington, is the current BCH corporate headquarters. At present the building is under-utilised and regularly has significant space to accommodate more staff. Initial data and analysis suggests that the facility could accommodate all

<sup>43</sup> There are a further 36 'matched' contracts across corporate services but the cost, and therefore the opportunity, for financial improvement through these is included within the identified corporate services integration opportunity.

corporate teams from both WHH and BCH with minimal or no significant redesign. This would be achieved through a combination of expanding the current number of desk spaces at the facility and formalising agile working arrangements across all corporate teams. It would also require the creation of a small corporate 'hot desk' facility on the Warrington hospital site. This is described in more detail in section 18.6.1.

Co-locating all corporate functions would promote improved communication and connection between the various teams but it would also allow significant parts of the Kendrick wing space at Warrington hospital to be 'mothballed' in order to save money.

The impact of closing those spaces in Kendrick wing has been estimated to be around **£0.15m per year**. This is currently profiled as a financial opportunity in 2027-28.

### 13.3.6 Operational management structure

Phase two of the integration programme will see the integration of operational management structures currently overseeing the clinical services across both WHH and BCH.

The current annual budget (2025-26) for operational management teams across both trusts totals around £10m and includes 122 WTE staff.

A prudent estimate of financial improvement that can be made through the integration of the operational management structures would be **£0.1m per year**.

As mentioned above, both WHH and BCH have already launched MARS schemes to help create required vacancies across affected services. The true financial value and profile linked to this opportunity will be known when the MARS schemes in early 2026.

### 13.3.7 Estates rationalisation

Chapter 18 of this case illustrates the current use of estate by both WHH and BCH across Warrington and Halton. In line with the development of the new clinical strategy, phased estates plan (see section 18.9) and the emergence of a local vision for neighbourhood health, there will undoubtedly be opportunities for the integrated organisation to look at rationalising the use of its current hospital and community estate over the short to medium term.

As leases for community facilities come up for renewal, our intention would be to review the requirements for every facility. We will look at whether our use of estate can be rationalised to deliver improved financial efficiency without compromising on the need to maintain core acute services on the hospital sites whilst also looking to move more non-acute care services away from the hospital and into community and domiciliary settings.

The initial financial benefit associated with the rationalisation of estate is estimated to be **£0.2m per year** from 2027-28.

### 13.3.8 Other, as yet unquantified, opportunities for financial benefits

#### 13.3.8.1 Community treatment rooms

BCH currently delivers a range of low-risk elective procedures directly from treatment rooms across both Warrington and Halton. A review of capacity and demand for these facilities could help identify opportunities for procedures currently undertaken in theatres or outpatient clinics on the hospital sites to be more appropriately undertaken in these community

facilities. This would create a financial opportunity around the use of the facilities potentially vacated by the shift of activity away from the acute setting.

### 13.4 Forecast medium-term financial outlook following integration

The table below shows the forecast abridged financial statements for the integrated organisation over the next three years assuming delivery of financial benefits as detailed in table 47 (above) and in line with all assumptions made in subsequent tables below.

| £m                                                | Actual        | Actual         | Actual         | Underlying Position | Forecast       | Forecast       | Forecast      |
|---------------------------------------------------|---------------|----------------|----------------|---------------------|----------------|----------------|---------------|
| Abridged Income and Expenditure                   | 2022/23       | 2023/24        | 2024/25        | 2025/26             | 2026/27        | 2027/28        | 2028/29       |
| Income                                            | 444.06        | 458.05         | 499.55         | 491.70              | 478.68         | 498.60         | 505.34        |
| Pay                                               | (324.17)      | (348.46)       | (371.42)       | (368.43)            | (363.09)       | (360.18)       | (356.93)      |
| Non pay                                           | (122.53)      | (134.42)       | (148.80)       | (147.90)            | (144.64)       | (143.22)       | (140.24)      |
| Non-operating expenditure                         | (3.89)        | (3.45)         | 2.30           | (5.85)              | (7.16)         | (8.39)         | (8.70)        |
| <b>Surplus / (deficit) as per accounts</b>        | <b>(6.53)</b> | <b>(28.29)</b> | <b>(18.37)</b> | <b>(30.48)</b>      | <b>(36.22)</b> | <b>(13.18)</b> | <b>(0.54)</b> |
| Adjustments to Financial Performance              | (0.32)        | (1.66)         | 0.39           | 0.56                | 0.56           | 0.56           | 0.56          |
| <b>Adjusted Surplus / (deficit)</b>               | <b>(6.85)</b> | <b>(29.95)</b> | <b>(17.99)</b> | <b>(29.92)</b>      | <b>(35.66)</b> | <b>(12.62)</b> | <b>0.02</b>   |
| Exclude Deficit Support Funding (DSF)             | 0.00          | 0.00           | (16.50)        | (18.33)             | 0.00           | 0.00           | 0.00          |
| <b>Adjusted Surplus / (deficit) Excluding DSF</b> | <b>(6.85)</b> | <b>(29.95)</b> | <b>(34.49)</b> | <b>(48.25)</b>      | <b>(35.66)</b> | <b>(12.62)</b> | <b>0.02</b>   |
| Planned Surplus / (deficit)                       | (16.80)       | (19.86)        | (25.65)        | (30.25)             |                |                |               |

| Abridged Balance Sheet                    |               |               |               |               |               |               |               |
|-------------------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Non-current assets                        | 243.31        | 261.46        | 255.38        | 292.62        | 257.22        | 244.22        | 244.22        |
| Current Assets                            | 91.31         | 62.27         | 52.95         | 45.96         | 45.96         | 45.96         | 45.96         |
| Current liabilities                       | (76.72)       | (68.44)       | (61.99)       | (70.65)       | (70.65)       | (70.65)       | (70.65)       |
| Non-current Liabilities                   | (47.73)       | (47.06)       | (41.49)       | (38.68)       | (38.68)       | (38.68)       | (38.68)       |
| <b>Net Assets Employed</b>                | <b>210.17</b> | <b>208.22</b> | <b>204.85</b> | <b>229.25</b> | <b>193.85</b> | <b>180.85</b> | <b>180.85</b> |
| PDC                                       | 248.05        | 273.34        | 297.87        | 336.73        | 336.73        | 336.73        | 336.73        |
| Revaluation Reserves                      | 43.42         | 43.28         | 38.79         | 43.64         | 43.64         | 43.64         | 43.64         |
| I&E Reserve                               | (81.31)       | (108.41)      | (131.81)      | (151.11)      | (186.77)      | (199.39)      | (199.36)      |
| <b>Total taxpayers and others' equity</b> | <b>210.17</b> | <b>208.22</b> | <b>204.85</b> | <b>229.25</b> | <b>193.60</b> | <b>180.98</b> | <b>181.00</b> |

| Abridged Cashflow Statement                  |                |                |                |               |              |              |              |
|----------------------------------------------|----------------|----------------|----------------|---------------|--------------|--------------|--------------|
| Cash flows from operating activities         | 11.34          | (9.19)         | (1.14)         | 16.07         | 22.32        | 31.83        | 40.11        |
| Cash flows from investing activities         | (24.33)        | (27.27)        | (21.33)        | (50.29)       | (50.29)      | (50.29)      | (50.29)      |
| Cash flows from financing activities         | 1.42           | 12.18          | 11.66          | 24.29         | 51.29        | 57.41        | 53.39        |
| <b>Net cash flow for the period</b>          | <b>(11.57)</b> | <b>(24.27)</b> | <b>(10.81)</b> | <b>(9.92)</b> | <b>23.32</b> | <b>38.95</b> | <b>43.22</b> |
| Cash and cash equivalents at start of period | 70.81          | 59.24          | 34.97          | 24.15         | 14.24        | 37.56        | 76.51        |

|                                            |       |       |       |       |       |       |        |
|--------------------------------------------|-------|-------|-------|-------|-------|-------|--------|
| Cash and cash equivalents at end of period | 59.24 | 34.97 | 24.15 | 14.24 | 37.56 | 76.51 | 119.73 |
|--------------------------------------------|-------|-------|-------|-------|-------|-------|--------|

*Table 48: Abridged summary forecast financial position post-integration*

As shown by table 48, the integration is expected to support a reduction in the deficit in 2026-27 and 2027-28 and deliver a small surplus in 2028-29.

The joint BCH and WHH 2025-26 underlying position of £48.3m deficit (see blue cell in table) for the combined organisation is driven by:

- BCH position of £4.5m deficit
- WHH position of £43.8m deficit

*Note:* By taking the £48.3m combined underlying deficit figure above, adding back the delivery of internal and system-supported CIP in year 2025-26 (£21.5m WHH and £5.35m BCH) and then adjusting to reflect £3.1m of non-recurrent changes, you will arrive at the combined £72m planned 2025-26 deficit figure included in the strategic case for integration.

Table 49 below showing the key assumptions underpinning the financial modelling for the proposed integrated organisation is shown below.

| Assumption         | Assumption scope | 2025-26 | 2026-27 | 2027-28 | 2028-29 |
|--------------------|------------------|---------|---------|---------|---------|
| Weighted inflation | Income           | 2.2%    | 0.0%    | 0.0%    | 0.0%    |
|                    | Pay              | 3.3%    | 2.1%    | 2.1%    | 2.1%    |
|                    | Drugs            | 0.0%    | 0.6%    | 0.6%    | 0.6%    |
|                    | CNST             | 0.0%    | 0.5%    | 0.5%    | 0.5%    |
|                    | Non-pay          | 0.6%    | 2.2%    | 2.2%    | 2.2%    |
|                    | Capital charges  | 0.2%    | 1.7%    | 1.7%    | 1.7%    |
| CIP Efficiency     | Opex             | 5.0%    | 5.0%    | 5.0%    | 5.0%    |

*Table 49: Key financial assumptions for the modelling of the integrated organisation*

Table 50 below shows the assumed level of CIP delivery for the combined organisations within the future financial modelling.

| £m                          | 2025-26     | 2026-27     | 2027-28     | 2028-29     |
|-----------------------------|-------------|-------------|-------------|-------------|
| <b>Recurrent CIPs</b>       |             |             |             |             |
| Pay cost                    | 16.1        | 14.7        | 12.3        | 13.2        |
| Non-pay cost                | 3.6         | 5.5         | 5.3         | 5.1         |
| Income                      | 4.3         | 5.2         | 18.1        | 6.6         |
| <b>Total recurrent CIPs</b> | <b>24.0</b> | <b>25.4</b> | <b>35.7</b> | <b>24.9</b> |

| Non-recurrent CIPs              |             |             |             |             |
|---------------------------------|-------------|-------------|-------------|-------------|
| Pay cost                        | 0.5         |             |             |             |
| Non-pay cost                    | 1.0         |             |             |             |
| Income                          | 1.5         |             |             |             |
| <b>Total non-recurrent CIPs</b> | <b>3.0</b>  | <b>-</b>    | <b>-</b>    | <b>-</b>    |
| <b>Total CIPs</b>               | <b>27.0</b> | <b>25.4</b> | <b>35.7</b> | <b>24.9</b> |

Table 50: Assumed level of CIP delivery for the combined organisations over medium term

Figure 30 below shows the summary financial bridge diagram illustrating how the integrated organisation plans to move from a position of a £48.3m underlying deficit at the end of 2025-26 to a small surplus/break even position by the end of 2028-29.

The blue bar on the diagram constitutes the £8.4m anticipated financial improvement to be made as a direct result of the integration.

The orange bars illustrate where some of the non-direct benefits of the integration programme will support delivery of further financial improvement.

The integration of WHH and BCH is a critical enabler to both organisations' journey to financial sustainability over the coming years.

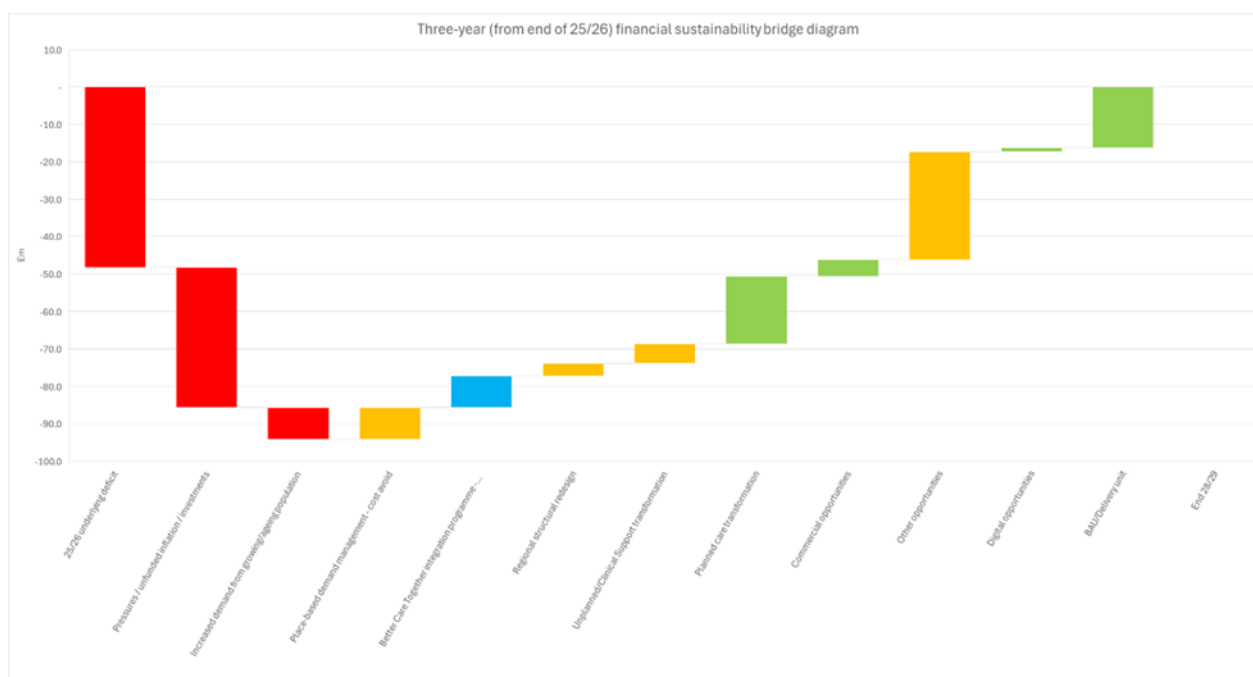


Figure 30: High-level financial sustainability bridge for the integrated organisation from the end of 2025-26 to the end of 2028-29

### 13.5 Costs associated with integration

Table 51 below details and profiles the total additional anticipated costs (i.e. not absorbed by the trusts) associated with the integration programme totalling **£1,104,000**.

| Programme requirement (additional)                                                  | Costs to be incurred during phase one of integration programme (2025-26) | Costs to be incurred during phase two of integration programme (2026-27) | Total additional costs anticipated |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------|
| Programme leadership and programme management support                               | £0                                                                       | £0                                                                       | £0                                 |
| Finance costs to support to the programme                                           | £100,000                                                                 | £40,000                                                                  | £140,000                           |
| Communications and engagement costs to support to the programme (including signage) | £86,000                                                                  | £24,600                                                                  | £110,600                           |
| Dedicated clinical leadership to the programme                                      | £0                                                                       | £0                                                                       | £0                                 |
| External consultancy support to the programme                                       | £415,000                                                                 | £0                                                                       | £415,000                           |
| Legal advice and support                                                            | £90,000                                                                  | £50,000                                                                  | £140,000                           |
| IT and system realignment costs                                                     | £97,500                                                                  | £0                                                                       | £97,500                            |
| Other costs                                                                         | £80,000                                                                  | £120,900                                                                 | £200,900                           |
| <b>Total anticipated additional programme costs</b>                                 | <b>£868,500</b>                                                          | <b>£235,500</b>                                                          | <b>£1,104,000</b>                  |

*Table 51: Estimated programme costs associated with each phase of the integration programme vs total costs identified to date*



## 14.0 Inequalities

### 14.1 Chapter summary

This section highlights the trusts' joint commitment to tackling health inequalities across Warrington, Halton and the wider system, addressing six priority areas:

- Restoring NHS services inclusively – after the COVID-19 pandemic
- Mitigating against digital exclusion
- Ensuring data sets are complete and timely
- Accelerating preventative programmes
- Strengthening leadership and accountability
- Tackling workforce inequalities

It identifies the current variation in health outcomes and access to services across communities and outlines how integration will enable targeted, data-driven interventions.

The section aligns with the NHS Core20PLUS5 framework, focusing on reducing unwarranted variation, improving prevention and supporting inclusive workforce practices.

It reinforces how integration provides the platform to address structural barriers to equity and deliver measurable improvements in population health outcomes.

**Key message:** Integration is a powerful enabler of equity and local data has suggested significant challenges across our local population including a growing number of children and young people requiring mental health support; a growing ethnic minority population with language barriers and digital exclusion hindering preventative treatments; and bullying, isolation, and unmet mental health needs within the LGBTQ+ community to name a few.

By aligning community and acute services, the new organisation will target the root causes of inequality, deliver prevention-focused care, and strengthen partnerships with local authorities and the voluntary sector to close health gaps across populations.

### 14.2 Overview

This section outlines how the trust is identifying and responding to health inequalities, using national dashboards and local data to target interventions in priority wards. It summarises variation in avoidable hospital admissions (ACSC rates) and inequality gradients (AGI values) across Halton and Warrington, highlighting areas of greatest need and opportunity for impact. This insight is being used to inform service redesign and transformation programmes as part of the clinical integration workstream.

#### **System-wide opportunity through integration:**

- The integration of WHH and BCH enables a more cohesive, place-based approach to tackling inequalities, particularly through stronger integration with primary care networks, community assets and neighbourhood teams.
- The most recent joint strategic needs assessments (JSNAs) for Warrington and Halton emphasise the importance of joined up working across sectors to address complex and overlapping health needs. This creates opportunities to align transformation efforts and reduce duplication across acute and community settings.

**Population contrasts:**

- Warrington is growing and becoming more diverse, with 11.9% of residents from minority ethnic backgrounds and notable growth in eastern European communities. This demographic shift highlights the need for culturally responsive services and inclusive communication strategies.
- Halton has higher levels of deprivation, poorer health outcomes and lower ethnic diversity (~4.5%), with multiple communities ranked among the top 10% most deprived nationally. This reinforces the need for targeted interventions in priority wards and tailored support for communities facing multiple disadvantages.

**Unplanned vs planned care:**

- Both Warrington and Halton Joint Strategic Needs Assessments (JSNAs) highlight that residents in more deprived areas are more likely to access care through emergency departments and less likely to engage with preventative or planned services. This pattern reflects barriers to early intervention and continuity of care, particularly in areas with lower health literacy or limited access to primary care.
- The trend is especially pronounced in Halton, where urgent care use is higher and avoidable admissions are more frequent. This underscores the importance of proactive, community-based approaches to reduce reliance on emergency services and improve long-term outcomes.

The creation of an integrated trust serving both Warrington and Halton must navigate divergent health needs, access patterns and community assets. The integration presents a strategic opportunity to:

- align acute and community services to reduce fragmentation and improve continuity of care
- target resources proportionately, recognising Halton's deeper deprivation and Warrington's growing diversity
- embed equity into service design, ensuring that care models reflect local population profiles and lived experience
- leverage combined data intelligence to identify risk, predict demand, and personalise interventions

As an integrated trust (with a reach across both community and acute) we will seek to create seamless pathways and work more closely with the neighbourhood teams and our PCNs. We know this will provide a more holistic service for our populations and we will take strides to reduce inequalities in relation to access and prevention.

As NHS organisations it is very easy to talk about 'hard to reach' groups, or communities that are not 'engaging' in healthcare, or accessing in the ways it has been designed. However, these communities more often than not know what it is that they need, and have made a very valid decision based on their circumstances about how they are going to access care, and whether they have the resources or the time to engage in healthy living activities.

Both organisations are already involved in advancing focused work with our communities, and we expect that this progress will be advanced as we become a single organisation.

### 14.3 Key priority areas for reducing inequalities

NHSE sets out five key priority areas for reducing inequalities in healthcare which underpin the work of the National Healthcare Inequalities Improvement Programme (HiQIP). These were reinforced through the 2024-25 NHSE priorities and operational planning guidance, and they include:

- Restoring NHS services inclusively – after the COVID-19 pandemic
- Mitigating against digital exclusion
- Ensuring data sets are complete and timely
- Accelerating preventative programmes
- Strengthening leadership and accountability

Through our joint Health Equity Group we agreed to add a sixth priority area:

- Tackling workforce inequalities

These six priorities provide a useful framework for our plan to reduce inequalities in our local population, with the BCT programme a key enabler for positive change.

We are working closely with NHS Cheshire and Merseyside ICS, and both WHH and BCH are key stakeholders in the Warrington and Halton Place Boards. These Boards are driving transformative change in services and patient outcomes, informed by insights from the Marmot altogether fairer report and Core20PLUS5 framework in Cheshire and Merseyside.

WHH and BCH are also making use of resources from public health teams at Cheshire and Merseyside ICS, local authorities, and national tools such as the CIPHA dashboards and the NHS England health inequalities improvement dashboard, to guide and focus our programme of work on reducing inequalities and improving outcomes.

### 14.4 Deprivation and links to health service use

Details about our local populations and some of the high-level statistics about deprivation and life expectancy are included in chapter 5 of this document. These deprivation patterns are also heavily reflected in health service use.

Ambulatory care sensitive conditions (ACSCs) are health conditions such as asthma, diabetes or heart failure that can often be managed safely at home or in the community, without needing emergency hospital care. The rate of ACSCs tells us how many people per 100,000 population were admitted to hospital for these conditions.

AGI (absolute gradient of inequality) shows how unevenly avoidable hospital admissions are spread across different neighbourhoods. A higher AGI means a bigger gap between the most and least deprived areas.

Halton has an ACSC rate of 3,236 per 100,000 population and an AGI of 4,389, indicating both a high burden of avoidable hospital admissions and a steep inequality gradient. This means that in Halton, people in more deprived areas are far more likely to be admitted for ACSCs than those in better-off areas. Halton has both a higher overall burden of avoidable hospital admissions and greater inequality in who is affected.

Warrington's ACSC rate is 1,921 per 100,000, with an AGI of 1,309, suggesting lower overall demand and moderate inequality in access and outcomes.

In both areas, but particularly in Halton, there is a strong case for targeted health and wellbeing interventions – such as neighbourhood primary care interventions, health literacy support, and outreach in priority wards.

As outlined earlier in the section describing the clinical vision, the integration of the community and acute trusts will allow us to accelerate work in this area, including through the adoption of neighbourhood hubs as a vehicle for intervention.

#### **14.5 Priority wards for intervention**

The national health inequalities dashboard has identified small areas (wards or neighbourhoods) within Warrington and Halton where people are more likely to experience avoidable health problems – especially those that lead to emergency hospital visits. These areas are flagged as a priority because they show:

- high rates of unplanned hospital admissions, especially for conditions that could be managed earlier or in the community (like asthma, diabetes, or heart failure)
- wider health inequalities, often linked to deprivation, ethnicity, or access to care

In Warrington, these areas include:

- Fairfield and Howley
- Birchwood
- Poulton North
- Burtonwood and Winwick

In Halton, these areas include:

- Halton Lea
- Appleton
- Ditton, Hale Village and Halebank

The areas above include a number of the most deprived areas within our local catchments. Deprivation is strongly linked to mental health need, substance misuse, housing insecurity, and child poverty – all of which compound health inequalities.

Deprivation intersects with other factors – ethnicity, gender, disability, LGBTQ+ identity and age – to deepen exclusion and reduce access to care.

Residents in deprived areas often feel disconnected from mainstream services, citing lack of trust, cultural relevance and continuity. This disconnect reinforces cycles of poor engagement and unmet need, particularly in areas with high AGI and ACSC rates. The opportunity to create a new community-focused model of care to provide greater reach into these areas is both exciting and also necessary.

#### **14.6 Local challenges around health inequalities**

The following sections detail some of the most significant health and wellbeing challenges across our local populations in Warrington and Halton. The opportunities to transform how care is delivered and make a significant impact on the lives of the local population are clear to see.

### 14.6.1 Children and young people (CYP)

- Halton has higher levels of child poverty, with several wards in the top decile of deprivation nationally. This is linked to poorer educational outcomes, increased safeguarding concerns, and higher rates of mental health need.
- Warrington shows growing diversity among CYP, particularly in urban wards, with increasing demand for culturally responsive services.
- CYP in both Places face rising mental health needs, including anxiety, depression, and self-harm – exacerbated by post-pandemic disruption and digital pressures.
- Halton reports higher rates of obesity, dental decay and hospital admissions for asthma and respiratory conditions.
- Warrington's JSNA highlights gaps in neurodevelopmental pathways, including ADHD and autism diagnosis delays.
- CYP from deprived backgrounds are less likely to access early help and more likely to present in crisis.
- SEND services face pressure across both Places, with long waits and fragmented transitions to adult care.
- Young carers, care-experienced children, and those from minority ethnic groups often fall through the cracks of mainstream provision.

### 14.6.2 Men

- The JSNAs and supporting public health intelligence indicate that men are less likely to engage with preventative services, have lower health-seeking behaviours, and are overrepresented in emergency care settings.
- In Halton, men have lower life expectancy and higher rates of premature mortality, particularly from cardiovascular disease and cancer.
- Non-attendance patterns are not always broken down by gender in JSNA summaries, but broader NHS data and local audits suggest that men are more likely to miss outpatient appointments, especially in deprived areas.

### 14.6.3 Women

- In both Places, women live longer than men but spend more years in poor health, especially in later life.
- Healthy life expectancy for women is lower in Halton (~62.1 years) than in Warrington (~64.8 years), and both trail national averages.
- Women in deprived areas experience earlier onset of long-term conditions, including musculoskeletal disorders, mental health issues and cardiovascular disease.
- Women are more likely to be primary carers, which can limit their ability to attend appointments or prioritise their own health.
- In Halton, women in deprived areas are less likely to engage with preventative services (e.g. cervical screening, contraception reviews).
- In Warrington, language barriers and digital exclusion affect access for women from minority ethnic backgrounds, especially in Eastern European, Black African and Caribbean and South Asian communities.
- Halton JSNA highlights gaps in perinatal mental health support, especially for younger mothers and those experiencing domestic abuse.
- Warrington's JSNA notes rising demand for fertility, menopause, and gynaecological services, with variation in access by geography and ethnicity.

#### 14.6.4 Ethnic minorities

- Warrington has a growing ethnic minority population, with 11.9% of residents identifying as non-White British. This includes significant Eastern European, South Asian, and Black African communities, particularly in central and southern wards.
- Halton remains less diverse, with around 4.5% of residents from minority ethnic backgrounds. However, Gypsy, Roma, and Traveller (GRT) communities are specifically noted in the JSNA as experiencing entrenched inequalities and poor access to services. Whilst Warrington JSNA does not specifically highlight Gypsy, Roma and Traveller communities, recent outreach to two sites in Warrington has highlighted similar levels of inequalities and poor access to services.
- Ethnic minority residents in both Places face disproportionate barriers to accessing care, including:
  - language and literacy challenges
  - digital exclusion
  - cultural stigma around certain conditions (e.g. mental health, reproductive health)
  - lower trust in services, especially among newly arrived or marginalised groups
- These barriers contribute to a lower uptake of screening, higher rates of late diagnosis, and a greater reliance on urgent care pathways.
- Many services do not consistently record ethnicity, limiting our ability to tailor care and track outcomes.
- Ethnic minority communities are often underrepresented in patient feedback, co-production panels, and strategic decision-making forums.

#### 14.6.5 LGBTQ+

- LGBTQ+ residents in both Places face disproportionate health inequalities, often rooted in stigma, discrimination and systemic exclusion.
- National and local evidence shows higher rates of:
  - mental health challenges (e.g. anxiety, depression, self-harm)
  - substance misuse
  - barriers to accessing primary and preventative care
- Trans and non-binary individuals experience particularly poor outcomes, including delays in gender-affirming care and lack of inclusive service environments.
- Sexual orientation and gender identity (SOGI) data is inconsistently recorded across services, limiting visibility and accountability.
- LGBTQ+ communities are often underrepresented in patient feedback, engagement panels, and strategic decision-making forums.
- LGBTQ+ people who are also ethnic minorities, disabled or living in deprivation face compounded barriers to care. Young LGBTQ+ people in Halton and Warrington report bullying, isolation and unmet mental health needs, especially in school and family contexts.

#### 14.6.6 Veterans

- Warrington and Halton are home to a significant number of Armed Forces veterans, including older adults, reservists and those recently discharged.
- Many veterans live in deprived areas, and some face challenges related to housing, employment, mental health and physical rehabilitation.

- Veterans may not always self-identify in healthcare settings, leading to under-recognition of their needs.
- Veterans are more likely to experience:
  - mental health conditions, including PTSD, depression, and anxiety
  - musculoskeletal injuries and chronic pain
  - substance misuse and social isolation
- Access barriers include:
  - stigma around help-seeking
  - fragmented care pathways between military and civilian services
  - limited awareness among staff of veteran-specific entitlements and needs

### **14.7 Integrated, Place-based care as an enabler for change**

The integration between WHH and BCH creates opportunities for the development of seamless care pathways across hospital and community settings, with multidisciplinary teams delivering wraparound support closer to home.

Our medium to long-term clinical vision (described in chapter 10) is to develop neighbourhood-based models of care, building on the successes of collaborative projects like the Living Well Hub and looking to expand this approach into other localities. This allows us to embed trauma-informed, culturally competent, targeted care for disadvantaged groups closer to where they live and help prevent deterioration of health conditions and reduce the number of people reaching crisis point.

The following sections describe how the integration programme can become a key enabler for change linking back to the priorities outlined in section 14.3:

#### **14.7.1 Priority 1: Restore NHS services inclusively**

We will review opening hours, locations and transport links to ensure services are accessible, especially for those in deprived areas. We will consider delivery of services from community hubs across all of our places, as these develop as part of a neighbourhood health agenda locally. We will consider public transport routes and work with local authority partners to ensure access to locations is as good as possible.

We will adopt a population-health approach to service planning and delivery, looking to deliver targeted services in locations where specific health outcomes are notably worse than other areas. Where possible, we will look at ways to extend access for particular groups living in the most deprived areas, where engagement tells us that those communities experience difficulties in accessing services in certain facilities or at certain times.

The two trusts are already working closely in partnership in delivering from shared community spaces, including the Living Well Hub in Warrington.

#### **14.7.2 Priority 2: Mitigate against digital exclusion**

Increasing the use of our patient portal will be a priority for the integrated trust – but also giving patients help to access and use it, regardless of language need. In order to support patients with accessing the portal, we will explore an on-site presence in our clinics to show patients how to access appointments, letters and test results.

We will ensure we make full use of text reminders for appointments, but also give patients the ability to change/cancel appointments via the patient portal – so they don't have to spend



money waiting for a long time on the phone to speak to someone, to cancel or re-arrange an appointment that they cannot make because it doesn't fit with when their carer is available, or their working hours, for example.

Alongside partners at Place, we have recently invested UK Shared Prosperity Fund (UKSPF) funding to upgrade digital infrastructure in a number of community locations across Warrington. This ensures residents have places they can use to access digital health and wellbeing services if they are unable to access them at home.

#### **14.7.3 Priority 3: Ensuring datasets are complete and timely**

We are working with other NHS trusts across Cheshire and Merseyside to create a dashboard on the CIPHA platform (a Cheshire and Merseyside specific population health database) that is transparent and easy to use. It will combine our acute and community datasets to build a richer, place-based understanding of need – enabling predictive modelling, targeted outreach, and real-time monitoring of Core20PLUS5 populations.

Shared analytics will support proactive identification of patients at risk of poor outcomes, especially those facing digital exclusion, housing insecurity, or multiple long-term conditions. For example, we are trialling using the data we have available to carry out active case finding of undiagnosed COPD patients to enable early outreach and support.

#### **14.7.4 Priority 4: Accelerate preventative programmes**

The integration enables seamless care pathways across hospital and community settings, with multidisciplinary teams delivering wraparound support closer to home.

We will look to expand the model of co-locating connected services, making early support easier to find and easier to access for those who may need it.

In March 2025, we launched the Living Well Warrington digital platform<sup>44</sup> in partnership with numerous stakeholders from across Warrington. The new platform further strengthens the local offer around prevention, early intervention and empowering self-care through a 'community-led' approach. It empowers users to navigate their health and wellbeing journey more independently as the single digital entry point for any health and wellbeing-related enquiries for the whole of Warrington.

As at the end of September 2025 the platform included almost 700 individual support services and events on offer across the town and had received over 93,000 individual views.

#### **14.7.5 Priority 5: Strengthen leadership and accountability**

Each executive director in the new integrated organisation will have personal objectives to tackle health inequalities. This is a model that WHH executive directors currently follow.

We will explore the new integrated trust Board taking responsibility for overseeing the health inequalities plan, and the chair and each non-executive director will oversee components of the strategy.

The integration strengthens our role as an anchor institution within Warrington and Halton, deepening collaboration with local authorities, voluntary sector partners and the ICS.

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<sup>44</sup> Living Well Warrington (2025) *Live well in Warrington*. Available at: [www.livingwellwarrington.org](http://www.livingwellwarrington.org)



We will co-deliver population health programmes, support inclusive economic development, and embed community voice into governance and service design.

#### **14.7.6 Priority 6: Tackling workforce inequalities**

Working as an integrated organisation, the combined trust will extend already developed programmes supporting staff in a variety of areas, including:

- mental health and wellbeing – counselling placements within mental health wellbeing hub to support staff
- occupational health and support – occupational health pre-employment process updated to reflect workforce needs aligned to the workforce equality and diversity and inclusion strategy
- reasonable adjustments – signposting to Maximus, an access to work mental health provider to support individuals with long term mental health conditions. Implementing a passport to support staff with the resources to remain in work and thrive
- prevention programmes – multiple prevention programmes and packages delivered focused on cardiovascular disease, menopause, mental wellbeing and musculoskeletal conditions

## 15.0 Communications and engagement

### 15.1 Chapter summary

This section describes the comprehensive engagement undertaken with staff, patients, system partners and the public throughout the integration process.

It demonstrates how both trusts have embedded transparency, inclusivity and co-production into all communications activity, aligned with the Better Care Together communications and engagement plan.

The section evidences the ongoing collaboration with local authorities, primary care, voluntary and community sectors, and NHS England. It highlights the success of staff engagement sessions, leadership forums and stakeholder briefings in building shared understanding and support for the transaction, ensuring that change is developed with, not for, our people.

**Key message:** Continuous open communication has been fundamental to this programme's success. Alongside the patient experience team, we are working in partnership with Health Watch to ensure service users and partners have their voice heard and that it is central to our developing clinical integration workstreams and joint strategies.

We are continuing with stakeholder engagement meetings, events and activities, ensuring that the insight we gather informs our integration plans. This has been carried out through a wide variety of channels, including websites, video content, case studies, social media channels, patient and public engagement sessions and surveys to ensure local people are aware of our plans to integrate, our name change, and the key messages that support our future as one organisation.

### 15.2 Approach to communications and engagement

There is a programme for ongoing two-way stakeholder communication and engagement regarding our partnership and the planned integration of the two organisations. An established and embedded communications and engagement plan has been developed and is being implemented to help us achieve the following:

To communicate proactively and inclusively about the integration to help both trusts come together as one new organisation, supporting colleagues and ultimately improving patient care.

This plan will therefore enable audiences to:

- engage with or understand changes in patient pathways and service improvements
- participate in or be informed about the integration process
- recognise integration benefits and have opportunities to ask questions and receive answers

Our communications and engagement objectives are to explain how, in collaboration with local partners, patient pathways are being improved to deliver integrated, comprehensive care that meets identified needs. This is achieved by the following:

- outlining how integration supports this
- detailing anticipated impacts of the integration for staff and communities
- summarising the steps taken toward integration and noting key milestones

Further to the points mentioned above, we will also:

- share information transparently about emerging issues and respond to stakeholder queries
- ensure stakeholders understand how they can contribute their views, and clarify actions taken in response to feedback
- offer stakeholders accessible information and opportunities for engagement through appropriate channels
- make certain that patient and public perspectives are included in the development of patient pathways, and that they participate in changes affecting them

Our communications and engagement plan can be found within the supporting documents to the FBC.

### **15.3 Communication and engagement principles**

At the heart of the developed communications and engagement plan, several well-established communication principles known to the NHS are used and embedded. These are as follows:

#### **1. Clarity and trust**

With the need to engage a broad audience, clarity and trust are essential to achieving our communication goals. Alongside the 'Seven Cs of effective communication' – clear, concise, concrete, correct, coherent, complete, and courteous – our messaging about Better Care Together must be strongly aligned with our key messages and personalised for different audiences.

We must be open and honest in line with our values to help build trust, communicating as much as we can, as soon as we can.

#### **2. Compassionate and reassuring language**

Change can often feel unsettling. A new partnership like this one may raise concerns about forced changes or, in the worst case, job security. Our language should reassure both colleagues and patients that they play a vital role in our mission and that we are working with them and for them, not against them.

We should select language that resonates with each audience, avoiding a one-size-fits-all approach. For internal communications with staff, consistency in language across both organisations is imperative.

#### **3. Aspirational yet realistic**

Our language should inspire hope and a sense of purpose, using active terms like 'building', 'strengthening', 'combining', and 'flourishing' to convey positivity, dynamism and purpose.

While Better Care Together is ambitious, aimed at long-term sustainability for our colleagues and patients, our communication must strike a balance between being aspirational and realistic. We should communicate our goals and processes in a way that is inspiring, beneficial and grounded in reality.

#### **4. Accessible and timely**

Information about Better Care Together should be available in various formats to ensure that all audiences can access it in the way that suits them best. Urgent or important information

must be communicated internally within both organisations at the same time. Less important information should be timed to be issued as closely together as possible.

We commit to communicating internally with our staff before we communicate externally, so that staff hear news from us first, and not from external sources.

## **5. Start with people**

Collaborative and meaningful partnerships should start with people and focus on what really matters to our communities and staff. There are clear benefits to working in partnership with people and communities:

- better decisions are made about service changes and how money is spent
- reduced risks of legal challenges
- improved safety, experience and performance
- helps address health inequalities by understanding communities' needs and developing solutions with them

It is about shaping a sustainable future for the NHS that meets people's needs and aspirations. We commit to effective engagement with staff, stakeholders and communities, including people with lived experience.

## **6. Close the loop**

Clear and consistent communication is essential for effective engagement. Beyond encouraging staff and patients to voice their opinions, our communications and engagement activity should also 'close the loop', clearly demonstrating how their input has influenced the outcomes of this new way of working together.

This applies not only when feedback has been implemented but also when we cannot make changes in line with the feedback received.

Our communications and engagement work is further guided by the following ideologies:

- leadership is demonstrated through visible executive and clinical involvement
- messaging remains consistent across both trusts
- we maintain openness about each stage, acknowledging challenges honestly
- patient and public feedback informs integration plans
- we clearly communicate the benefits of change

Our communications and engagement plan aims to keep staff, stakeholders, patients and the public informed about our joint work, including:

- progress in partnership arrangements with real-life benefits
- options considered for moving forward and reasons for integration, focusing on patient, community and staff advantages
- impact of changes on colleagues, services and local residents
- support for teams and individuals during adjustments, especially with new working arrangements
- integration of strengths from both trusts to maintain excellent care

Our staff engagement initiatives are designed to further cultivate a unified organisational culture by facilitating consistent communication on integrated working, as well as coordinating collective events and activities such as the annual staff Thank You Awards, health and wellbeing programmes, and streamlined internal communications.

We are committed to actively listening to our staff, patients, the public and stakeholders, ensuring that the insights gained through our communications and engagement efforts directly inform the development of our integration strategies.

#### 15.4 Key messages for the integration

Strong narrative and key messages are fundamental to all communication activity relating to our integration programme. Overarching messages form the basis of our communication with different stakeholder groups and are tailored as the integration progresses and for specific audiences and different communication channels/formats.

In line with our communications and engagement principles, the key messages (as outlined below) need to:

- be repeated often so that they become embedded in people's minds
- be simple and memorable so that they can be recalled and repeated

|                     | <b>Key message 1 (why)</b><br><b>We want to provide better care together</b> | <b>Key message 2 (what)</b><br><b>We are joining forces and working as one</b> | <b>Key message 3 (how)</b><br><b>With shared leadership, we are integrating our services</b> |
|---------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Supporting messages | Warrington and Halton need strong and resilient clinical services            | Together we will improve healthcare services for our communities               | We have a joint CEO and shared executive team                                                |
|                     | Our healthcare system must be sustainable for the future                     | We'll involve staff, partners and people with lived experience                 | We've established an integration programme called Better Care Together                       |
|                     | We can achieve more together for patients and staff                          | We will work and behave as a single organisation                               | We need your support to make it a success                                                    |

*Table 52: Our key message grid*

This is articulated in narrative form as:

We want to provide better care together. Warrington and Halton need strong and resilient clinical services, and our healthcare system must be sustainable for the future. We know that we can achieve more together for both our patients and staff.

We are joining forces and working as one. Together we will improve healthcare services for our communities. We'll involve our staff, partners and people with lived experience and we will work and behave as a single organisation.

With shared leadership, we are integrating our services. We have a joint chief executive and a shared executive team. We've established an integration programme called Better Care Together and we need your support to make it a success.

In addition to the key message grid, early messaging related to integration was published on our respective websites.

As the integration journey progresses, a dedicated partnership website has also been created and is available at [NHS North Cheshire and Mersey Partnership](#).

A full staff microsite for the partnership has also been created for WHH and BCH colleagues. Like the partnership website, the dedicated staff microsite also contains a wealth of information from the latest integration news to frequently asked questions.

Over the past year we have engaged extensively with colleagues, partners, governors, patients and members of our local community regarding our strategic direction and the role our integration plans will play as a catalyst for positive transformation.

Our focus is now shifting towards a comprehensive information and awareness campaign designed to ensure that our integration into a new single organisation, its forthcoming name change and supporting key messages reach as many local residents as possible in the wide-ranging communities we serve.

This campaign will incorporate a variety of communication channels, including website updates, social media posts, digital screens, media releases, posters and short-form video content to name but a few. Any campaign will continue to be fluid in nature and will adapt as the need requires.

### 15.5 Clinical integration workstreams: Patient engagement and involvement

An early deep dive into patient engagement and involvement of each trust was undertaken at the very beginning of this integration journey. This helped set a benchmark of any potential gaps in assurance so these could be focused on quickly and efficiently.

From a BCH perspective, engagement and involvement is currently overseen by the Bridgewater Engagement Group. This includes patient, carer, public and staff engagement and includes public governors and representation from both Healthwatch Halton and Healthwatch Warrington. The main vehicles for supporting and facilitating co-design and involvement in projects within clinical services are through local patient partner projects.

Within WHH, engagement and involvement activity is co-ordinated within the Communications and Engagement Team, in partnership with clinical and corporate teams. Assurance on patient and public engagement and involvement activity is also provided through bi-monthly high level briefing papers to the WHH patient experience and inclusion sub-committee and reporting to Board.

The main vehicle for supporting and facilitating co-design and involvement of service users, carers and advocates within projects and future developments is WHH's lived experience volunteer programme (Experts by Experience).

Foundation trust public governors are engaged through the respective Council of Governor meetings, WHH's Governor Engagement Group and BCH's Public and Community Engagement Group and via sharing information with foundation trust members through regular member newsletters.

Taking the above sovereign engagement channels into account, a community stakeholder mapping exercise has been completed, with the following being identified as key patient and public stakeholders.

People and carers:

- patients / people
- carers / guardians
- advocates
- families

- patient groups
- advocacy / support groups representing people with protected characteristics
- WHH Charity
- Warrington League of Friends
- Voluntary, Community, Faith and Social Enterprise (VCFSE) networks
- community groups
- Patient Advice and Liaison Service (PALS)
- volunteers
- Experts by Experience / Patient Partners
- Patient Safety Partners
- veterans / armed forces members
- wellbeing services (local authority commissioned)
- hospital radio stations (ref HWH segment on Radio Halton)
- Wheelchair Users Group (St Helens)
- local authority engagement networks, including those for marginalised/under-served communities

#### Influencers:

- Healthwatch organisations (Warrington and Halton)
- MPs
- councillors
- media/comms colleagues
- public and partner governors
- foundation trust members

Following this stakeholder mapping exercise, our approach to patient engagement and involvement is clear:

1. We have established a BCT patient and public reference group (PPRG), independently chaired by our local Healthwatch partners, which will formally report into the BCT programme delivery group. This group will tap into wider engagement networks and will help act as a critical friend to ensure that the voice of our patients and local public is heard. The first meeting of the PPRG is to take place in November 2025.
2. We will provide wider opportunities for local people to hear about our integration plans directly from senior leaders. We will support opportunities to ask questions, make suggestions and share thoughts and concerns, ensuring these are shared across the wider integration programme. Feedback received to date from our local public about the integration programme can be found later in this chapter and in the supporting evidence.
3. We will engage and consult as required on specific changes to clinical services which impact on how people and communities in the core areas of Warrington and Halton access services across both BCH and WHH.
4. We will engage with people and communities regarding services delivered outside of Warrington and Halton and over our wider geographical footprint:
  - BCH Community Dental Services (Bolton, Bury, East Cheshire, Halton, Heywood, Middleton, Oldham, Rochdale, Sandbach, St Helens, Stockport, Tameside and Glossop, Trafford, Vale Royal area of Cheshire, Warrington, Western Cheshire and Chester and Wigan Borough)

- WHH Breast Screening Services (Warrington, Halton, St Helens and Knowsley)
- BCH services delivered in St Helens (paediatric audiology/hearing screening, Community IPC, Community Equipment Service, Occupational Therapy for Assistive Technology, Wheelchair Service)
- BCH Drive Ability North West

## 15.6 Integration of clinical and operational pathways

The progress to date around identifying priority clinical services for integration is described in detail in section 10.5.2. Public, patient and partner involvement will continue to be crucial in the next steps of the integration journey.

To support this activity and to ensure meaningful engagement informs any changes to services, patient and public engagement support will be provided via the BCT communications and engagement workstream. This will involve:

- support to inform the completion of an Equality and Health Inequalities Impact Assessment for each element of proposed change
- delivering a programme of in person and online awareness sessions for staff: 'Engagement, involvement and public consultation duties in service change'
- updated online 'equality and health inequalities assessment (EHIA)' training to include engagement, involvement and public consultation duties in service change
- identification of key partners and stakeholders to involve in the development of proposals for change
- benchmarking of patient experience metrics
- identification and facilitation of appropriate mechanisms for engagement and involvement of patients and communities using the approaches outlined earlier in this section

## 15.7 Stakeholder communication and engagement methods

Keeping in line with our communication principles and overarching communications and engagement plan, our stakeholder map helps us to ensure we are communicating and engaging regularly with stakeholders.

### 15.7.1 Engagement tools

We have kept colleagues, partners and the public informed about our vision to improve health outcomes by removing and respective organisational barriers to integration.

In addition to using our usual and well-established communication channels, we continue to develop new resources to keep everyone updated and expand our audience reach where possible. A joint communications channel matrix can be found in the supporting documents to this FBC.

In addition to the matrix, several channels are highlighted in greater detail as follows:

#### a) Public website

As integration progresses, and communication becomes more coordinated between both organisations, a dedicated partnership website has been created.

This website contains a wealth of information to the public and wider stakeholders, such as information about the integration journey, frequently asked questions (FAQs) and latest



news. The [NHS North Cheshire and Mersey Partnership](#) address will subsequently transform into our newly integrated public-facing website once the transaction is complete.

During this time of transition, each sovereign organisation will continue to promote the partnership website and will signpost to it from their respective site.

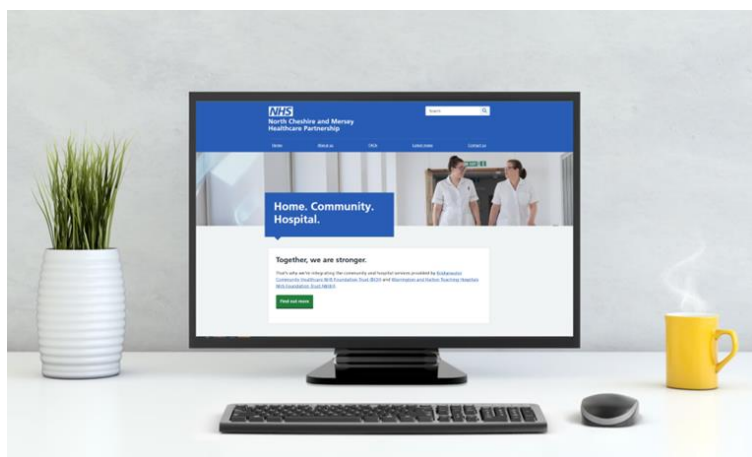


*Figure 31: The public facing partnership website*

#### b) Staff microsite

A bespoke staff microsite was created at the very beginning of our integration journey. Its purpose was to reduce duplication of resources and stop any potential misinformation between the two organisations, but more importantly a sole microsite would mean us having one consistent and strong message.

The staff microsite continues to grow in popularity and is very much the 'go to' destination for the latest information on integration. As such, it is promoted heavily at every opportunity.

The site contains sections such as information about the integration, details about the various programme workstreams, frequently asked questions, case studies and resources.

Alongside the joint staff microsite, a communication channel matrix has been developed to document the existing sovereign channels for each organisation and outline intended steps to integrate these channels. This matrix can be found in the supporting evidence section of this document.

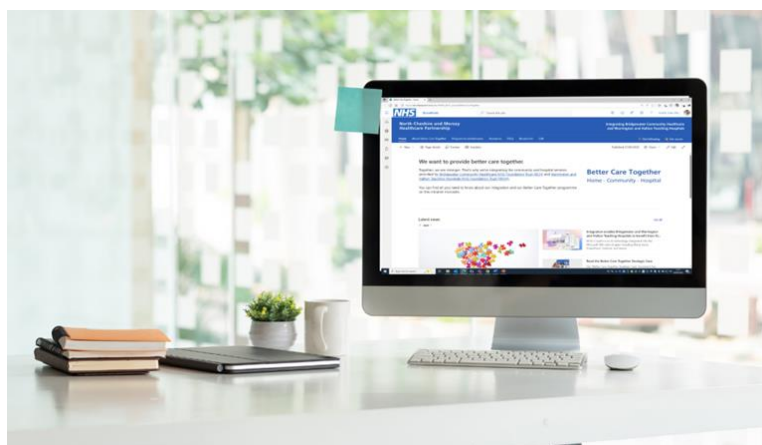


*Figure 32: The staff facing microsite*

### c) Monthly staff engagement briefings

Since February 2025, we have held monthly one-hour staff engagement sessions to update staff on the Better Care Together programme and provide a forum for questions.

These well-attended sessions now include spotlights on relevant topics such as the joint culture plan and organisational change framework. Event details and joining links are shared in advance on the staff microsite and promoted through all communication channels.

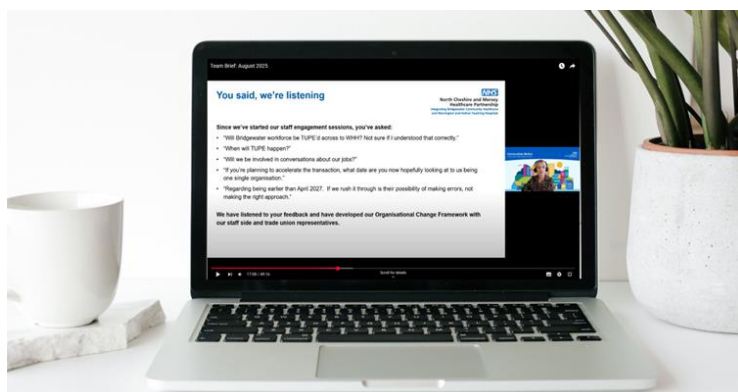


*Figure 33: An example of the monthly staff engagement session*

### d) Partnership stakeholder update

Our joint partnership newsletter is continually evolving and distributed to stakeholders on a monthly basis.

In addition to providing updates regarding the progress of our integration efforts, the newsletter highlights broader initiatives and demonstrates areas where services and pathways have started to converge to enhance patient care and expand staff development opportunities.

This regular communication serves to illustrate the value of integration by presenting concrete examples of the advantages associated with collaborative working, thereby offering stakeholders insight into how these changes may positively influence both the provision and experience of care.

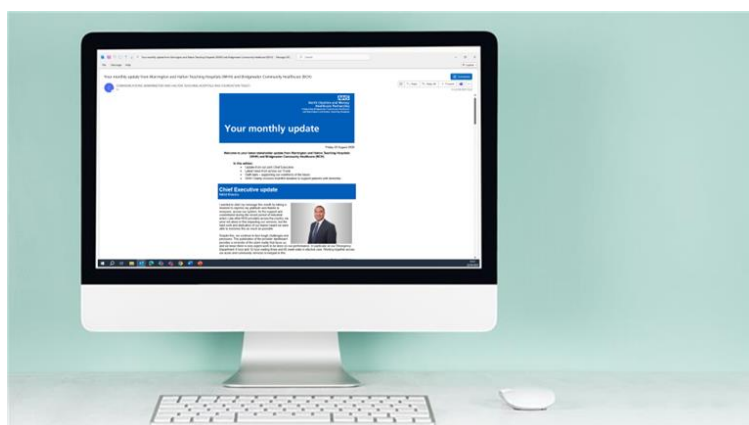


*Figure 34: An example of the monthly stakeholder update*

e) 60-second animation explainer

A 60-second animation has been produced to further explain the reasons for integration and its benefits. This short video is intended as a method to communicate the process in a clear and accessible manner. Additional animation and explainer videos will be created to provide further information about the advantages of integration for the public and stakeholders as we head ever closer to the proposed transaction date. This animation is prominent on the home page of the new partnership website ([NHS North Cheshire and Mersey Partnership](#)). It has also been shared on respective organisational websites, social media channels and in our joint stakeholder bulletin.

f) Community engagement activity

Our respective organisations coordinate attendance by a range of services at annual community engagement events. In addition to raising awareness of specific services, these have been used as an opportunity to seek feedback from our communities on our integration proposals and to identify any key themes or considerations which have been detailed in section 15.8. A flavour of this community engagement activity is outlined as follows:



Figure 35: Public engagement at Disability Awareness Day 2025 (above left)



Figure 36: Public engagement at Warrington Pride 2025 (above right)



Figure 37: Public engagement at Chinese Lunar New Year Fun Day 2025

## 15.8 Staff engagement

Aligned to the Better Care Together workforce workstream, our approach to staff engagement will help ensure that staff feel valued, informed and engaged:

1. Collaborative engagement through joint staff engagement channels – we will establish joint engagement groups where this is appropriate, including

representatives from both trusts to collaborate on integration goals and share feedback. By involving staff in decision-making processes, we will ensure that integration respects and reflects the insights of our workforce.

2. Open and transparent communication forums – we will conduct regular, open forums with programme leadership, offering clear, transparent updates on the integration process. These sessions will include Q&A opportunities where staff can voice concerns and ask questions directly. The aim of this is to ensure that our staff remain informed and confident in the integration progress and are given a platform to express their views openly.
3. Consistent mechanisms to gather and act on staff feedback – we will establish reliable, easy-to-use feedback channels, such as surveys, suggestion boxes and focus groups, to continuously gather staff input. Feedback will be reviewed and outcomes shared to demonstrate how staff input informs integration decisions. With mechanisms such as the quarterly people pulse and staff surveys in place, the review of this information will be themed and aligned to inform engagement plans.
4. Continuous and accessible communication channels – we will ensure that staff have access to regular engagement mechanisms in a variety of formats, ensuring all staff can access them and feel informed. Ensuring an open engagement approach when even if there are no new updates, we will maintain these channels to reassure staff and share progress reminders.
5. Taking a diversity and inclusivity approach – we will take an inclusive approach to engagement which respects the diversity of our workforce, the perspectives, roles, and contributions within both trusts. Celebrating shared successes and addressing personal challenges collectively, aiming to create a positive environment where staff from all backgrounds feel welcomed and integral to our unified future.

## 15.9 Internal stakeholder analysis

A comprehensive stakeholder mapping exercise has been conducted, resulting in the identification of key internal stakeholders, *see below*, relevant to both organisations, unless otherwise specified. Additionally, it should be noted that communications and engagement activities – both internal and external – are systematically coordinated and aligned.

- Trust Boards
- Executive Management Team
- Council of Governors
- Trade unions
- Culture Champions (WHH)
- People Promise Champions (BCH)
- Culture, Inclusion and Engagement Teams (WHH)
- Staff Engagement Lead (BCH)
- Equality, Diversity and Inclusion Manager (BCH)
- People Promise Manager (WHH)
- HR Business Partners
- Staff network leads
- Operational and clinical managers who lead staff forums
- People Directorates' senior leadership teams

- Wider senior leadership teams – clinical and corporate
- Operational and clinical managers
- Line managers
- Better Care Together programme workstream leads / delivery groups

### 15.10 Meeting governance

The following have been identified as key internal meetings / groups / forums that will need to be involved and engaged to varying degrees (applicable to both organisations unless otherwise stated):

- Trust Board meetings
- Board People Committees
- Sub-Board level People Committees
- Executive Management Team meeting
- Council of Governors meetings
- Better Care Together programme delivery group, executive delivery group and workstream delivery groups
- Joint Negotiation and Consultation Committee (JNCC)
- Joint Local Negotiation and Consultation Committee (JLNC)
- People Promise Champion meetings (BCH)
- Culture Champion Chats (WHH)
- Staff network meetings
- Staff network chairs and executive meetings (WHH)
- Staff Voice Forum (WHH)
- Leadership Forum
- Staff health and wellbeing groups
- People directorate forums
- Executive-led engagement groups (e.g. Chief Nurse Check-In forum)

### 15.11 Stakeholder engagement on the integration

#### 15.11.1 Stakeholder analysis

As outlined in section 15.5, an external stakeholder mapping exercise has been completed. To further expand on this, a large number of stakeholders and forums have been identified as key stakeholder to keep informed and engaged at the appropriate level required.

#### 15.11.2 Our approach

We regularly produce presentations for partner organisations and forums to keep them informed of our integration plans and progress made. This ensures that consistent messaging is being given across the range of external forums attended, and that it is aligned to our internal communications.

Partner organisations have been involved as required throughout the duration of our integration, e.g. by attending clinical and operational services workstream workshops, or engagement events for our shared communities.

Key partners continue to be represented on the BCT ICS steering group, and we continue to discuss integration as part of our routine trust stakeholder engagement meetings, with MPs for example.



In October 2025 we reintroduced and refocused our monthly strategic stakeholder meeting to concentrate on integration and strategic estates developments. This meeting includes our local authority chief executives, MPs and councillors, and provides a forum for sharing updates, answering questions and receiving feedback.

Our respective governors have been kept informed and updated on the integration programme and progress through various forums including the WHH governor engagement group, council of governors and BCH public and communities' engagement group.

Following agreement at the BCH public and community engagement group and WHH governor engagement group in summer 2025, proposals were approved by the respective council of governor meetings to bring together BCH governors with WHH governors in a 'governor engagement group in common'. A draft terms of reference and cycle of business for the combined group was developed with input from both sets of governors and membership engagement leads.

### **15.12 What we have heard so far – key themes**

Alongside the approach for individual clinical pathways set out earlier in this chapter, feedback is collected on an ongoing basis from multiple sources. This includes from public discussions at community engagement events such as Disability Awareness Day, Armed Forces Day, and Warrington Mela. The BCT communications and engagement workstream reviews this feedback and has identified the following areas of feedback.

Trust-wide benefits include:

- improved convenience and accessibility
- better communication and coordination
- enhanced service efficiency and quality

Location improvements include:

- central hub locations for multiple services
- more venue choice and provision
- local venues with adequate parking / public transport links

Service improvements include:

- operational improvements
- improved patient experience
- reduced waiting times
- reduced travel time, costs and parking

Concerns include:

- resources and funding limitations
- staffing levels / workload pressures
- implementation challenges

Most staff and public feedback is positive, but concerns remain around implementation, especially staffing and capacity. Respondents want assurance the integration programme will be adequately resourced and managed without harming staffing levels. This assurance will continue to play a part of our overall communications and engagement activity.

Feedback received informs the communications and engagement activity we undertake, with targeted communications implemented where required.

It also contributes to our frequently asked questions, which are regularly updated, and is fed back to other integration workstreams where required for action.

### 15.13 New name for our joint organisation

An engagement exercise was carried out over four weeks from 10 January to 9 February 2025 to gather feedback on a new name for the trust. The consultation included staff, members, governors, partners, and Experts by Experience panel members. Healthwatch networks and voluntary, community and faith groups in Halton and Warrington were also invited to participate, along with attendees at events during the engagement period.

Feedback was collected through an online survey, accessible via a link or QR code displayed on posters in clinic spaces and waiting rooms, and through printed surveys distributed to community clinics. The survey was also shared internally via a chief executive message, regular staff bulletins and monthly joint Team Brief meeting.

The survey presented five possible name options, inviting respondents to comment on each and suggest alternatives. There were 370 individual responses. Analysis of the results included sentiment assessment and identification of common themes. Key themes identified included the challenge of representing the integrated trust's entire geographical area and concerns about names implying takeovers rather than partnerships, as well as potential confusion with existing organisations.

A review of the 178 alternative suggestions showed many did not meet NHS identity guidelines for naming conventions. After considering all feedback, the partnership name 'North Cheshire and Mersey Healthcare Partnership' was chosen, with the future name of the integrated organisation to be '**North Cheshire and Mersey NHS Foundation Trust**'.

To represent Bridgewater's community dental services provided outside the core trust area, a standalone service name, 'North West Community Dental Service', was agreed, in line with the naming approach used for other services covering a wider area.

Further details on the feedback analysis are available in the presentation which went to both trust Boards. This can be found in the supporting documents.

### 15.14 Measuring the impact of our work

The communications and engagement team continues to track and analyse metrics to inform engagement efforts. These include:

- webpage and microsite visits
- attendance at events and meetings
- readership of online newsletters (where possible) e.g. membership / staff news
- social media engagement (where appropriate)
- responses to surveys
- feedback from rolling programme of internal and external engagement

An example of a recent communication and engagement activity log is included within the supporting evidence section of this business case. This is updated on a monthly basis and is discussed as a standing agenda item at the Communications and Engagement Workstream Delivery Group.

Risks identified through communication and engagement activities are communicated via the appropriate channels and reported to the Better Care Together Delivery Group as they arise.

Our communications and engagement approach is designed to provide thorough support throughout each phase of the integration process. We recognise that our approach needs to remain dynamic, allowing for ongoing review and necessary adjustments to ensure continued effectiveness.

### **15.15 Supporting evidence**

The following evidence supports this section of the business case and is all included in the supporting documents:

- BCT – Communications and engagement plan
- BCT – Joint communication channels (November)
- BCT – Partnership name engagement and recommendations
- BCT – Integration activity – engagement and communication update (October 2025)
- BCT – Summer 2025 Public feedback
- BCT – Engagement and communications activity log (November 2025)



## 16.0 People Strategy

### 16.1 Chapter summary

This section sets out the vision for a single, empowered workforce that underpins the success of the new organisation.

It highlights how integration will strengthen recruitment, retention, training and career development through shared education pathways, joint policies and aligned workforce planning.

The section describes work already underway to develop a joint People Strategy, organisational development framework, and culture plan, ensuring a positive, inclusive and resilient workforce and discusses the two-phased approach to organisational development, both pre and post transaction.

It reinforces that our people are at the heart of integration, and that by uniting teams, aligning terms and embedding shared values, we will build an organisation where everyone can thrive.

**Key message:** The People Strategy section details the workforce approach to integration. It discusses the plans and activities already in place for staff engagement, with more than 1,500 staff having attended joint engagement sessions since February 2025.

A combined workforce planning approach has been adopted which will recognise and embrace innovation, develop a robust workforce supply chain and incorporate demand forecasting.

Training and development elements such as a joint corporate induction have already been introduced and a continued collaborative and co-production approach will continue to build a foundation for one inclusive, empowered workforce.

### 16.2 Our people

For the past 18 months staff across WHH and BCH have been working together more closely to enhance healthcare services for our communities, improve patient experience and drive forward benefits for our workforce.

Our organisations employ around 6,700 staff who reflect the diverse communities of Warrington, Halton, Cheshire, Merseyside and Greater Manchester. We deliver services across 98 sites, including our hospital sites, local clinics and dental clinics, out in community locations and through care provided directly in service users' homes.

We recognise the commitment of our staff to deliver high-quality, compassionate care. Consequently, improvements in patient and service user care will further our objective to transition care from hospital settings to locations closer to service users' homes, thereby making roles more rewarding for our teams as we achieve the ambitions of the 10 Year Health Plan for England<sup>45</sup>.

Integration will also create expanded opportunities for career progression by providing shared training and educational resources, supporting workforce development and retention.

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<sup>45</sup> Department of Health and Social Care (2025) *Fit for the Future: 10 Year Health Plan for England*. Available at: <https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future>

This initiative will facilitate opportunities for individuals seeking career advancement, new challenges or internal movement within our organisations.

Acknowledging that organisational culture shapes behaviours, our integration aims to unify and leverage the strengths of both trusts. The NHS staff survey remains an important measure of workforce experience and fostering a shared culture at both organisational and team levels is essential to ensuring a positive work environment. This has been a priority during our transition period, utilising the strengths of our workforce to deliver service transformation for the future which is reflective of the 10 Year Health Plan as we prepare to transition into our new organisation.

These developments will enable us to optimise and realign resources, enhancing our attractiveness to prospective employees and supporting retention of current talent. This approach encompasses both clinical and support team roles across WHH and BCH and establishes the foundation for collaborative work throughout the region. Through these improvements, we will ensure staff have access to the necessary support and resources to provide exceptional care, whether in patients' homes, the community or in hospital settings.

Our workforce spans 80 nationalities, mirroring the diversity of our communities. We aim to strengthen equality of opportunity and tackle health inequalities for those we serve and employ. Our vision is to build an inclusive, empowered team where everyone feels they belong, enjoys their work and consistently delivers excellent care in line with the NHS People Promise.



*Figure 38: NHS People Promise*

As a combined organisation delivering acute, elective, community and dental services, the integration offers a wide range of opportunities for the workforce to deliver effective care which impacts all areas of health. From listening to our workforce during our clinical summits, they tell us they are excited by the opportunities that working closely together will bring. From seeking efficiencies in service delivery, proactively supporting health improvements and providing opportunities 'to do things once', our teams tell us that working closely together has already provided advancements in service delivery.

### **16.3 Staff engagement**

Staff engagement is a key element of our integration plans; this is demonstrated in our Better Care Together communications and engagement plan. Our commitment is to be open, transparent and inclusive in how we communicate, engage and co-create our future as one trust.

Since February 2025 we have run staff engagement sessions across both WHH and BCH, with more than 1,500 attendees so far. These sessions form the backbone of our

engagement strategy providing a consistent, large-scale platform to share updates, answer questions and gather feedback. They also allow managers to cascade key messages to their teams, ensuring alignment across the organisation while respecting employment law requirements and supporting staff through change.

In addition, we've held a monthly joint staff side meeting since December 2024, which has allowed us to engage in partnership and develop plans such as our organisational change framework, joint culture plan and discuss key matters which our workforce have raised.

In addition to these sessions, we've embedded engagement into our existing structures via:

- joint team briefs have spotlighted our progress on integration
- leadership forums have hosted dedicated sessions on the development of our organisational change framework and other key developments
- staff network meetings have been vital in sharing messaging and gathering views to inform our plans and are now evolving into a staff network in common approach
- we've actively involved our Culture Champions (WHH) and People Promise Champions (BCH) to listen and respond to staff voices and build momentum
- we've used people pulse survey data to understand how staff are feeling and identify areas for support
- walkarounds across departments have provided invaluable anecdotal insights into how people are experiencing the integration process.
- our Freedom to Speak Up guardians have been working collaboratively, increasing awareness of the processes under freedom to speak up
- the BCH deputy CEO has held a series of sessions to allow BCH staff to ask specific questions they may have relating to any potential or anticipated changes at BCH

These multi-channel efforts ensure we're engaging with our wider workforce, not just through formal sessions but also through everyday conversations and feedback loops.

Each staff engagement session includes a Q&A segment, with questions submitted in person or anonymously resulting in 142 questions, which have been themed and compiled into a monthly FAQ sheet. This helps us respond meaningfully and transparently to the concerns and questions from our people.

We know that meaningful engagement is not a one-off, it's a continuous dialogue. Therefore we will continue to evolve our engagement plans and ensure these principles are embedded into consultation.

#### **16.4 Workforce planning**

As a combined organisation we will establish a single, coordinated approach to workforce planning that aligns directly with our operational plans and long-term trust strategic priorities. By bringing together expertise, systems and planning methodologies across the organisation, we will create an approach that ensures our workforce is optimally structured and equipped to deliver safe, effective and sustainable services.

This integrated approach will:

- embed workforce planning as a core pillar of our people strategy – ensuring that our people agenda is not developed in isolation but is fully aligned with patient outcomes, service transformation, quality and financial sustainability
- recognise and embrace innovation – including the deployment of automated intelligence (AI), automation and digital tools to enhance service delivery, support

staff and create new roles that will reshape how care and support are delivered in the future

- develop robust workforce supply pipelines – through targeted recruitment, retention and career development strategies that address current shortages, secure future talent and ensure a balanced skill mix across clinical and non-clinical roles
- incorporate demand forecasting and skills modelling – to ensure that our strategic workforce plan anticipates and responds to service demand, demographic change and evolving clinical models, rather than reacting to pressures as they arise

By adopting this combined workforce planning approach we believe the organisation will be well-positioned to meet the future demands of our population and drive forward clinical service transformation. It will provide clarity on how our people strategy directly enables operational delivery and ensures we are proactively shaping the workforce of today, not just meeting the challenges of today.

### 16.5 People services operating model

Work is underway to develop people service operating models for the new organisation as part of the corporate services integration workstream (see chapter 11). This will include structures, functions and principles for integration. It is recognised that this will involve meaningful consultation with our workforce and we anticipate this to take place between November 2025 and March 2026.

Our priorities since July 2024 have included scoping policy development and governance arrangements. By working collaboratively we have already had opportunities to share best practice and implement policy improvements, including national policy frameworks, such as the sexual misconduct in the NHS policy<sup>46</sup>. This work is continuing through the introduction of our joint staff side meeting on a monthly basis.

In addition, since April 2025, we have implemented a joint strategic people committee in common. This has allowed for opportunities to do things once where possible, align governance procedures and share the commonalities between both trusts. This creates efficiencies as well as support the workforce at WHH and BCH in tandem.

The integration of the two organisations represents a key milestone in advancing the People Strategy and Workforce Equality, Diversity and Inclusion Strategy, as it will facilitate staff engagement and support the definition of new organisational ambitions which reflect the 'workforce standards' within the 10 Year Health Plan.

### 16.6 Organisational culture – values for the new organisation

Since commencing our staff engagement sessions, we've had the opportunity to hear the thoughts and feedback of our workforce on our integration journey. Their insights have been important in guiding our principles as we come together.

In August 2025 we launched a values engagement exercise as an opportunity to co-create the values that will define our future as an organisation with effect from 1 April 2026. We recognise how our values lie at the heart of our trust; shaping how we work, how we care and how we support each other. The aim of this exercise is to recognise the current values

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<sup>46</sup> NHS England (2024) *NHS England sexual misconduct policy*. Available at: [NHS England » NHS England sexual misconduct policy](#)

held by each organisation as well as seek an opportunity to develop something new which represents our future ambitions.

Our new values (detailed in section 8.6) will serve as the foundation for our future organisational strategy, culture and core business planning. We will actively embed them into a refreshed behavioural framework, our staff induction programme and organisational branding. By doing so, we will ensure that these values not only define who we are today but also guide our aspirations for the future, shaping how we work together and deliver care across the trust.

Work to establish a new behavioural framework for the integrated organisation is progressing, building on the values developed through a staff engagement exercise. Feedback gathered from staff has been instrumental in shaping these values, which now serve as the foundation for the behavioural framework. To ensure the framework is meaningful and relevant a working group is being set up, drawing on the involvement of staff side representatives, staff networks and champions from across the two trusts. This collaborative approach ensures broad engagement and ownership.

A review of behavioural frameworks from other NHS trusts and the private sector has been undertaken to identify best practice and avoid unnecessary duplication, with a clear focus on expanding and bringing our new values to life rather than reinventing them. The framework will be concise, memorable and simple, reflecting staff feedback and aligning with kindness research completed locally. It will also be designed to support the implementation of the NHS England Leadership and Management Framework, while ensuring alignment with Medical Internal Professional Standards (MIPS).

The framework will be developed with reference to workforce policies, ensuring it supports standards of conduct and addresses misconduct appropriately. The plan is to ensure this goes through governance processes and has a soft communications launch ahead of a formal go live on 1 April 2026. This structured and inclusive approach provides assurance that the new behavioural framework will be robust, relevant and ready to underpin the culture of the integrated organisation from day one.

Work to continue to build on the organisational culture, how this resonates with staff and new starters is noted within the post transaction integration plan (PTIP).

## **16.7 Organisational culture – organisational development (OD)**

### **16.7.1 Phase one of integration – pre-transaction**

Supporting our people through periods of change is fundamental throughout the integration. Creating our future organisational culture has so far been focused on understanding the cultures of both organisations. Since August 2024, the organisational development (OD) teams across both WHH and BCH have worked collaboratively to design packages which aim to build psychological safety and strengthen resilience to prepare people for a time of change.

The work of our people teams will continue to play a crucial role in supporting integration, transformation and cultural alignment. By developing behaviours, skills and culture, they will enhance the organisation's overall effectiveness, leading to better performance, employee experience, enjoyment and patient care.

This will create a workplace where both people and the business can thrive, promoting effectiveness and efficiency. To support our teams in their integration journey, OD has created a number of resources including a change management guide, team engagement

strategies and a session facilitation toolkit. These initial management resources will help engage teams in the integration journey.

For teams anticipating high levels of change through the integration programme, OD offers facilitated sessions, including:

- Introduction to leading integrated teams: Building trust and creating a shared purpose and vision to strengthen integrated teams
- Team integration and managing change: Exploring change and its impact on teams, using reflective thinking to enhance team integration
- Creating kinder cultures: Developing professional workplace behaviours and fostering a culture of kindness within teams

Additionally, OD will focus on leadership development, team building and resilience. Plans include measuring and evaluating culture over time to ensure continuous improvement and alignment with our organisational goals. Transition support will be provided to ensure a smooth integration process, helping our teams adapt and thrive in the new organisational structure.

To strengthen our OD plans, in July 2025 the trusts implemented their first joint culture plan. As we move forward in our programme to become one trust, we have taken a commitment to develop a shared culture that reflects the best of both organisations. Our plan sets out a clear and ambitious vision: to create one inclusive, empowered team where everyone has a good day at work.

To support this, cultural due diligence is already underway, with a strong focus on organisational development practices that help people navigate change. This includes exploring:

- how decisions are made across teams and services
- what motivates our people and how we can harness that energy
- the subcultures within teams, recognising that each has its own strengths and dynamics

This work is not being done in isolation. We plan to continue to embed focus groups into the process to ensure that staff voices are central to shaping our future through channels such as the Culture Champions (WHH) and People Promise Champions (BCH), Freedom to Speak Up Champions as well as staff networks 'in common'. These groups provide rich insights into lived experiences and help us understand what matters most to our workforce.

We're also aligning our approach with the NHS cultural assessment toolkit, which has been used as a foundation for developing our joint culture plan (attached). This ensures our work is grounded in best practice and supports our ambition to deliver better care together.

Our staff survey results, with input collectively from more than 3,000 colleagues, along with other engagement activities over the past 12 months, have shaped the three phases of our culture plan. We're currently focused on 'doing the basics brilliantly', laying strong foundations for long term cultural transformation. We know this takes time and we're not imposing a fixed timeline. Instead, we're meeting teams where they are, recognising that different services will progress at different paces with a clear ambition for all our workforce to have a great day at work.

Ultimately, the aim of this has been about recognising the power of our people across both organisations. The culture we create together will not only shape our working lives, but it will also directly impact patient safety, experience and the success of our integration.



### 16.7.2 Phase two of integration programme – post-transaction

We anticipate that our targeted OD programmes will continue to run post-transaction for 18 to 24 months, ensuring that we have supported our workforce to thrive in the new organisation. We believe this will impact on:

- **leadership development**  
Supporting our leaders and future leaders to have the skills to lead integrated teams. This will be focused on enhancing the current programmes which we offer to align with the needs of our workforce.
- **structural change**  
As we review our structures to ensure that they work in an optimum manner, creating efficiencies whilst delivering high-quality patient outcomes, we recognise that targeted organisational design support is required post transaction. This will be strengthened by reviewing governance arrangements to develop transitional structures in the first instance, potentially followed by wider organisational change through trust policies and procedures.
- **Clinical pathway redesign**  
In addition to structural change, we recognise that our services and clinical pathways will be required to transform to meet the needs of our communities. This work has already commenced with early scoping through our clinical summits which were held in early 2025. We recognise it is imperative that OD support is provided through this process, strengthening the skills and abilities of our workforce to deliver this through quality improvement, designing services which work across the boundaries of healthcare.

### 16.8 Culture plan and development of the new clinical operating model

The joint culture plan is integral to the development and delivery of the trust's new operating model, ensuring that cultural alignment underpins organisational effectiveness. It utilises key metrics, including workforce data and NHS staff survey results, broken down by service and department, to provide a robust evidence base that aligns with the operating framework. This approach reflects the analysis undertaken across both trusts and acknowledges the need to continue to develop the future organisational cultures post-transaction, aligning community and acute services.

The workforce due diligence exercise (see section 19.3.2) has included a review of staff survey performance and quarterly people pulse data, with clear actions for improvement to maintain alignment. The forthcoming results of the 2025 staff survey will inform further refinements to priorities, and the post-transaction implementation plan will be updated accordingly to embed cultural objectives within the wider operating model.

From April 2026, work aligned to cultural alignment and transformation will be completed and this will be reported through trust governance processes.

### 16.9 Training and development

The integration of WHH and BCH provides a significant opportunity to align and strengthen our approach to training and development. By working collaboratively, we can enhance the staff experience, maximise efficiency and ensure our workforce is fully supported to deliver safe, high-quality care. Key developments and anticipated opportunities are outlined below:

- **Joint corporate induction**

Colleagues from both trusts have worked together to design a new joint corporate induction programme. This will reduce duplication in content, enable more efficient use of staff time and resources and provide all new starters with a consistent and high-quality introduction to our organisation. Implementing this ahead of the transaction will ensure alignment of existing and future values, as described in section 8.6 of this paper, and will support a unified organisational culture from day one. The first joint corporate induction took place on 3 November 2025.

- **Apprenticeship Levy**

Integration creates opportunities to expand our widening participation agenda, using the Apprenticeship Levy to support both current staff development and future workforce supply. Since September 2025 we have aligned levy funding and resources across both trusts. We will maximise investment in skills development, strengthen workforce planning and reinforce our role as an anchor institution for the communities we serve. This will further enhance access to healthcare careers.

- **Continuing professional development (CPD)**

Our clinical and medical education teams are already working together to maximise CPD opportunities across the trusts. Through our People Strategy and Workforce Equality, Diversity and Inclusion Strategy, we will embed clear and inclusive processes to ensure that staff from all protected characteristics can access CPD activities equitably. This will support personal development, improve retention and strengthen workforce capability across all areas.

- **Learning and development offers**

We will align and refresh leadership development resources to create a comprehensive and accessible package that supports individuals at all career stages to progress and thrive in their roles. This consistent leadership framework will help embed shared values, build resilience and ensure our leaders are well-equipped to manage change and deliver improvement across the new organisation.

- **Mandatory training review**

A joint review of mandatory training requirements will be undertaken to ensure compliance with national standards while reducing duplication and unnecessary burden on staff. This will support a more streamlined approach, enabling staff to move between sites and services with minimal disruption and enhancing workforce flexibility and efficiency.

The integration of our organisation provides a clear opportunity to strengthen our training and development infrastructure.

By aligning induction, development pathways and mandatory requirements, we can create a more efficient, inclusive and supportive environment for our workforce. This investment will underpin delivery of our People Strategy and ensure we are well positioned to meet the future needs of our patients and communities.

## 16.10 Managing organisational change

Staff feedback gathered through engagement has played a role in shaping the development of our Organisational Change Framework and its supporting materials.



The questions raised particularly around the process and implications of change have informed a co-development approach with staff side and trade union representatives, ensuring the principles of organisational change are meaningfully applied and clearly understood by those affected.

The framework is split into three phases:

- **Phase One:** Development of change readiness tools to support staff and managers in preparing for change – completed in January 2025
- **Phase Two:** Development of an easy-read framework to support people in understanding the processes aligned with TUPE and organisational change – completed in August 2025
- **Phase Three:** Development of a mirrored organisational change policy with dedicated resources to support Transfer of Undertakings (Protection of Employment) [TUPE] processes – planned to be finalised in December 2025

Through the development of our resources, we have created a statement of transparency:

“The Trust is committed to managing organisational change in a fair, transparent and consistent manner in accordance with the principles of the NHS Constitution. The framework outlines the procedures for managing change processes affecting staff employed under Agenda for Change and Medical and Dental Terms and Conditions of Service, ensuring compliance with employment legislation and national NHS frameworks.”

In doing so, we have outlined six key principles agreed with our staff side colleagues which we will follow in accordance with staff consultation:

1. Early and meaningful consultation with staff
2. Engage and work in partnership with staff side and trade union representatives
3. Transparency and timely communication on the transaction through the provision of staff engagement sessions
4. Minimising adverse impact on staff through training and redeployment, if required
5. Quality / equality and health inequalities impact assessments conducted for all organisational change
6. Compliance with national guidance, legal and statutory requirements

Dedicated workforce support has been aligned to the programme in addition to business-as-usual support through the respective HR Business Partnering Teams at WHH and BCH. The workforce team are piloting tailored, face-to-face NHS leading for wellbeing sessions at WHH, offering leaders a space to reflect, share experiences and gain practical tools to support team wellbeing. Focused on services identified as ‘developing’ or ‘fragile’ within the culture plan, the pilot targets first-line managers and supervisors to strengthen leadership and integration.

We aim to take a person-centred approach to the organisational change process by adapting to the needs of our workforce. To support this, staff engagement sessions will continue to be held monthly throughout the period, ensuring ongoing engagement and involvement with individual consultation meetings also in place.

As a result, we believe that we have developed a framework which will support consistency in approach, whilst meeting legal requirements as part of our TUPE processes. We anticipate that the TUPE consultation will commence in November 2025 and run to 31 March 2026.

## 17.0 Digital Strategy

### 17.1 Chapter summary

This section outlines the digital transformation required to support integrated care delivery across acute and community settings. It highlights how digital alignment will improve data quality and clinical efficiency.

The section sets out how shared systems, electronic patient records and data analytics will underpin joined-up care, empowering clinicians and patients alike. It also aligns with national ambitions for digitally enabled care, supporting remote monitoring, virtual wards and population health management.

Integration provides the platform for a single, modern digital infrastructure that enhances safety, efficiency and patient experience.

**Key message:** The approach for digital integration has two underpinning focuses; technical integration (systems, data flows, interoperability) and the organisational integration (governance, culture, clinical workflows) and will cover six key areas:

- Governance and strategic alignment
- Current state assessment
- Data and technical enablers
- Clinical and operational engagement
- Programme management
- Risks and mitigations

A single digital ecosystem will unite the new organisation, enabling real-time data sharing, smarter decision-making, and more personalised care. Integration accelerates delivery of the 10 Year Health Plan's 'analogue to digital' ambition, ensuring technology enhances, not replaces, human care.

### 17.2 Our vision for digital services

We will deliver highly effective, interconnected digital services that enhance care, communication and operational efficiency across our health and care system. This vision directly supports the delivery of our developing clinical strategy by enabling integrated, patient-centred care across acute and community settings.

Our digital transformation will underpin the clinical strategy by:

- enabling seamless care pathways across acute and community services
- improving access to real-time data for clinical decision-making and care coordination
- empowering patients to manage their health proactively, reducing unnecessary hospital visits
- supporting workforce efficiency and collaboration, freeing up clinical time for direct care
- creating resilient infrastructure that supports service continuity and future growth

More details on how this will be achieved are included in the supporting documents.

While these aims set out a clear direction, it is important to acknowledge that progress will need to be incremental. These ambitions will not be realised immediately as they represent a

progressive journey that will require time, investment and continued collaboration across partners in the system.

A structured plan is being developed to phase implementation carefully, ensuring that each step is achievable, sustainable, and aligned with the needs of local communities.

### 17.3 Digital Strategy

The development of our digital strategy for the integration of the two organisations is a cornerstone for delivering new models of care, supporting population health and realising the ambitions of the national 10 Year Health Plan which places digital transformation at the heart of healthcare delivery.

Our new joint digital strategy will be aligned with national, regional and local priorities, ensuring digital transformation underpins clinical and operational excellence. The strategy will be shaped by the 10-year plan, the new strategy for the integrated organisation and the clinical strategy.

It will bring to life the strategic plans to support the shift from analogue to digital services. The strategy will detail how digital services can support the delivery of one-stop neighbourhood health models, digital-first care, advanced EPR implementations, AI, and the NHS app as a 'front door' for patients.

It will also reflect our aim to wrap care around the holistic needs of individuals at the neighbourhood level, working in partnership with primary care networks (PCNs) and wider community services.

Our strategy will be further informed by:

- our developing clinical and operational model and priorities
- digital maturity assessment
- model hospital system analysis
- due diligence findings

Our strategic digital programmes that will form a core part of the strategy are described below:

|     | Programme                                                             |
|-----|-----------------------------------------------------------------------|
| 1.  | Acute EPR Procurement (MWL Partnership)                               |
| 2.  | WHH & BCH integration : Digital Services, Systems & Infrastructure    |
| 3.  | Acute EPR Readiness Programme (inc. Clinical Data Repository)         |
| 4.  | Community EPR Procurement & Integration, C&M Shared Care Record       |
| 5.  | Digital Diagnostics & Clinical AI (PACS,LIMS, "other ologies")        |
| 6.  | AI, Automation & Employee Productivity Tools                          |
| 7.  | NHS App, Patient Engagement Platforms (PEPs) & Wearables              |
| 8.  | FDP- Patient Flow, Data Warehouse & Real-time Analytics               |
| 9.  | Network Convergence, Real-time location tracking & Device Integration |
| 10. | IG, Cyber Security, Clinical Safety & Service Continuity              |

*Table 53: Strategic digital programmes that will form a core part of the strategy*

### 17.3.1 Digital strategic objectives

Key strategic objectives for the digital future of the integrated organisation will include:

- empowering patients to manage their own health through digital tools such as the NHS App and personal health records
- delivering care closer to home, supported by remote diagnostics, virtual consultations, and community-based services
- improving clinical outcomes and operational efficiency through AI-enabled diagnostics, shared care records, and streamlined digital workflows
- enhancing workforce capability with mobile access, digital training and clinical decision support tools
- strengthening data sharing and interoperability to reduce duplication and ensure a single, accurate view of patient status across care pathways
- leveraging population health intelligence to target interventions, improve equity, and support proactive care planning
- ensuring cybersecurity and data governance to protect patient information and maintain public trust

Our digital strategy will be delivered through a phased implementation plan, supported by robust governance, stakeholder engagement and continuous evaluation. It will represent a bold step forward in our journey to become a digitally mature, patient-first organisation that is fit for the future.

### 17.3.2 How the Digital Strategy will enable the delivery of our clinical strategy

In an evolving healthcare landscape, our main goal is to transform how digital systems support clinical excellence. Our focus is clear: digital integration must not exist in isolation, but it must directly serve and enhance our clinical priorities. To achieve this, we are adopting an **Enterprise Architecture (EA) approach** which provides a structured methodology for modelling, aligning and optimising our digital platforms, systems, devices and data assets.

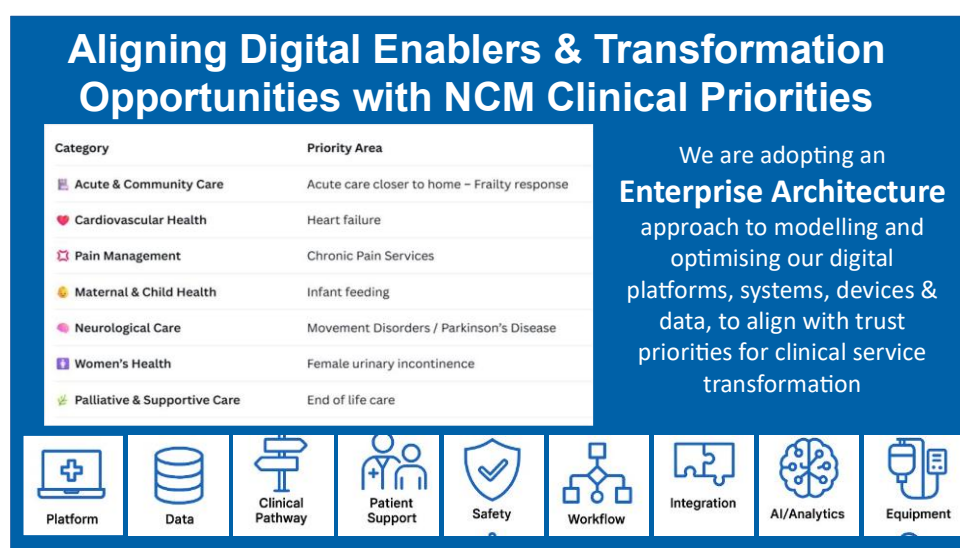


Figure 39: Adoption of enterprise architecture to support delivery of the Clinical Strategy

The EA framework enables the trust to establish clear linkages between digital capabilities and the organisation's overarching clinical transformation objectives.

Through this integrated approach, the trust seeks to create a coherent and sustainable digital ecosystem that:

- supports safe, effective, and efficient delivery of clinical services
- enhances interoperability and information flow across departments and care settings
- enables clinicians to access timely, accurate, and relevant data at the point of care
- provides a robust foundation for innovation, analytics, and continuous improvement

For our new organisation, digital services will support integrated care delivery, workforce enablement, and improved patient outcomes. By implementing unified digital services such as shared electronic patient records, leading to the implementation of a new combined EPR in the longer-term, patient engagement portals, and AI-driven tools like Ambient Voice Technology (AVT), we will ensure continuity of care, empower both staff and patients, and reduce administrative burdens whilst supporting efficiencies and reducing cost.

These digital initiatives will not only streamline access to information and enhance clinical decision-making but also foster innovation and resilience, aligning with national NHS priorities and the broader move towards community-based, preventative care. Our focus on digital skills development and clinical safety frameworks will further ensure that technology adoption will translate into safer, more effective and patient-centred services for the new organisation.

By aligning digital enablers with clinical transformation goals the trust aims to reduce operational fragmentation, streamline workflows, and enhance decision-making processes. This alignment not only facilitates improved clinical outcomes but also underpins organisational resilience, cost-effectiveness and compliance with national digital health strategies.

Importantly, this approach is designed to underpin and accelerate progress across the Trust's seven clinical priorities. The EA framework ensures that each clinical priority is supported by fit-for-purpose digital infrastructure and integrated data flows. By embedding interoperability, standardised data models, and advanced analytics capabilities, the trust will enable each clinical area to measure performance, identify variation and implement evidence-based improvements more effectively. More details on how this will be delivered are provided in the supporting documents.

#### **17.4 Supporting neighbourhood health centres**

The development of the new neighbourhood health centres offering diagnostics, treatment, rehab, mental health and pharmacy services will be digitally enabled to provide truly integrated, patient-centred care within local communities. A unified digital infrastructure will ensure that clinicians across all disciplines can access and share real-time information securely.

Interoperable electronic health records, digital appointment management, and shared care planning tools will enable seamless coordination and reduce duplication across pathways. Virtual consultation capabilities and remote monitoring technologies will extend access to specialist input and support ongoing care beyond the clinic setting. Data analytics and population health tools will inform proactive management of local health needs, while digital prescription and dispensing systems will improve safety and efficiency.

Collectively, these digital enablers will make neighbourhood health centres a cornerstone of the integrated, preventative and accessible care that our new trust will deliver, bringing diagnostics and treatment closer to home and improving patient outcomes across the continuum of care.

## 17.5 Digital integration

Successful digital integration between an acute and community NHS trust is about creating clinically useful, interoperable pathways, underpinned by national standards, shared governance and cultural alignment.

Integrating the digital systems of WHH and BCH will be a complex process, and its success will depend on both the technical integration (systems, data flows, interoperability) and the organisational integration (governance, culture, clinical workflows).

Our integration approach is summarised below:

| Governance & Strategic Alignment                              | Current state assessment                          | Data & Technical Enablers                                             |
|---------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------|
| Joint Digital Board<br>Shared Vision                          | System Audit<br>Workflow Analysis<br>Gap Analysis | Infrastructure<br>Cybersecurity<br>Analytics                          |
| Clinical & Operational Engagement                             | Programme Management                              | Risks and Mitigations                                                 |
| Clinical Champion<br>Patient Involvement<br>Change Management | Phased Implementation<br>Funding<br>KPIs          | Cultural resistance<br>Information governance<br>Digital maturity gap |

Figure 40: Digital integration approach

The key milestones for the digital integration and implementation of our digital strategy are described in more detail in the PTIP, section 5.8.

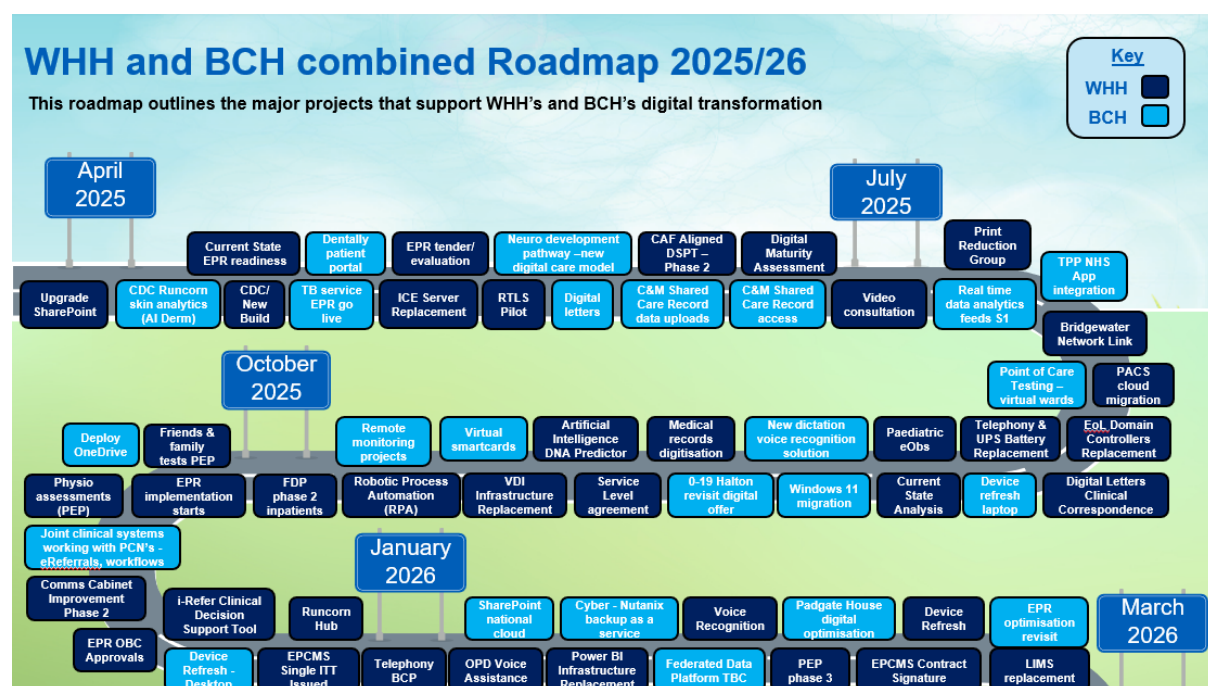


Figure 41: Above illustrates the short-term digital roadmap for the two organisations



## 17.6 Access to EPR systems

### 17.6.1 Day one information sharing and communication plan

From the outset, staff in acute and community services will leverage existing reciprocal access arrangements to each trust's systems, such as TPP SystmOne and Lorenzo. Additional/new user accounts will be provided as needed and within current license limits. Clinical teams will continue to share access where necessary, ensuring that information follows the clinical service and supports robust clinical decision-making and pathway redesign.

Immediate actions for the digital teams include reviewing policy statements and processes to accommodate any increase in user base and investigating technical solutions like click-through capabilities for launching alternative system views in context. Regional access to the CareCentric C&M shared care record will be prioritised, providing a broader platform for information sharing beyond the two EPRs, and supporting wider clinical collaboration.

### 17.6.2 Long-term vision to 2030

Looking ahead to 2030, the combined digital strategy is to progressively enhance interoperability using standards, enabling seamless exchange of records and discharge information between systems. The goal is to transition to a common system by 2030. In the interim, digital solutions will be aligned with evolving clinical strategies, with investments dependent on national funding allocations and a strong organisational commitment to digital transformation.

The plan includes deploying tools like Optima One (Federated Data Platform) for multi-agency bed management and discharge planning, expanding the use of patient portals and wearables, and standardising data structures to the NHS data dictionary. Ongoing refreshes of the digital strategy will ensure alignment with clinical priorities and organisational operating models, supporting effective communication and information sharing across acute and community services.

## 17.7 System functionality

WHH completed a £3m IT network replacement in March 2025, providing a modern, cyber-secure and high-speed connectivity infrastructure for our hybrid cloud portfolio of applications, imaging modalities and medical devices. During 2025-26 we will migrate to the Cheshire and Merseyside regional PACS Cloud, providing consolidated, secure storage and improved data sharing in radiology. In preparation we are trialling medical imaging AI solutions, including Annalise.AI for chest X-rays, to enhance diagnostic speed and accuracy.

As part of our EPR Readiness Programme we are commissioning a Clinical Data Repository (CDR) solution to facilitate digitisation of paper medical records and to provide a consolidated clinical data archive for legacy system data storage. This approach will facilitate consolidation of patient-related documents from multiple source systems and the transition to digital outpatients and digital wards in preparation for core EPR replacement.

As we continue our Federated Data Platform (FDP) programme, following the successful implementation of theatres scheduling we will onboard a PLICS solution as an early adopter, rename the WHH FDP tenant to NCM, and onboard community services, creating a shared secure data environment. We are assessing the viability of using the FDP tenant for future organisation-level data warehousing, alongside other options for an integrated data

warehouse and BI reporting platform for NCM. Future reporting requirements include near-real time dashboards with a range of data visualisations and patient flow optimisation dashboards, linked to bed management and RTLS-based resource tracking.

Our Electronic Patient Record (EPR) strategy is focused on procurement of a new shared instance solution in partnership with Mersey and West Lancashire NHSFT. This strategic investment will facilitate convergence of digital systems at scale, enabling the standardisation of clinical workflow processes via a flexible EPR platform. Following replacement of current core EPR systems, in 2030 we will re-tender the community EPR contract with an option for full consolidation into a single EPR platform for the integrated organisation.

## **17.8 Governance and assurance**

We have established joint governance structures, robust risk management, and cyber assurance processes. Investments in network architecture and cyber security, SIRO/DPO registrations, and Board assurance on information risk ensure regulatory readiness and resilience. Our integrated digital service desk and technical support model underpin operational continuity. Key digital pre-requisites for go live in 2026 include integrated governance, service desk, updated policies, and technical architecture.

Maintaining robust cyber security defences throughout the transition period is critical to the safe and successful integration of the trusts' IT network and business-critical systems. We have established a joint Change Advisory Board (CAB) in advance of the transaction, to facilitate technical knowledge transfer and integration of IT service management processes, ensuring access, security and availability of systems used to support frontline service delivery.

We are also designing a new digital activity and performance framework as an integrated reporting platform, providing a consolidated view of our service desk, systems, data, cyber defences, and other key digital metrics.

## **17.9 Digital improvement programme**

We are consolidating our IT service management toolsets and administration products, reducing variation by standardising items in the digital service catalogue. The introduction of a new digital customer portal for digital support, live system and incident status and self-service service requests will further streamline support processes and improve user experience.

These actions, combined with ongoing collaboration at the Cheshire and Merseyside level including consortium procurements, are enabling us to deliver more effective use of digital capital monies, reduce duplication, and ensure that cost savings are realised and sustained.

Our portfolio of digital transformation programmes also contributes to several trust-wide productivity and improvement programmes, for example DNA reduction via PEP and digital correspondence, and theatres utilisation metrics via the FDP Theatres Scheduling system.

Our digital cost reduction programme is delivering sustainable efficiencies and maximising value from digital investments across the integration. We have already consolidated onto the same supplier contracts for mobile data, achieving immediate savings and simplifying management. Plans are in development to converge onto a single managed print service (MPS), which will contribute to sustainable savings as part of a wider Print Reduction Strategy.



This approach ensures that digital transformation is not only innovative but also financially responsible, supporting the long-term sustainability of our services.

### 17.10 Building our digital culture

We are committed to digital upskilling, staff engagement and supporting patients at risk of digital exclusion. NHS App uptake is above both national and C&M averages (Warrington 65%, Halton 62%), demonstrating strong population digital readiness.

Our Digital Champions, Information Asset Owners and MDT-style digital teams foster a culture of inclusion, capability and continuous improvement. Digital inclusion is a recognised priority, with targeted support for vulnerable groups and ongoing engagement with Place partners.

#### 17.10.1 Population digital readiness and inclusion

We are proud of our above-average NHS App uptake and are committed to supporting patients at risk of digital exclusion through digital champions, assisted access and tailored communications. Our digital inclusion work is recognised at place and system level, with ongoing engagement and support for vulnerable groups. Our updated digital skills and culture programme will ensure our frontline clinicians are equipped to use digital systems efficiently, with a focus on data quality and continuous improvement.

WHH has an established Patient Engagement Platform (PEP) with above average NHS App uptake. Through our communications and stakeholder engagement activities, with the support of Warrington Together and One Halton partners, we have developed a digital inclusion plan based on population health data including the Digital Exclusion Index (DEI). According to the DEI, Warrington is ranked as the most digitally inclusive place in Cheshire and Merseyside.

To ensure all our community patients can benefit from digital healthcare, we will focus on improving both digital readiness and digital inclusion. We will work with local councils, voluntary sector organisations, and community groups to help patients build digital skills and confidence through training, digital champion schemes, and accessible support hubs.

We will also address barriers to access by providing support for devices, connectivity and local WiFi-enabled spaces, ensuring patients can engage digitally regardless of the circumstances. All new digital tools will be designed to be simple, accessible and inclusive by default, with alternatives such as phone or face-to-face options for those who prefer them.

By combining inclusive design, practical support and ongoing community engagement, we will ensure everyone has the opportunity, skills and confidence to participate in digital health services, helping to reduce health inequalities and improve access to care.

### 17.11 Patient benefits

Our emerging Digital Strategy will deliver a comprehensive set of benefits to patients by using digital innovation to improve care quality, accessibility and experience. Key patient-focused benefits and outcomes include:

- **holistically supporting people throughout their lives** – patients receive continuous, personalised care that adapts to their evolving health needs throughout life

- **faster diagnosis and streamlined pathways** – advanced technologies such as AI-enabled imaging and integrated shared records accelerate diagnostic processes and improve clinical decision-making
- **enhanced patient empowerment and access** – tools like the NHS App and personal health records (PEP) enable patients to manage appointments, view health information and actively participate in their care
- **care delivered closer to home** – diagnostic services and routine tests are made more accessible by decentralising delivery, reducing travel and improving convenience
- **improved data sharing and reduced duplication** – cloud-based electronic patient records (EPR) and shared care records ensure seamless information flow across providers, minimizing repetition and enhancing continuity of care
- **workforce enablement and digital inclusion** – patients benefit from a digitally confident workforce and inclusive services that ensure equitable access to care, regardless of digital literacy or socioeconomic status
- **measurable improvements in experience and outcomes** – the strategy will drive quantifiable gains in operational efficiency, clinical effectiveness and overall patient satisfaction

#### 17.12 Priorities for day one and transitional arrangements

As part of the integration process, we are developing a comprehensive digital transition plan to ensure that core systems and digital services are fully aligned and capable of supporting a single, integrated organisation. The transition is being designed to prioritise patient safety, continuity of clinical services and minimal disruption to staff.

The plan is directly informed by findings from IT due diligence, ensuring that risks are addressed, legacy issues are managed, and opportunities for digital improvement are realised. Robust transition plans will be in place for all critical systems, including electronic patient records, clinical applications, risk management, workforce systems and financial ledgers.

A phased implementation approach is being adopted, focusing first on areas where integration is most urgent and impactful, while carefully balancing available resources. This ensures a safe and controlled transition, with appropriate fallback measures where required.

On day one the trust's digital priorities will centre on ensuring continuity and reliability of all critical clinical/operational systems, such as the electronic patient records (EPR), finance and human resource systems, analytics platforms, and the supporting secure infrastructure. This will include updating organisational identifiers (ODS codes, trust names etc), harmonising cyber security and governance processes, and maintaining staff access to essential digital tools. Minimising changes with clear communication to our staff about necessary changes will be vital to maintain confidence and operational stability.

Future transitioning to any new systems will require detailed migration plans that map existing platforms, sets milestones for updates, and ensures secure data migration with robust quality checks. Stakeholder engagement will be crucial – forming transition teams with clinical, operational, IT and governance leads to oversee the process and ensure buy-in. Comprehensive training and ongoing support for staff, alongside retaining access to legacy systems for a defined period, will help minimise disruption and support continuity.

Finally, aligning all policies, documentation and registrations to the new organisation will ensure ongoing compliance with national standards requirements. This strategic, collaborative and patient-centred transition will provide the basis for our integrated, future-ready digital services and ongoing operational resilience.

### **17.13 Resourcing and funding**

The delivery of the digital integration plan is being resourced in a way that balances delivery of the digital transition with the need to maintain safe and effective business-as-usual (BAU) operations. Capacity has been freed up through reprioritisation of internal workloads, and additional temporary capacity may be sought through external recruitment and interim appointments where required. This ensures that transition activities do not compromise day-to-day service delivery.

We are currently completing a review of long-term contracts and licensing arrangements to fully understand any cost implications and build these into forward planning. Where opportunities exist to exit, consolidate or renegotiate contracts, these are being pursued to release savings.

Achieving the digital transformation ambitions will require structured investment across multiple domains. Initial costs include capital funding for new platforms (such as EPR and AVT solutions), infrastructure upgrades and integration efforts, while ongoing costs cover staff training, process change and adoption, system maintenance, compliance, and governance.

All one-off and ongoing costs associated with the digital integration transition are aligned to the broader integration plans. Assumptions will be validated against sector benchmarking data to ensure cost estimates are both realistic and defensible.

We will utilise national and regional funding opportunities, whilst also ensuring we maximise the benefits of our existing systems, developing standardised configurations throughout to control costs. We will ensure all investments are aligned with local, ICS and national programmes and supported by robust business cases, showing clear return-on-investment tracking, and sustainable resourcing plans to ensure long-term value and impact for the new organisation.

## 18.0 Estates Strategy

### 18.1 Chapter summary

This section describes how the combined estate of WHH and BCH will be optimised to support integrated service delivery, future sustainability and support the production and delivery of the joint Clinical Strategy. It sets out the current estate footprint, utilisation levels and opportunities for rationalisation, co-location and community access.

The section highlights how integration enables a single estates plan aligned with clinical priorities and the NHS Net Zero agenda. It details how modernisation, investment and disposal strategies will ensure the estate is efficient, fit for purpose and environmentally responsible, providing high-quality care environments for patients and staff.

**Key message:** This section shows how the full extent of the new community and acute estate is being considered in relation to delivery of services. Outpatient locations, corporate spaces and relocation of corporate staff are a particular focus, looking at where best to deliver services across the 98 sites comprising 75 buildings, including 45 leased spaces across Warrington, Halton, Knowsley, St Helens and Greater Manchester.

This section addresses the age and declining condition of the current estate, the increasing cost of backlog and impending backlog maintenance costs. Works identified include:

- replacements to infrastructure including replacement windows
- aged site drainage
- building management system
- ventilation systems
- water distribution
- electrical systems

Through robust risk management and future-focused planning, the integrated trust will provide the right environments for patients and staff while safeguarding long-term value.

### 18.2 Estates Strategy – supporting the integration

Estates has been identified as one of the key enablers to support the delivery of the joint strategic goals which forms the basis of the plan for the integration of WHH and BCH. The developing Estates Strategy will describe a vision for an integrated estates service to support the delivery of the clinical strategy through the effective supply of high-quality space for both clinical and non-clinical functions.

The strategy will be developed prioritising effective space utilisation, with the goal of providing a place of delivery as close to the service user as possible. This is in line with several local, regional, and national strategies including the 10 Year Health Plan. The benefit of the integration is being able to consider all the estate of an integrated organisation as one, and make informed decisions on space allocation which best suits the needs of patients and the services they are accessing.

Currently there are areas of estate across both organisations which require development to support the joint Clinical Strategy of the trusts, and the delivery of the integration programme.

We know we can make more efficient use of the joint estate between WHH and BCH, taking a strategic approach based on patient, clinical and organisational need to optimise the use of estates and capital expenditure.

Across both organisations, our staff currently operate from approximately 98 sites, comprising around 75 buildings which includes 45 leased spaces across Warrington, Halton, Knowsley, St Helens and Greater Manchester, that deliver a mixture of clinical, community, administrative and support functions. This reflects the breadth of our combined estate, spanning hospitals, health centres, community clinics and office accommodation.

Nationally since 2016, while the NHS estate has grown by 3 per cent, patient attendances have risen by 11 per cent, highlighting the need for efficient space management to meet rising demand and provide a safer and more compliant care environment for patients<sup>47</sup>. This provides an opportunity to align investment with clinical pathway transformation, identifying suitable and potential under-utilised space across our boroughs.

The condition and functionality of NHS estates are often constraints for NHS trusts, with significant investment required to modernise and make the aging estate fit-for-purpose. This is certainly true of the hospital estate, where half of our buildings are more than 40 years old, and as such the case for new acute estate remains strong.

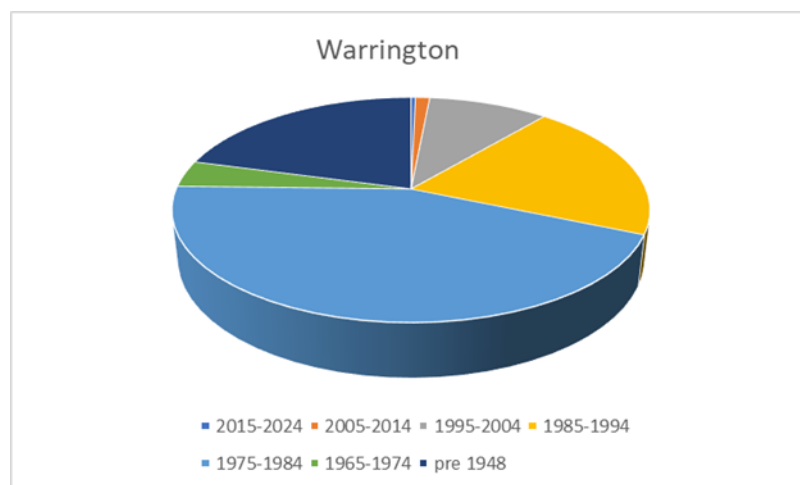
71 per cent of the buildings occupied by WHH and/or BCH teams have been constructed within the past 30 years, including properties leased from other NHS sectors. That includes NHS Property Services, community health partnerships and GPs. Through integration, we will ensure that our portfolio across our boroughs aligns with our clinical strategy and national policy.

The focus of the Estates Strategy will be to support the delivery of a transformational clinical strategy and enable the integration of corporate services.

### 18.3 Current state

#### 18.4 Age and condition

The buildings within the WHH estate portfolio vary in age as illustrated by figure 42 and figure 43 below.



<sup>47</sup> as per NHS England (2024) *Delivering productivity through NHS estate*. Available at: <https://www.england.nhs.uk/publication/delivering-productivity-through-the-nhs-estate/>

Figure 42: Age profile of buildings at Warrington Hospital

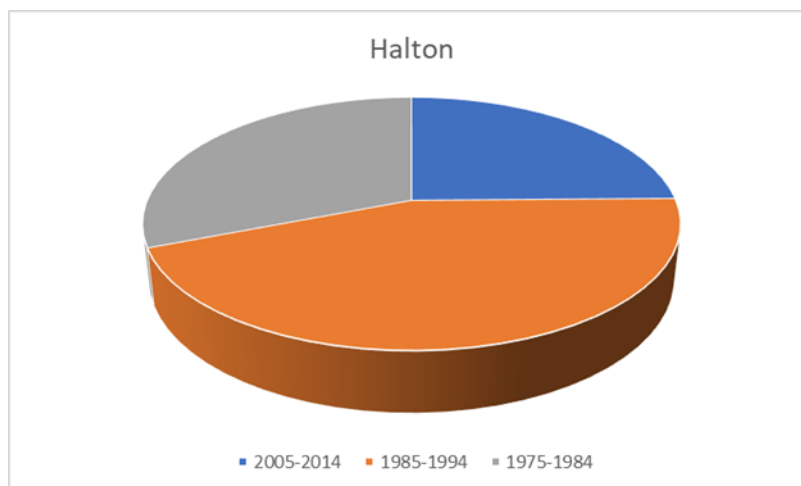


Figure 43: Age profile of buildings at Halton Hospital

These figures can be compared with NHS England age data using the NHS Estates Return Information Collection (ERIC) – the latest release covers the period 2023-24.

Comparatively, WHH estate is older than equivalent NHS estate when looked through ‘trust type’ and regional averages (56 per cent of WHH estate is now aged more than 40 years old, compared with 43 per cent nationally):

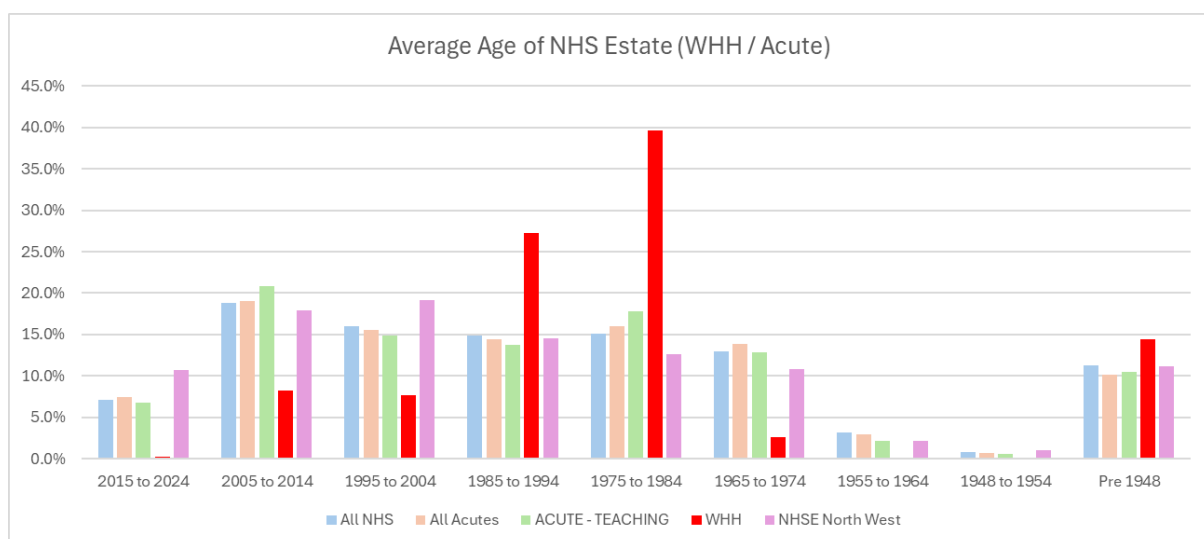


Figure 44: Average age of WHH estate compared to NHS averages

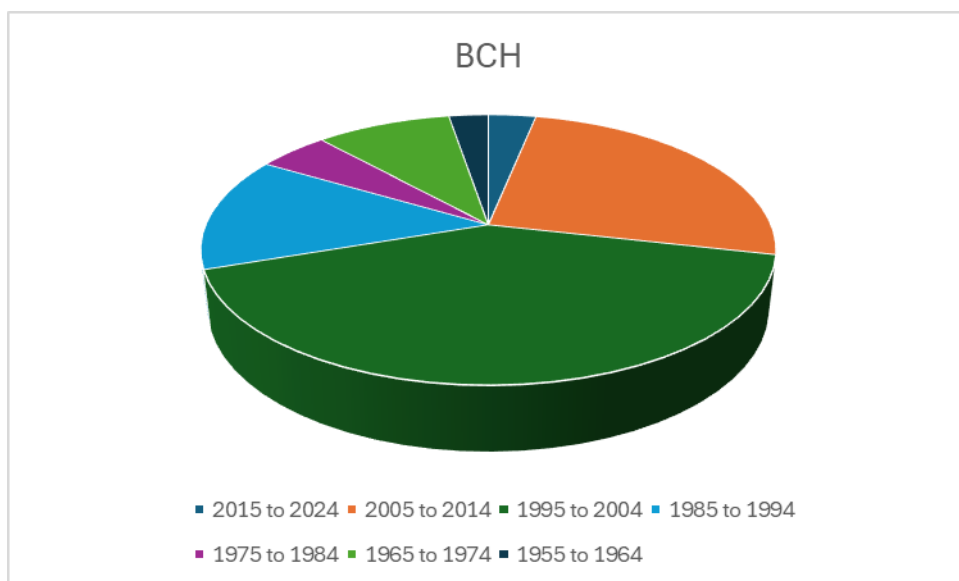


*Figure 45: Age profile of buildings operated by BCH as reportable through to ERIC*

In contrast, the age of BCH estate compares more favourably against peer organisations:

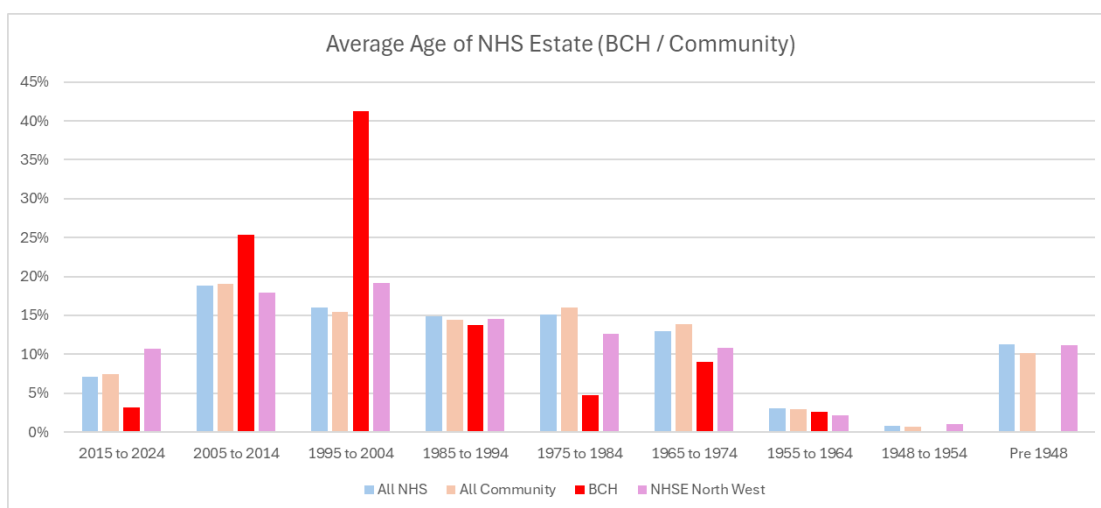


*Figure 46: Average age of BCH estate compared to NHS averages*

#### 18.4.1 Backlog maintenance

Backlog maintenance cost (backlog) is the cost to bring estate assets that are below a certain standard and make them operationally sound in terms of their physical condition, and/or compliance with mandatory fire safety requirements and statutory safety legislation.

Backlog and statutory compliance costs are classified as either low, moderate, significant or high risk.

The NHS Estates Guide 'A Risk-Based Methodology for Establishing and Managing Backlog'<sup>48</sup> is used to calculate the risks for each defect highlighted within the physical condition and statutory compliance.

<sup>48</sup> NHS Estates (2004) *A risk-based methodology for establishing and managing backlog*. Available at: [https://www.england.nhs.uk/wp-content/uploads/2021/05/Backlog\\_costing.pdf](https://www.england.nhs.uk/wp-content/uploads/2021/05/Backlog_costing.pdf)



Table 54 below shows a breakdown of the backlog costs (i.e. costs required to bring elements currently below condition grade 'B' up to condition grade 'B' immediately) by risk. As per Department of Health definitions, grade 'B' describes estate as 'sound, operationally safe and exhibits only minor deterioration', and is the nationally recognised standard used by the Department of Health.

In November 2024, the total backlog cost in relation to physical condition and statutory compliance was **£44,665,099** as per table 54.

| Backlog by site            | Low               | Moderate           | Significant        | High              | Total              |
|----------------------------|-------------------|--------------------|--------------------|-------------------|--------------------|
| <b>Halton Hospital</b>     | £1,787,588        | £4,014,238         | £7,218,212         | £459,479          | <b>£13,479,517</b> |
| <b>Warrington Hospital</b> | £5,084,047        | £8,601,945         | £16,201,756        | £1,297,834        | <b>£31,185,582</b> |
| <b>Total</b>               | <b>£6,871,635</b> | <b>£12,616,183</b> | <b>£23,419,968</b> | <b>£1,757,313</b> | <b>£44,665,099</b> |

*Table 54: WHH backlog maintenance costs by category*

Most of the facilities within the BCH portfolio are leased and therefore the majority of backlog liabilities fall with the property landlords. However, as per the latest (2024-25) ERIC returns, the total value of backlog liability for BCH is £350,000. 91 per cent of this liability falls within the 'low' or 'moderate' categories.

#### 18.4.2 Impending backlog maintenance costs

Impending backlog relates to elements of the estate currently in condition grade B that will fall below condition grade B within five years, assuming no major investment in the interim.

The total impending backlog costs, for condition (including costs for site infrastructure) as of November 2024 were:

**£10,266,918** – Warrington Hospital site

**£7,931,512** – Halton Hospital site

The backlog figures in table 54 are likely to increase by the figures above (i.e. this is estate that is likely to deteriorate below condition grade B across the next reporting period with no investment).

In addition to backlog costs relating to physical condition and statutory compliance, WHH also calculates costs relating to the following facets on an annual basis:

- functional suitability
- space utilisation
- quality of the environment
- environmental management
- Equality Act

Some of these facets are difficult to address due to the nature of a building, the historical design and layout of rooms and wards, or the infrastructure unable to support new methods

of building. It is therefore less likely that the costs will be addressed, and the organisation will focus primarily on the physical condition and statutory compliance.

The estimated costs to address these facets of backlog is currently £25.5m at Warrington Hospital and £4m at Halton Hospital.

Works identified include:

- replacements to infrastructure including replacement windows
- aged site drainage
- building management system
- ventilation systems
- water distribution
- electrical systems

It is estimated that to effectively eradicate the total backlog, the integrated organisation will need to spend upwards of **£100m** over the next 10 years.

Whilst addressing the backlog can limit development and growth elsewhere, statutory compliance items will be addressed first, followed by high-risk backlog items under physical condition, followed by significant then moderate and low risk items. Future costs should be addressed as appropriate by risk as described for backlog items above.

This will be actioned in tandem with a review of current estate needs of the integrated organisation, identifying any opportunities to safely relocate services to improved environments where there is no or minimal impact on patient experience and care.

## 18.5 Outpatient space

The growth in demand for services over recent years has put increasing demand on the existing estate across both organisations, particularly in terms of ward and urgent care estate within the hospital. Space is in short supply, budgets are under pressure, and current access for patients needs to be improved.

To meet these demands and deliver on the clinical vision for the integrated organisation, changes will need to be made at the point of delivery for outpatient services. The integration presents an opportunity to transform the delivery of key services to shift away from a hospital-centric model towards a community-first model and ensure that the organisation's estates strategy meets evolving needs, whilst making appropriate and efficient use of all available space.

Outpatient space is a consistent challenge at WHH, particularly when space is needed for additional clinics to help flexibly manage RTT and cancer standards. BCH has several community locations that can be factored into the wider underpinning Estates Strategy, supporting the workstreams identified from the new joint Clinical Strategy.

Approaches the strategy will take for the transformation of outpatient services include the following examples:

- Redesign how we deliver virtual and face-to-face outpatient clinics, making best use of available space.
- Make full use of the estates available across both community and acute to ensure point of delivery for outpatient services in the most appropriate location and ensure the most efficient use of space.

- Consider community locations within specific neighbourhoods and how clinical estate in those locations can best be used to deliver services targeted and the needs of the local populations in those neighbourhoods.
- Review utilisation of all current clinic space.
- Consider which services are best delivered in an outpatient community setting and which need to be on an acute site, for critical adjacencies.

Table 55 below shows the current delivery locations for outpatient services at WHH.

| Specialty                                | Acute | Community | Primary Care | Telephone | Home | Appointments |
|------------------------------------------|-------|-----------|--------------|-----------|------|--------------|
| 650 – PHYSIOTHERAPY                      | 38%   | 22%       | 0%           | 5%        | 35%  | 61,681       |
| 651 - OCCUPATIONAL THERAPY               | 69%   | 20%       | 1%           | 9%        | 1%   | 45,139       |
| 130 – OPHTHALMOLOGY                      | 99%   | 1%        | 0%           | 0%        | 0%   | 42,685       |
| 110 - TRAUMA AND ORTHOPAEDICS            | 82%   | 0%        | 0%           | 18%       | 0%   | 32,472       |
| 320 – CARDIOLOGY                         | 79%   | 2%        | 0%           | 19%       | 0%   | 25,494       |
| 120 – ENT                                | 70%   | 27%       | 0%           | 2%        | 0%   | 21,086       |
| 560 - MIDWIFE EPISODE                    | 89%   | 0%        | 0%           | 11%       | 0%   | 20,770       |
| 324 - ANTICOAGULANT SERVICE              | 75%   | 25%       | 0%           | 0%        | 0%   | 17,290       |
| 420 – PAEDIATRICS                        | 81%   | 1%        | 0%           | 18%       | 0%   | 15,549       |
| 100 - GENERAL SURGERY                    | 100%  | 0%        | 0%           | 0%        | 0%   | 13,743       |
| 658 – Orthotics                          | 46%   | 53%       | 0%           | 1%        | 0%   | 13,231       |
| 340 - RESPIRATORY MEDICINE               | 88%   | 0%        | 0%           | 7%        | 5%   | 12,725       |
| 341 - RESPIRATORY PHYSIOLOGY             | 38%   | 54%       | 0%           | 7%        | 0%   | 12,655       |
| 307 - DIABETIC MEDICINE                  | 88%   | 1%        | 0%           | 11%       | 0%   | 11,947       |
| 101 – UROLOGY                            | 74%   | 0%        | 0%           | 26%       | 0%   | 11,689       |
| 422 – NEONATOLOGY                        | 96%   | 0%        | 0%           | 4%        | 0%   | 9,067        |
| 103 - BREAST SURGERY                     | 100%  | 0%        | 0%           | 0%        | 0%   | 7,876        |
| 327 - Cardiac rehabilitation             | 7%    | 91%       | 0%           | 0%        | 1%   | 7,497        |
| 104 - COLORECTAL SURGERY                 | 68%   | 0%        | 0%           | 31%       | 0%   | 7,269        |
| 301 – GASTROENTEROLOGY                   | 75%   | 0%        | 0%           | 25%       | 0%   | 7,253        |
| 652 - SPEECH AND LANGUAGE THERAPY        | 100%  | 0%        | 0%           | 0%        | 0%   | 6,925        |
| 502 – GYNAECOLOGY                        | 100%  | 0%        | 0%           | 0%        | 0%   | 6,630        |
| 143 – ORTHODONTICS                       | 100%  | 0%        | 0%           | 0%        | 0%   | 5,733        |
| 812 - DIAGNOSTIC IMAGING                 | 100%  | 0%        | 0%           | 0%        | 0%   | 4,875        |
| 140 - ORAL SURGERY                       | 100%  | 0%        | 0%           | 0%        | 0%   | 4,178        |
| 655 – ORTHOPTICS                         | 32%   | 48%       | 0%           | 20%       | 0%   | 3,710        |
| 302 – ENDOCRINOLOGY                      | 52%   | 0%        | 0%           | 48%       | 0%   | 3,450        |
| 303 - CLINICAL HAEMATOLOGY               | 79%   | 0%        | 0%           | 21%       | 0%   | 2,896        |
| 361 – NEPHROLOGY                         | 15%   | 0%        | 0%           | 85%       | 0%   | 2,335        |
| 840 – AUDIOLOGY                          | 92%   | 0%        | 0%           | 8%        | 0%   | 1,991        |
| 191 - PAIN MANAGEMENT                    | 96%   | 0%        | 0%           | 4%        | 0%   | 1,967        |
| 328 - Stroke Medicine                    | 13%   | 0%        | 0%           | 87%       | 0%   | 1,788        |
| 306 – HEPATOLOGY                         | 93%   | 0%        | 0%           | 7%        | 0%   | 1,694        |
| 214 - PAEDIATRIC TRAUMA AND ORTHOPAEDICS | 100%  | 0%        | 0%           | 0%        | 0%   | 1,567        |
| 300 - GENERAL MEDICINE                   | 100%  | 0%        | 0%           | 0%        | 0%   | 1,491        |
| 144 - MAXILLO-FACIAL SURGERY             | 83%   | 0%        | 0%           | 17%       | 0%   | 1,397        |

*Table 55: Current delivery locations for outpatient services at WHH*

The estate locations currently utilised by WHH and BCH within Warrington and Halton are depicted in figure 47 below.



- Make full use of the estates available across the combined organisation to ensure corporate teams can work in appropriate locations and make the most efficient use of space.
- Review utilisation of all current office space.
- Consider which corporate services are best delivered in a non-acute setting and which need to be on an acute site, for critical adjacencies and supporting operational teams.

#### **18.7.1 Corporate space case study – relocation of corporate staff**

The relocation of services from Kendrick Wing on the Warrington Hospital site has long been a strategic intent of WHH due to the poor condition of large parts of the building and high running costs of the buildings.

Relocating significant numbers of staff away from Kendrick Wing would also help address another long-standing challenge around car parking for patients and visitors, as it would reduce demand for parking spaces for staff on the site.

There is currently significant under-utilised space at Spencer House, the BCH corporate HQ. It is therefore prudent to explore whether the use of Spencer House as a main corporate hub for the integrated organisation would be feasible and beneficial. Several other trusts locally have adopted an off-site base model for corporate functions without significant issues arising.

Consolidating corporate functions from both WHH and BCH in the same corporate base location will support improved integrated working, connection between staff and teams, and create opportunities for future financial efficiency as noted in section 13.3.7.

The impact of COVID-19, and subsequent increase in agile working and virtual meetings, has created an environment for change that perhaps did not previously exist when off-site working solutions were tentatively explored.

At a high level, it appears that the current demise of Spencer House would be sufficient to use as a potential base location for all appropriate corporate teams from both WHH and BCH.

The analysis assumes current agile working patterns are not changed in any way. Although if the estimated desk demand proves to be significantly greater than calculated, there remains an option to review current working arrangements and promote/mandate increased working from home.

There would be a requirement to retain a corporate hot desk facility on the Warrington Hospital and possibly the Halton Hospital site. Further work is required to estimate the required size of this. There would also be a need to consider workforce implications associated with this exercise before proceeding any further.

The potential re-location of corporate staff out of Kendrick Wing will not facilitate the full closure of that part of the hospital estate. There will be a further need to explore re-location of other non-corporate teams and services (e.g. stores).

However, closing large sections of the building would enable delivery of cost savings through energy usage and facilities management services.



## 18.8 Developing an Estates Strategy

As illustrated in section 8.7, we will develop an Estates Strategy for the integrated organisation, which will align to the overall organisational, clinical, and financial strategies. It will also align to most recent NHS Cheshire and Merseyside ICS Estates Strategy.

The eight principles of the current C&M Estates Strategy are detailed in figure 48 below:



*Figure 48: 8 principles of the Cheshire and Merseyside Estates Strategy*

The NHS 10 Year Health Plan has several strategic estates implications, primarily driven by a planned shift in healthcare delivery from hospitals to community-based services.

Supporting this, the trust will undertake a review of its combined estates to ensure that its assets are able to align with this intent, identifying areas for investment (and routes to secure that investment), as well as opportunities for efficiencies across the portfolio.

Aligned with this, the integrated trust must ensure that the areas from where care is delivered are not putting communities across Warrington and Halton at a disadvantage, especially when there are significant areas of deprivation across our catchment.

Supporting the focus on a move to community health, there will be a need to re-evaluate existing hospital assets to ensure that they support the move of services into appropriate infrastructure in community settings. The trust must be well integrated into evolving governance at the Department of Health and Social Care, and at a local level through the devolution of Warrington and Cheshire, to ensure inclusion on local capital pipelines, and able to influence capital spending decisions in support of its programme.

The delivery of the estates objectives below will support the strategic aims which collectively underpin achievement of the integrated trust's strategic objectives:

- align the estates and clinical strategies and underpin the trust's values and objectives
- support the ambitions of Warrington and Runcorn as growing towns, focusing on regenerating built and natural environment and reducing health inequalities
- improve compliance with health building notes and health technical memorandums
- provide a solid platform to prioritise investment and prepare for future opportunities

- reduce backlog maintenance and critical infrastructure risks
- secure additional capital resources to fund the backlog maintenance program
- enhance the tactical estates group (TEG) to provide oversight on the capacity
- enable the delivery of clinical and operational services and sustainability
- improve functional suitability and net zero target
- improve utilisation of estates capacity
- aid in the achievement of the financial plan

### 18.9 Green plan

Climate change plays a huge part in the future of our estate. The work towards achieving net zero across both organisations is underpinned by Board-approved green plans, which outline the objectives and goals to help us achieve this ambition. This plan is delivered through 117 actions across key priority areas, including governance and sustainable models of care.

We are committed to reducing our carbon footprint and continue to pursue a wide range of projects and initiatives to make this happen, with an updated plan due to be launched in 2026. From an estates perspective, this ambition will be supported through a focus on the areas in details in figure 49 below:



*Figure 49: Key areas of focus for the NHS green plan*

The Estates Strategy will be finalised and presented as a key enabling strategy as part of the overall programme of strategy development following the integration of the two organisations. We expect the final strategy to be signed off in Q3 2026-27, as per figure 17, showing the high-level timeline for the development of the joint strategies.

### 18.10 Estates Strategy – next steps

In order to assist with the development of a cohesive plan to deliver the strategic estates objectives, WHH has appointed a third party to help create a refreshed strategic estates development plan for both main hospital sites. This plan will be developed in line with the principles of the emerging clinical strategy across the combined organisation and follow the principle of 'home first, then community and hospital only if needed'. Since the development of WHH's previous strategic estates development plan in 2015, much of the strategic landscape has changed, requiring a refreshed medium-term vision to be developed.

In 2022 WHH submitted a bid to the national Hospital Infrastructure Programme to create a new hospital in Warrington town centre and to undertake a major reconfiguration of the Halton Hospital site. This bid was ultimately unsuccessful and given likely constraints upon NHS capital resources across the medium term, a more flexible and adaptive approach to the future provision of health care within our boroughs is required.

Additionally, WHH has seen significant site and service development in the intervening years, within both hospital and community settings. These developments are broadly in line with the principles of the 10 Year Health Plan, as well as the emerging clinical strategy resulting from the integration of the acute and community trusts.

Resultingly, the updated strategic estates development plan must reflect these developments and provide a blueprint for our future estate requirements, ensuring a focus on:

- utilisation of land and buildings already in use (including opportunities of an expanded estate via the integration programme)
- development of agile, business-case-ready proposals, enabling the integrated trust to respond promptly to calls for investment from the Department for Health and Social Care and other potential funders



## 19.0 Risks

### 19.1 Chapter summary

This section provides a comprehensive overview of the key risks associated with the integration and the mitigation measures in place to manage them. It identifies clinical, financial, workforce, operational and reputational risks, and demonstrates how these are being monitored through established governance frameworks.

The section highlights the proactive approach taken by both trusts to risk management, ensuring issues are identified early, owned at the right level and mitigated effectively.

It concludes by affirming that, while risks exist, the robust governance, engagement and assurance mechanisms already established provide confidence in a successful transaction and future integrated delivery model.

**Key message:** This section outlines the approach to identifying and managing any potential risks that may arise as a result of the integration programme. An overarching programme risk register has been developed and a summary of key integration risks and mitigations scoring 9 or above are discussed.

Extensive and appropriate due diligence has been undertaken by WHH as the acquiring trust as part of the process for compiling the FBC. A number of key areas of due diligence have been conducted primarily by KPMG as an external consultancy partner. Other areas of due diligence have been undertaken internally by trust representatives and then subsequently reviewed by KPMG. Hill Dickinson solicitors completed the legal due diligence.

The due diligence findings were compiled into a single list and reviewed by both trust Boards before appropriate mitigating actions were agreed and documented to address any agreed risks associated with the transaction.

### 19.2 Programme risk management

A robust risk management process is in place across the BCT programme with all 10 core workstreams using the individual delivery trackers (as referenced in section 7.3.2) to capture, record, report, manage and monitor all risks arising as a result of the integration work.

All workstreams capture and record both operational risks (risks within the workstream itself) and strategic, programme-level risks.

The risks being recorded and managed have been identified through a range of sources, including:

- programme management team
- Better Care Together programme delivery group
- executive management team (EMT) and trust Boards/sub-committees
- workstream leads
- due diligence findings
- risks arising from other organisations that have undertaken a similar form of integration

The standards, methodology and operating principles applied to risk management within the programme are aligned with the recognised WHH organisational risk management strategy. The integration risk register mirrors the format and scoring methodology used in both trusts'

corporate risk registers. Risks are initially captured within the delivery trackers, including any mitigating actions, risk scoring and relevant risk owner. Table 56 below sets out the risk assessment and scoring criteria applied to programme risks based on likelihood and impact of risk.

|             |                  | Likelihood      |             |           |                  |                   |
|-------------|------------------|-----------------|-------------|-----------|------------------|-------------------|
|             |                  | 1. Almost never | 2. Unlikely | 3. Likely | 4. Highly likely | 5. Almost certain |
| Consequence | 1. Insignificant | 1               | 2           | 3         | 4                | 5                 |
|             | 2. Minor         | 2               | 4           | 6         | 8                | 10                |
|             | 3. Moderate      | 3               | 6           | 9         | 12               | 15                |
|             | 4. Severe        | 4               | 8           | 12        | 16               | 20                |
|             | 5. Catastrophic  | 5               | 10          | 15        | 20               | 25                |

Table 56: Risk assessment criteria

| Overall risk score |                   |
|--------------------|-------------------|
| 1-3                | Very low risk     |
| 4-6                | Low risk          |
| 8-12               | Moderate risk     |
| 15-25              | Extreme/high risk |

Table 57: Risk scoring/grading

The current version of the transaction risk register is included within the supporting documents accompanying this document. A summary of the highest risks (i.e. those scoring 15 or above before mitigation) and the associated mitigations is presented in table 58 below. This excludes the highest rated due diligence risks, which are summarised in section 19.3.2.

| Workstream | Risk description                                                                                                                                                                                                                        | Initial overall score | Please provide controls and assurance details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Current overall score |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Digital    | If the trusts do not have a single EPR system in place from 1 April 2026, then this will present challenges to clinical teams around accessing the information required, resulting in potentially sub-optimal clinical decision-making. | 20                    | The phased approach to the integration programme includes a 'lift and shift' approach for clinical services, meaning that there are no significant changes to pathways or clinical systems scheduled for day one of the integration. This should minimise risk and disruption for clinical teams in the short-term.<br>Staff with existing access to Lorenzo/SystmOne/EMIS will continue to have that access and additional access will be granted if required within existing licencing limitations. Click-through capabilities to launch alternative systems from within others will also be | 8                     |

|                                |                                                                                                                                                                                                                                                                                                                                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
|                                |                                                                                                                                                                                                                                                                                                                                            |    | explored. There is a high-level roadmap in place to progress towards a single EPR system for the integrated trust by 2030.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |
| Strategic programme management | If the ICB do not agree to fully fund our request for additional resources to support the programme, then the programme will either need to be paused or any unfunded costs met from internal trust resources, resulting in either a material delay to the programme or a material risk to delivery of the trusts' in-year financial plan. | 16 | The ICB Board formally supported our strategic case, timeline and acceleration of the transaction in July, with full knowledge of the likely costs, which we had submitted a request for funding for to the ICB prior to July's Board meeting. The ICB have so far confirmed allocation of £200k to support delivery of our integration. We have formally written to the ICB to confirm that unless the remaining £900k funding is allocated, we will potentially go off plan by up to £900k due to integration in 2025-26. The funding we have requested of £1.1m is significantly less than that provided to other integrations completed locally in recent years. Our integration is forecast to deliver at least £2m CIP in 2025-26 and cost up to £1.1m in 2025-26, both costs and savings are reflected in our financial forecast. | 16 |
| Strategic programme management | If the transaction is accelerated, then there will be less time available; to complete a number of critical programme tasks, resulting in increased pressures on already stretched corporate teams (e.g. workforce colleagues supporting OD, staff engagement and TUPE processes).                                                         | 16 | In order to manage the additional workload created, corporate teams will look to reduce or reschedule as much existing work as possible in order to create capacity. Furthermore, we have agreed a phased approach to the integration programme that will allow us to delay commencement of some elements that will require more resource (such as clinical service integration). When the initial transaction phase of the programme is complete, we will look to divert programme support to other workstreams to allow them to commence in full.                                                                                                                                                                                                                                                                                      | 8  |

|                                |                                                                                                                                                                                                                                                                                 |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| Strategic programme management | If NHSE do not approve the transaction to proceed as planned on 1 April 2026, then the programme will be delayed for a period of time, resulting in significant additional costs being incurred and a material level of operational uncertainty across both organisations.      | 16 | We will review all critical day one actions recorded within the programme in early January 2026 to help identify those that will be impacted negatively by a delay to the completion of the transaction. Those that will, will require a 'plan B' mitigation to be drawn up and agreed with the consequences fully identified and communicated. In the meantime, the trusts are in close dialogue with NHSE around timeframes for approval and relevant detail and assurance required to ensure the transaction is approved and completed in time for 1 April 2026.                                                 | 8 |
| Clinical and operational       | If high-risk policies across both organisations are not consistently updated, stored centrally in SharePoint, and effectively communicated to staff, there is a risk that staff may use outdated documents, potentially compromising patient, staff, and organisational safety. | 16 | The process of reviewing, prioritising and aligning all clinical policies ahead of the transaction date has already commenced. Relevant documents, SOPs and policies are being updated and consolidated to ensure clarity, accountability and robust governance structures. All processes will be concluded and fully communicated by 31 March 2026.<br>All policies have been reviewed and categorised. All high-risk policies are now detailed on the clinical governance workstream delivery tracker with expected dates for revision of policies, approval of amendments and communication/training with staff. | 8 |
| Strategic programme management | If the transaction is accelerated, then there will be less time available to engage and consult with our staff, our local communities and our wider stakeholders, resulting in less understanding and trust in the process.                                                     | 16 | The communications teams from both BCH and WHH have diverted significant internal resources onto the integration programme to ensure all stakeholder communications are maintained and are thorough. We have included some designated additional resource to our communications teams as part of the Better Care Together programme resourcing plan to support regular and frequent                                                                                                                                                                                                                                 | 6 |

|                                |                                                                                                                                                                                                                                                                                                                                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |   |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
|                                |                                                                                                                                                                                                                                                                                                                                            |    | engagement and two-way communication with multiple groups to ensure all stakeholders to the programme are kept informed and able to feed in their views. The public and patient reference group will commence in December 2025 and will be independently led by Healthwatch.                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |
| Strategic programme management | If the transaction is accelerated then there will be less time available prior to the transaction date to plan and engage with stakeholders, resulting in a less effective integration of clinical services.                                                                                                                               | 16 | In order to mitigate the associated risk, it is proposed to bring BCH services across as a standalone care group within the existing WHH management structure in the short term (aka lift and shift). This will mean minimal or zero disruption and/or change to key clinical services in the short term.                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4 |
| Strategic programme management | If the integration programme timescales are accelerated then there will be less time to complete key actions and activities for regulatory and legal readiness such as consultation with staff re: TUPE transfer, organisational change processes, due diligence etc, resulting in a potential risk to legal compliance for the programme. | 15 | We have secured senior ICB and national support for the proposal in the short term to allow us to commence these actions. All required due diligence has now been completed and the results and risks identified have been fed back into our day-to-day planning via the workstream delivery trackers. Any decision to proceed with the transaction will need to be approved by both Boards and verified by the Council of Governors who will need to be assured that a robust and appropriate legal process has been followed. As noted in other identified risks, there has been significant work undertaken to review current workloads and divert internal resources to support and prioritise the core tasks within the programme wherever required. | 8 |
| Estates                        | If a contracted service is brought in house without proper evaluation of TUPE risks, then there is potential for the trust to be in breach of law, resulting reputational and financial damage to the trust.                                                                                                                               | 15 | Workforce representatives are invited to all project meetings to ensure that due consideration is given by project leads regarding TUPE and staff implication. Issues are highlighted to SROs and workstream leads where appropriate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5 |

|  |  |  |                                                           |  |
|--|--|--|-----------------------------------------------------------|--|
|  |  |  | Governance is in place to reduce likelihood of occurrence |  |
|--|--|--|-----------------------------------------------------------|--|

*Table 58: A summary of key integration risks and the associated mitigations*

Figure 50 below illustrates the process for programme risk management, which was approved by the BCT programme delivery group.

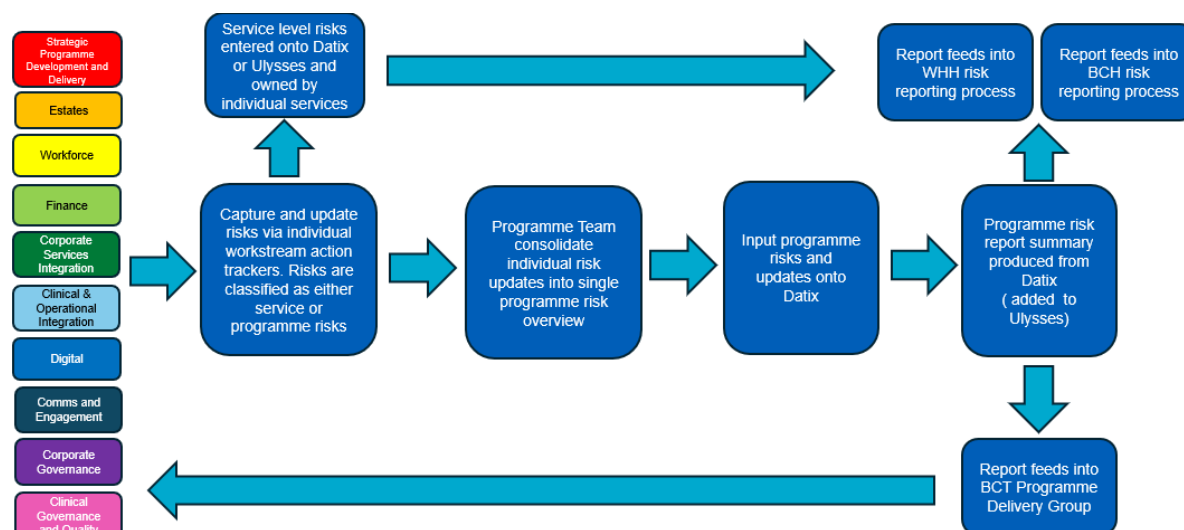


*Figure 50: Process for capturing and reporting/managing risk associated with the BCT programme*

All operational risks are added to the WHH Datix system and the BCH Ulysses system by the relevant operational/corporate teams. From there, they are managed via the established organisational risk management processes in place within both BCH and WHH.

All strategic programme-level risks are added to the WHH Datix system and the BCH Ulysses system by the BCT programme team and again, managed through established processes. These risks are also reviewed monthly at the BCT programme delivery board.

The integration risk register is reviewed as a standing agenda item at the BCT programme delivery group, ensuring visibility, challenge, mitigation, and escalation. Where significant risks are identified, these are reported up to the trust Boards.

### 19.3 Due diligence

All NHS trusts undertaking a material transaction are required to complete a due diligence process. NHS England guidance makes clear that the scope of due diligence should be proportionate to the nature of the transaction.

The primary purpose of due diligence is to identify potential areas of risk, enabling the trusts to make informed decisions about proceeding with the transaction and, where appropriate, embedding mitigation measures into integration planning.

In this case, as WHH is acquiring BCH, the due diligence exercise was unidirectional, with WHH conducting due diligence on BCH only.

To support this process, external consultants KPMG were engaged to conduct a detailed due diligence review, providing independent assurance and insight into operational, financial, and regulatory risks. Legal due diligence was undertaken by Hill Dickinson solicitors, ensuring all legal and contractual matters were fully assessed. Internal subject matter experts from WHH also reviewed specific areas of due diligence, offering in-depth knowledge and validation of findings. The outputs from their work were subsequently reviewed by KPMG.

A blended, proportionate approach was adopted, combining external assurance with internal expertise:

- **General due diligence (WHH on BCH):** Led by KPMG, supported by internal WHH teams, delivering external guidance, advice and recommendations
- **Legal due diligence (WHH on BCH):** Conducted by Hill Dickinson

### 19.3.1 Due diligence process

The due diligence (DD) process was undertaken in line with NHS England requirements to ensure that all material risks associated with the integration were fully understood and assessed and could therefore be appropriately managed. Due diligence was completed across a range of areas, including financial, IM&T, estates, legal, health and safety, workforce, and clinical and operational. The following structured approach was applied:

#### 1. Reviewed NHSE mergers and acquisitions DD guidance

The programme team completed a detailed review of NHSE's DD guidance to ensure the scope, methodology, and outputs of the process met all national expectations for transactions of this scale.

#### 2. Integrated specialist recommendations from external advisors

Areas of focus recommended by **KPMG** (operational/financial/regulatory) and **Hill Dickinson** (legal) were incorporated, ensuring that the DD scope was comprehensive and aligned with recognised best practice for NHS transactions.

#### 3. Designed tailored DD questionnaires

Bespoke DD questionnaires were developed for each corporate, clinical and operational area.

These were designed to ensure systematic collection of information relating to clinical governance, performance, compliance, risk, contracts, workforce, estates, digital, quality, and finance.

#### 4. Supported workstreams through guidance and engagement sessions

Introductory briefings and support sessions were delivered to workstream teams to ensure clarity of expectations, consistency of responses and timely provision of evidence.

The programme team provided ongoing guidance throughout the data-gathering stage.



## **5. Factual accuracy review of initial DD reports**

Once KPMG and Hill Dickinson produced their draft DD reports, trust leads and workstream SROs conducted a detailed factual accuracy review. This ensured that all findings, assumptions and interpretations were correct and aligned with internal records.

## **6. Finalisation of DD reports**

All amendments arising from the factual accuracy review were incorporated into the final DD reports by KPMG and Hill Dickinson. The final outputs provide an accurate and validated assessment of risks.

## **7. Risk review, scoring and mitigation planning**

All identified risks were reviewed systematically RAG-rated in line with trust risk management frameworks.

For each risk, mitigation actions were developed collaboratively with workstream SROs and recorded within the integration risk registers.

## **8. Identification of day one critical actions**

Specific high-priority actions required for day one readiness were extracted from the DD findings.

These actions are reflected in the workstream delivery plans and flagged as critical day one actions in relevant delivery trackers to ensure clear accountability, monitoring and timely implementation as part of the day one mobilisation meetings.

This comprehensive approach has enabled the identification, assessment and planned mitigation of risks; informing our integration planning and ensuring that the new trust will maintain strong governance, operational effectiveness and patient safety throughout the transaction and beyond. By addressing risks proactively, the trusts are positioned to deliver safe, sustainable and high-quality services within the new integrated organisation.

Of the 151 identified DD risks across all categories, 111 require a further review or mitigating action to be taken forward. These actions have therefore all been incorporated back into the individual workstream delivery trackers to ensure visibility. Of those 111 actions, 81 have been classified as critical day one.

### **19.3.2 Due diligence findings**

Full details of each risk identified through the due diligence exercise, including the original and residual risk scores, are documented in the supporting documentation for reference and assurance.

A summary of the top risks by each area is presented below:

## Clinical and operational risks

|                  |    |                 |                     |
|------------------|----|-----------------|---------------------|
| Risks identified | 33 | DD Completed By | KPMG/Hill Dickinson |
|------------------|----|-----------------|---------------------|

| NO      | ISSUE                                                                                                                                                                                                                                                                                                                                                                                                                 | INITIAL RISK SCORE | MITIGATING ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | RESIDUAL RISK SCORE |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| KPMG057 | <p>Based on the 2025-26 Q1 NOF data, BCH has been assigned to segment 3 ('below average and/ or financial deficit').</p> <p>For two domains, Access to Services and Finance and Productivity, BCH has been assigned to segment 4 ('low performing'). The access to services segment 4 ('low performing') rating includes one indicator – the percentage of patients waiting over 52 weeks for community services.</p> | 20                 | Targeted improvement plans are in place to address contributing to segment 3 rating, specifically within finance (strengthened recovery plans), productivity and efficiency action plans and access to services, validation of waiting list and action plans to ensure there are no patients waiting over 52 weeks by March 2026. Performance is monitored through performance council and trust committees/Board. Robust improvement plans are in place to progress to segment 2 of the NOF. | 16                  |
| KPMG065 | Five services have been described as 'fragile' in part due to staffing-related reasons. However, the action to support these services is not consistently reported to the quality and safety committee.                                                                                                                                                                                                               | 20                 | Fragile services are identified within the organisation, service leads are developing targeted workforce and resilient plans, including recruitment, retention and skill mix plans to support performance and activity. Harmonising approach to fragile services reporting to quality committee in common pre transaction and QAC post transaction.                                                                                                                                           | 8                   |

|                |                                                                                                                                                                                                                                                                                                           |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| <b>KPMG069</b> | Difficulties recruiting to certain posts is creating fragile services.                                                                                                                                                                                                                                    | 20 | Harmonising approach to fragile services reporting to quality committee in common pre transaction and QAC post transaction.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8 |
| <b>HD034</b>   | BCH has confirmed it has taken one case to the Court of Protection over the last three years. This related to a patient with severe learning difficulties who required dental treatment under general anaesthetic. The outcome of this and whether any claim is likely to arise is unclear/not specified. | 20 | <p>Background: Concerns were raised by independent mental capacity advocate (IMCA) regarding proposed dental treatment. The Trust sought legal advice and initiated a court of protection application to ensure compliance with statutory requirements and safeguard best interests.</p> <p>Outcome: Dental treatment authorised by the court of protection. Conveyancing plan agreed and scheduled. Solicitor noted deprivation of liberty concerns, which commissioning bodies will address. Official solicitor visit completed following signed undertakings. Treatment successfully completed and patient recovered well. Patient now not showing any signs of pain. No risks identified and therefore no further action required.</p> | 6 |

Table 59: Summary of the top clinical and operational due diligence risks

|                         |           |                        |             |
|-------------------------|-----------|------------------------|-------------|
| <b>Commercial risks</b> |           |                        |             |
| <b>Risks identified</b> | <b>12</b> | <b>DD Completed By</b> | <b>KPMG</b> |

| ISSUE          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | INITIAL RISK SCORE | MITIGATING ACTION                                                                                    | RESIDUAL RISK SCORE |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------------------------------------------------|---------------------|
| <b>KPMG072</b> | Cost reduction opportunities have been identified from the integration of corporate functions. The quantification of this opportunity has been based on benchmark data from the national model health system and represents a move to national median or lower quartile performance.                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 9                  | MARS scheme launched in November 2025 to help create early opportunities for reduction in headcount. | 4                   |
| <b>KPMG073</b> | <p>The population across Warrington and Halton is projected to grow by 11,300 between 2021 and 2033 (2.4%) due to population growth and inward migration.</p> <p>While this level of net population growth is modest, the age distribution is forecast to shift significantly. The working age population (20 to 64) will decline over the 12-year timeframe, at the same time the number of people aged 65+ will increase by 23% for Warrington and 20% for Halton over the same period.</p> <p>These demographic changes will result in increased demand for community services provided under the block contract. There is a risk that it may not be possible to gain additional funding for projected increases in activity.</p> | 9                  | Action covered by KPMG023.                                                                           | 1                   |

|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |   |                                                                                                                                                                                                                                                                                                                               |   |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| <b>KPMG074</b> | <p>Anticipated changes in demography will not only increase the demand for community services, but at the same time will result in increased demand and greater pressure on acute services. A key aspect of trust plans for the integration, in alignment with wider NHS and ICB priorities, is to develop models of care with the aim of increasing care in communities and at home.</p> <p>This will have the effect of further increasing the level of demand for community services within the integrated trust. However, clinical integration planning has not yet reached the point where the specific impact of new models of care has been fully quantified, in terms of additional demand on community services.</p> | 9 | <p>As part of year 2 of the 5-year plan, we will undertake robust capacity and demand analysis covering both acute and community services.</p>                                                                                                                                                                                | 3 |
| <b>KPMG078</b> | <p>There has been a high level of increase in overall expenditure over the medium term. BCH's total expenditure rose by 12.7% between FY23 and FY25 from £96.5m to £108.8m.</p> <p>This increase is primarily driven by rising employee expenses and increased spending on drugs and healthcare purchases.</p>                                                                                                                                                                                                                                                                                                                                                                                                                | 9 | <p>No action required. Financial planning assumptions in FBC are based upon combined 2025-26 planned deficit (before CIP) as a start point.</p> <p>Significant work has been undertaken to identify cost reduction opportunities and the integration programme is a key enabler to unlocking many of those opportunities.</p> | 1 |
| <b>KPMG079</b> | <p>A key strategic aim for the planned integration of WHH and BCH is to transform how and where services are delivered, with more care delivered at home or closer to home. However, there are currently significant pressures on community services. There are just under 8,500 adults and children currently on community waiting lists and almost 8,000 patients waiting for dental services.</p> <p>BCH also performs worse than peers for waiting list performance based on NHS Oversight Framework ('NOF') metrics. BCH receives the lowest provider score of 4 (low performing) for percentage of people waiting over 52 weeks for community services.</p>                                                             | 9 | <p>No immediate action. Risk will be covered through the development of the detailed clinical strategy and the new integrated clinical model that will underpin it.</p>                                                                                                                                                       | 1 |

Table 60: Summary of the top commercial due diligence risks

|                         |           |                        |                            |
|-------------------------|-----------|------------------------|----------------------------|
| <b>Digital risks</b>    |           |                        |                            |
| <b>Risks identified</b> | <b>22</b> | <b>DD Completed By</b> | <b>KPMG/Hill Dickinson</b> |

| NO      | ISSUE                                                                                                                                                                                                   | INITIAL RISK SCORE | MITIGATING ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | RESIDUAL RISK SCORE |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| KPMG030 | Certain bespoke applications are managed solely by individual staff members, resulting in key person dependency within the IT team.                                                                     | 12                 | Code and configuration knowledge: There are three resources with knowledge of clinical systems code and configuration but within individual systems. BI & Qlik: Business Intelligence, Qlik applications and Infrastructure are highlighted as areas of expertise with key person dependency. Joining the BW/WHH teams provides more resiliency for key skills areas. Also, BCH CSOC operations are disseminated as it is more cost-effective than employing multiple cyber analysts. | 9                   |
| KPMG031 | Certain roles/vacancies are being held due to cost improvement targets and uncertainty surrounding the potential integration. This creates instability in workforce planning and delays in recruitment. | 12                 | Limited current vacancies exist. Categorise new vacancies by criticality to service continuity and digital transformation. Prioritise VAF's recruitment for roles essential to integration projects, digital operations and compliance (e.g. EPR, cybersecurity, IT support). Monitor throughout until new org models are completed.                                                                                                                                                  | 9                   |
| KPMG037 | Completeness and currency of the disaster recovery documentation are not fully confirmed                                                                                                                | 12                 | Yes, DR Run books for all critical systems do exist and are regularly reviewed at CABIT meetings as part of their workplans. Updates are reported to the DIGIT governance group. BC testing needs to be more frequent.                                                                                                                                                                                                                                                                | 8                   |

Table 61: Summary of the top digital due diligence risks

| Environmental risks |    |                 |                            |
|---------------------|----|-----------------|----------------------------|
| Risks identified    | 10 | DD Completed By | Senior WHH estates manager |

| NO    | ISSUE                                                                     | INITIAL RISK SCORE | MITIGATING ACTION                                                                                                  | RESIDUAL RISK SCORE |
|-------|---------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------|---------------------|
| KB002 | No evidence that the air conditioning F-Gas survey reports are available. | 8                  | Surveys have been completed. Request copies of the survey reports and confirmation from FM provider for all sites. | 2                   |
| KB003 | Energy certificates are not displayed in all BCH sites.                   | 8                  | Check lease status for Europa and Newton Road sites.                                                               | 4                   |

Table 62: Summary of the top environmental due diligence risks

| Estates risks    |    |                 |                     |
|------------------|----|-----------------|---------------------|
| Risks identified | 11 | DD Completed By | KPMG/Hill Dickinson |

| NO      | ISSUE                                                                                                                                                                                                   | INITIAL RISK SCORE | MITIGATING ACTION                                                                                                      | RESIDUAL RISK SCORE |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------------------------------------------------------------------|---------------------|
| KPMG045 | 10 contracts are due to expire within 12 months and a further 2 operate on a month-to-month basis. Discussions are underway between BCH and incumbent suppliers about renewing/rolling these contracts. | 8                  | Work with WHH and procurement to novate/extend contracts at risk. PID documents submitted to programme delivery group. | 4                   |

Table 63: Table of the top estates due diligence risks



|                         |           |                        |                            |
|-------------------------|-----------|------------------------|----------------------------|
| <b>Finance risks</b>    |           |                        |                            |
| <b>Risks identified</b> | <b>38</b> | <b>DD Completed By</b> | <b>KPMG/Hill Dickinson</b> |

| NO             | ISSUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | INITIAL RISK SCORE | MITIGATING ACTION                                                        | RESIDUAL RISK SCORE |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------|---------------------|
| <b>KPMG003</b> | BCH's FY26 forecast outturn includes delivery of £5.5m of CIPs, of which £5.4m has been assumed to be delivered on a recurrent basis. We understand from BCH management that delivery against these schemes is in line with plan and BCH have identified £6.5m of schemes, including £4.8m of schemes already implemented for FY26. However, we note that there is an additional CIP target of £2.4m including in month 12 of the FY26 plan for FY26 (and forecast outturn) not reflected in the CIP plan, for which with schemes are yet to be identified. | 15                 | Continue to work with ICB to identify schemes to achieve stretch target. | 12                  |
| <b>KPMG004</b> | There is an additional £0.5m of CIP which was previously delivered by BCH, by reducing dermatology appointments. However, the realised saving has since been offset by an additional cost pressure (additional cancer appointments to reduce wait times).                                                                                                                                                                                                                                                                                                   | 15                 | Action covered by KPMG003.                                               | 12                  |

|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                                                                                                                                                                                                                                                                                                                                                                                                 |    |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| <b>KPMG015</b> | We note that £0.7m of CIP schemes are planned to start delivering savings from month six onwards. We also note that an additional savings target of £2.9m has been embedded in the month 12 expenses out of which £0.5 million savings have been achieved but now offset by additional expenditure.                                                                                                                                                                                                                        | 15 | Action covered by KPMG003.                                                                                                                                                                                                                                                                                                                                                                      | 12 |
| <b>KPMG017</b> | The plan was prepared based on the forecast outturn for FY25 (as at month 11), rather than actual deficit as reported at month 12.                                                                                                                                                                                                                                                                                                                                                                                         | 15 | No action required. Financial planning assumptions in FBC are based upon 2025-26 planned deficit (before CIP) as a start point. Whilst there will undoubtedly be some areas of spend within the plan that are underestimated, there are also elements that are undoubtedly overestimated. Overall we are confident that the opening plan is an accurate reflection of the true position of BCH. | 6  |
| <b>KPMG020</b> | BCH's planned other operating expenses for FY26 at £3.5m are significantly lower than actual spend of FY25 at £6.8m. This is due to removal of one-off items in FY25 spend and inclusion of a £2.9m <b>additional savings</b> offset against the month 12 expenditure. Out of the £2.9m savings target, £2.4m has savings schemes yet to be identified, while £0.5m has been assumed to be delivered. However, the realisation of the £0.5m savings is dependent on successfully negotiating income of £0.5m from the ICB. | 15 | Action covered by KPMG003.                                                                                                                                                                                                                                                                                                                                                                      | 12 |

Table 64: Summary of the top finance due diligence risks

| Health and safety risks |    |                 |                                      |
|-------------------------|----|-----------------|--------------------------------------|
| Risks identified        | 11 | DD Completed By | Senior WHH health and safety manager |

| NO    | ISSUE                                                                                                                                                                                                                                                                                                   | INITIAL RISK SCORE | MITIGATING ACTION                                                                                                                                                                                                                                                                               | RESIDUAL RISK SCORE |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| HW008 | Incidents are managed by operational managers and reports are collated by the head of risk management and patient safety.                                                                                                                                                                               | 9                  | Need to confirm there is a process in place at BCH for managing and monitoring incidents, and also confirm that a regular report on incidents is shared with the relevant H&S committee at BCH.<br><br>Note that post-integration the process will become aligned.                              | 3                   |
| HW009 | Hazardous substances are managed via an electronic word template. Under the COSHH regulations the trust is required to ensure all individual substances are risk assessed, have safety data sheets in places with details of any precautionary requirements and PPE required, and training is in place. | 9                  | Need to confirm there is a process in place at BCH for safe management of hazardous substances and confirm that a regular report is shared with the relevant H&S committee at BCH.<br><br>Also need to confirm there is a process in place and review whether we will adopt a different system. | 3                   |

Table 65: Summary of the top health and safety due diligence risks

|                         |           |                        |                                  |
|-------------------------|-----------|------------------------|----------------------------------|
| <b>Workforce risks</b>  |           |                        |                                  |
| <b>Risks identified</b> | <b>14</b> | <b>DD Completed By</b> | <b>Senior WHH people manager</b> |

| NO     | ISSUE                                                                                              | INITIAL RISK SCORE | MITIGATING ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | RESIDUAL RISK SCORE |
|--------|----------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| AHM004 | High sickness absence could impact assurance; off-plan absence may affect targets.                 | 12                 | Work at a system level to address sickness absence and implement a new approach to supported attendance. This action is aligned to system controls outside of integration. Collaborative work to develop a new policy framework.                                                                                                                                                                                                                                                                                                                                                             | 8                   |
| AHM010 | Requires management of long-term absence and alignment of processes and policies post-transaction. | 12                 | Aligned with risk 2: Work at a system level to address sickness absence and implement a new approach to supported attendance. This action is aligned to system controls outside of integration. Collaborative work to develop a new policy framework.<br>Review of sickness absence and management processes from April onwards to support timely and consistent case management post Regulation 11 timeframes in line with WHH information.<br>Development of a policy roadmap for all people policies pre-April 2026 to support management of policy consistency (within TUPE frameworks). | 8                   |
| AHM011 | Contract may cease after six months; increased usage could create cost pressures.                  | 12                 | <b>Occupational health:</b><br>Development of a combined in-house OH service for all staff within the cost envelope of the current external contract. Development of PID pre-integration to ensure a streamlined day one offer. Development of plan B option for continuity should the OH service contract not end in March 2026.                                                                                                                                                                                                                                                            | 8                   |

|               |                                                                                                 |    |                                                                                                                                                                                                                                                                                                                                        |   |
|---------------|-------------------------------------------------------------------------------------------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
|               |                                                                                                 |    | <b>Resus:</b><br>Development of a plan to align resus provisions for day one to support effective clinical services in the community and acute. Development of combined governance procedures for resus monitoring and reporting.                                                                                                      |   |
| <b>AHM012</b> | Declining scores may increase sickness/turnover and bank/agency reliance.                       | 12 | Implementation of the Joint Culture Plan collaboratively based on NSS results for 2025. Targeted triangulation of OD activity and programme of activity aligned to staff survey results/OD activity at a local level. Alignment of sub-committee governance to ensure oversight and management of cultural alignment post integration. | 8 |
| <b>AHM013</b> | Tribunal awards can be unlimited; high disciplinary ratio (WRES) may impact future performance. | 12 | Review of employee relations and management processes from April onwards to support timely and consistent case management post Regulation 11 timeframes. Complete a review of casework capacity and themes for management.                                                                                                             | 8 |

Table 66: Summary of the top workforce due diligence risks

#### **19.4 Risk management in the integrated organisation from day one**

Risk management processes will remain robust throughout the integration period. WHH will continue to manage risk registers and incidents on the Datix system, while the new community and dental care group (BCH clinical services) will utilise the Ulysses system for incidents and risk registers. Both systems will be governed and managed by a single data analyst governance team, which will produce joint reports for governance committees and care groups to ensure safe business continuity.

All risk registers will be overseen by a single risk review group, attended by the executive team, all care groups, and the corporate secretary. This group will ensure that all risks are managed, reviewed and aligned with the corporate risk register and the Board assurance framework. The risk review group will report into quality committee and trust Board by exception. The clinical governance managers/governance teams will be fully trained in both systems.

## 20.0 Conclusion

The integration of WHH and BCH marks a pivotal moment in our shared ambition to deliver a single, high-quality, sustainable healthcare system for the people of Warrington, Halton and the surrounding Cheshire and Merseyside footprint. This business case sets out a compelling strategic, clinical, operational and financial rationale for the transaction and demonstrates how our integration directly aligns with the national 10 Year Health Plan's three overarching priorities: shifting the focus from treatment to prevention; analogue to digital transformation; and integrated, personalised care from the hospital into the community.

Over the past 18 months, significant work has already been undertaken to lay the groundwork for a successful transaction. The appointment of a joint chief executive and executive team provides strong and consistent leadership across both organisations. Joint governance and decision-making structures are now embedded, including shared Board meetings, a strategic people committee in common, and a single BCT delivery group overseeing all aspects of the integration. Clinical leadership has been pivotal to the outcomes of the joint clinical summits to develop our clinical priorities and will be even more crucial as we progress the integration of the clinical services further. The national strategic direction to develop neighbourhood health models of care in collaboration with multiple partners across Place creates the perfect environment for our integration to drive improvement through a transformed clinical model and associated pathways. The opportunities to deliver sustainable and measurable benefits for patients, staff and the wider regional NHS are huge.

Early progress and collaborative working between the two organisations is already delivering benefits and demonstrating the potential impact of integration on a larger scale. Our patients will experience smoother, more effective and compassionate care. We will be much better placed to manage demand for unplanned and planned care in future, and our combined organisational costs will reduce. This business case builds on early successes, setting out a roadmap for achieving a successful transaction by April 2026 and a firm foundation for fully integrated services and systems thereafter.

While the foundations for success are strong, further work is required to continue to develop our plans in partnership with stakeholders and then realise the full benefits of the opportunities that exist. The second phase of our programme will see us move into completion and delivery of our post-transaction implementation plan (PTIP), the production of new joint clinical and estates strategies and the continued alignment of digital infrastructure, workforce systems and governance frameworks. Continuous engagement with staff, system partners and our communities will remain critical to maintaining trust and ensuring delivery remains responsive to local needs and challenges.

Ultimately, this integration is not simply an operational necessity, it is the only sustainable route to delivering the safe, high-quality, equitable and financially viable services that our local population expect and deserve. The case for change is clear; by coming together as one organisation we create an environment for change and improvement, a platform from which we can deliver on the transformational vision of future collaborative care, and an opportunity to drive significantly improved value. Put simply, we will deliver better care together.



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# Better Care Together

## Integration update

### Halton Health and Social Care Policy and Performance Board

Lucy Gardner, Chief Strategy and Partnerships Officer (WHH)

# Better Care Together – Context

## What is it?

Better Care Together is a programme of work being undertaken to integrate WHH (acute trust) and BCH (community trust) into a single organisation

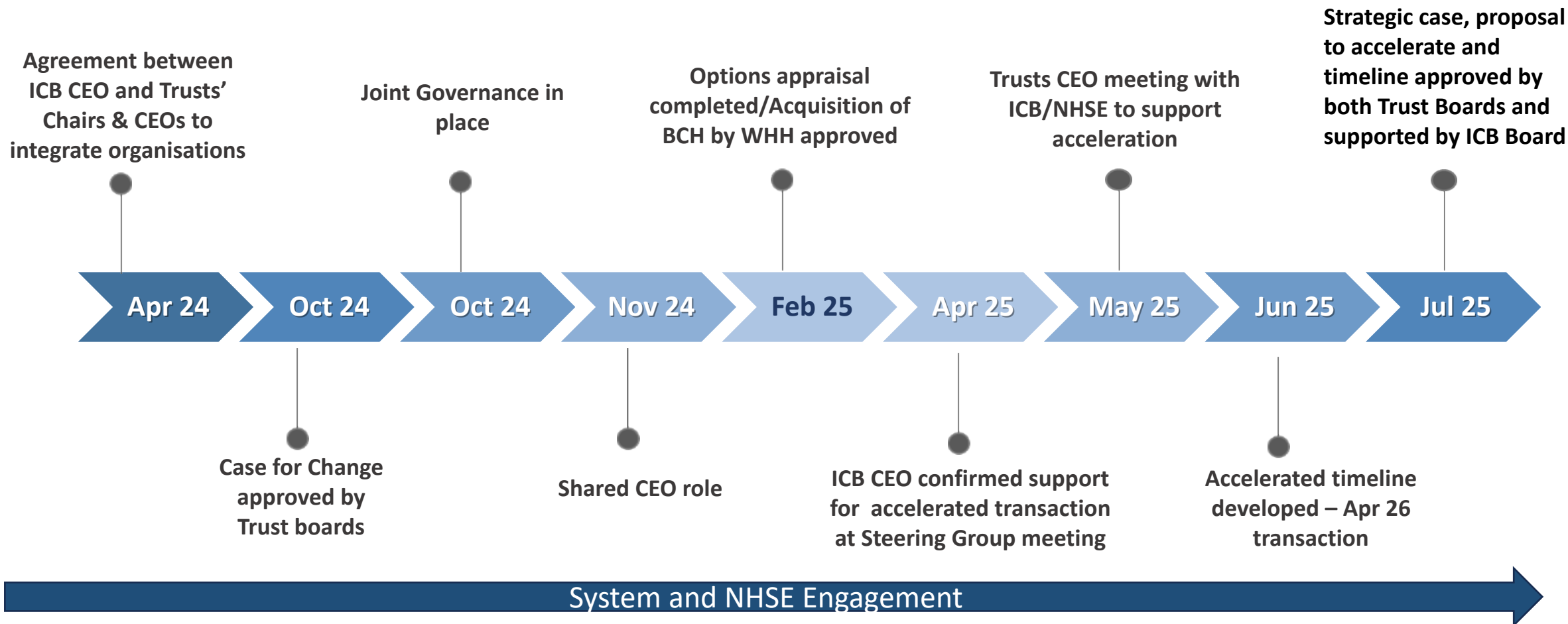
## Why is it so important?

- Improves care for patients e.g. 100 additional people per month accessing Urgent Community Response instead of attending Emergency Department
- Generates more efficient use of resources, estimated financial benefit up to £33m (£12m direct + £21m indirect)
- Supports staff development
- Enables sustainable services

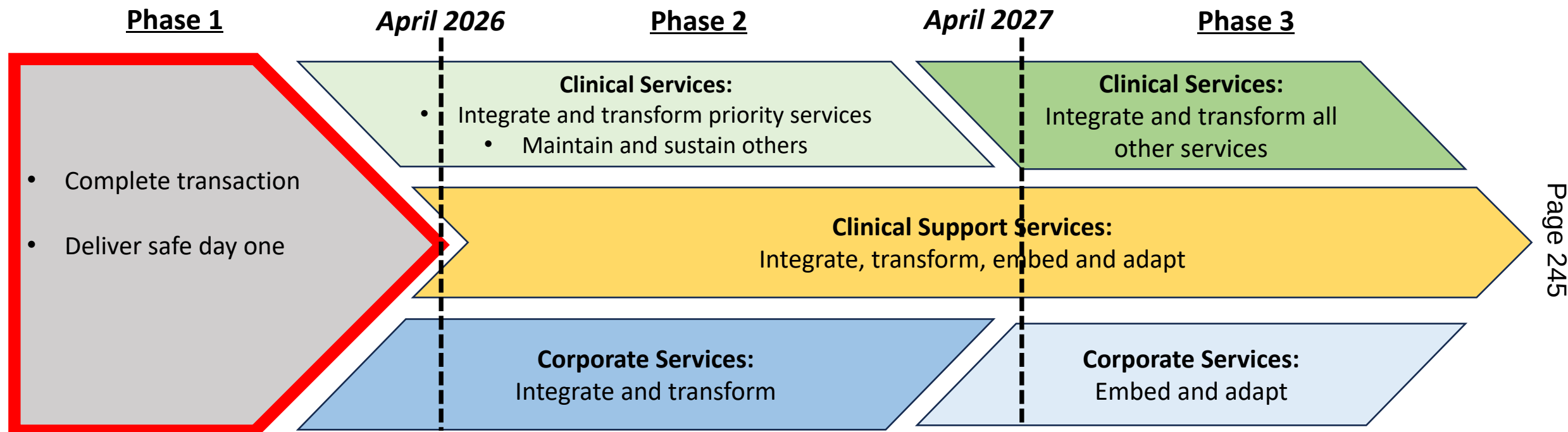
## Where are we now?

We have finalised the Full Business Case (FBC), which has been presented to both Trust Boards for approval. We hope to become a single organisation on 1<sup>st</sup> April 2026

# Our integration so far



# Integration programme – a 3-phase approach



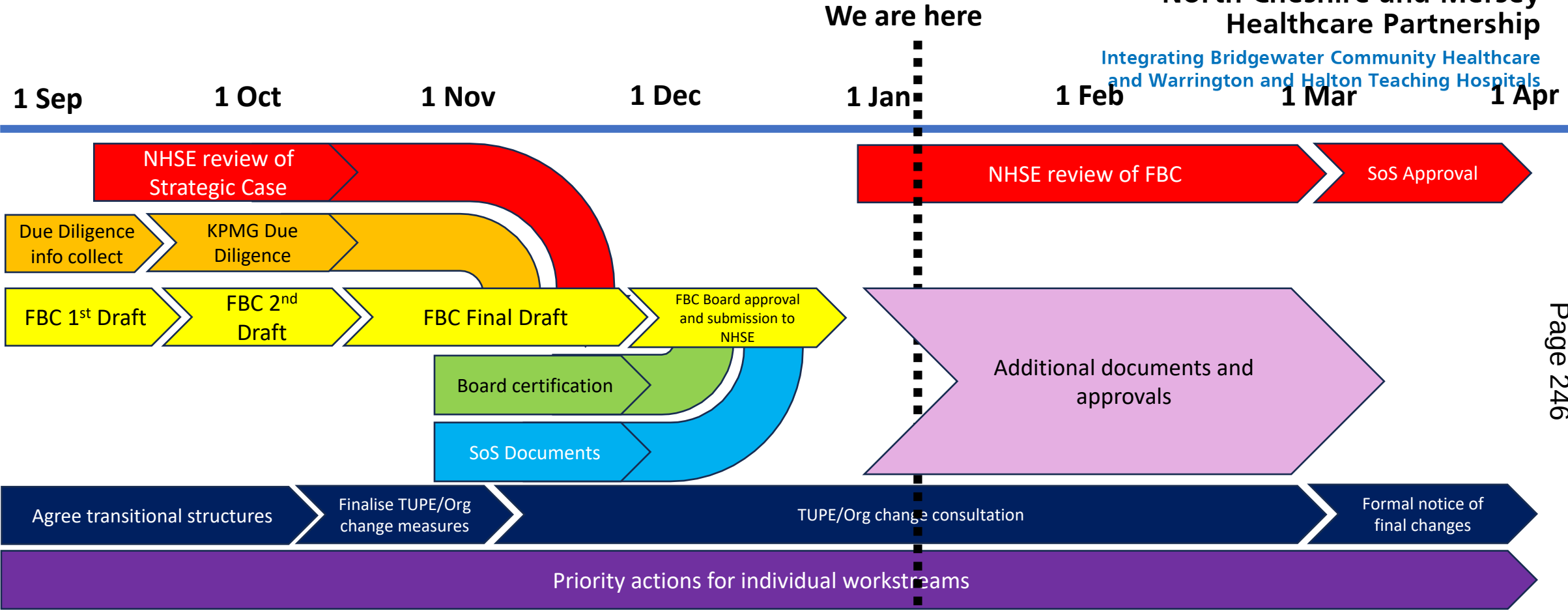


# Programme Critical Path



North Cheshire and Mersey  
Healthcare Partnership

Integrating Bridgewater Community Healthcare  
and Warrington and Halton Teaching Hospitals



# Transaction

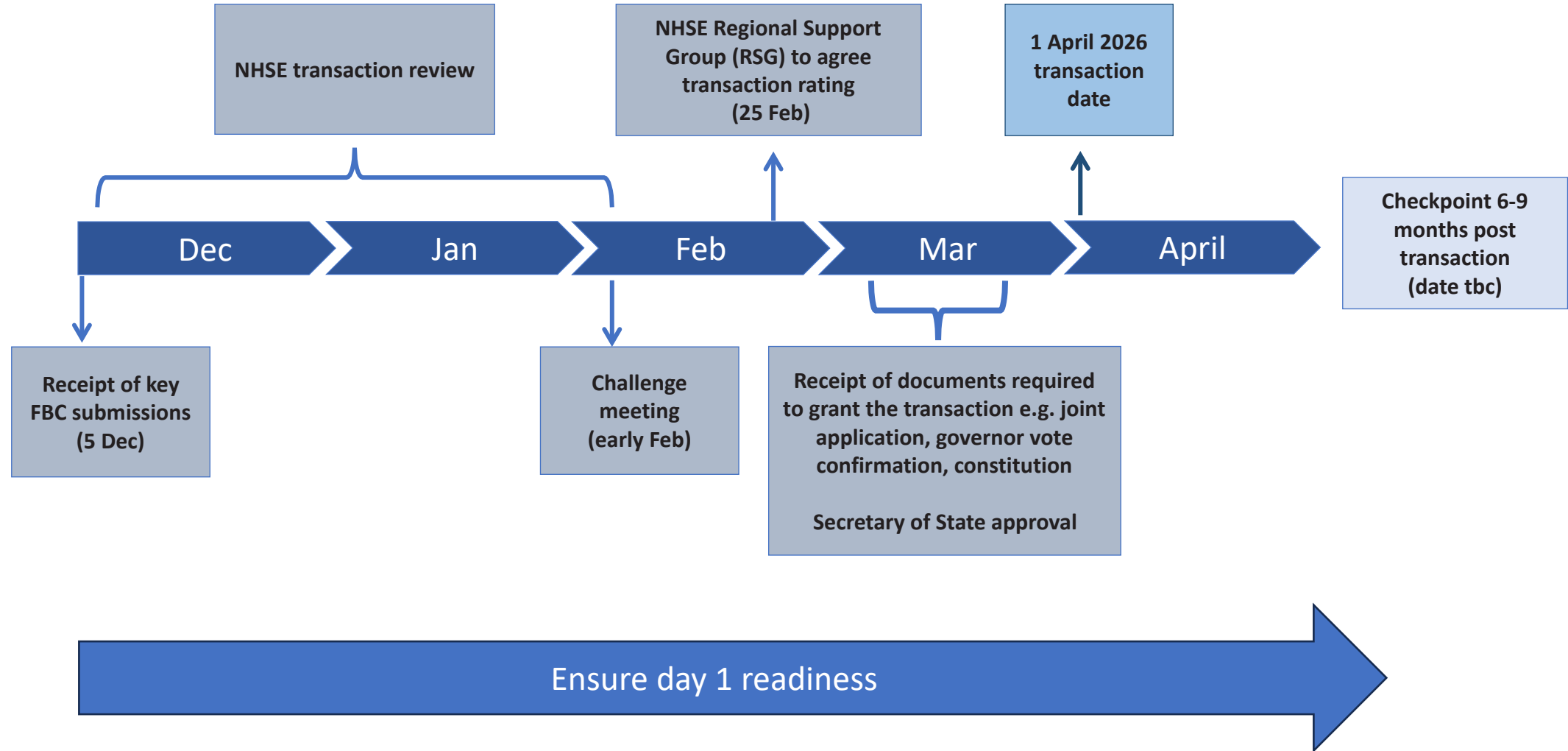
# Key documents required for transaction (1)

| Document                          | Presented to Trust Boards for approval in December                                  | Purpose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FBC, including due diligence.     |    | <p>A formal document setting out the detailed case for integration which:</p> <ul style="list-style-type: none"><li>-demonstrates how the transaction will be executed</li><li>-outlines the benefits and how they will be delivered</li><li>-identifies key risks</li><li>-details the resources and processes in place to ensure both a safe landing of the transaction and the achievement of the intended benefits.</li></ul> <p>Due diligence identifies areas of risk so that we can decide if we should proceed with the transaction and if so, what action to take to mitigate the risks as part of our integration planning.</p> |
| FBC Supporting documents          |                                                                                     | <p>We have developed over 60 supporting documents to support delivery of our integration and transaction and to provide assurance to Trust Boards and/or NHSE. These will be submitted to NHSE along with our FBC, Board Certification, PTIP and SoS documents. Many of the supporting documents have been previously shared with and/or approved by Trust Boards as part of our integration programme. Where necessary they will be reviewed by EMT prior to submission and shared at future Trust Boards as appropriate.</p>                                                                                                            |
| Board certification               |  | <p>All Trusts undertaking material and significant transactions must complete a Board Certification as part of the transaction review process. It is submitted to NHSE alongside the FBC, to demonstrate the Board's confidence that the requirements of the transaction guidance have been met.</p>                                                                                                                                                                                                                                                                                                                                      |
| Post Transaction Integration Plan |  | <p>The PTIP is a roadmap that describes the process of integrating the 2 Trusts, from their current state to the integrated single Trust post-transaction.</p> <p>A "live" document that shows how the Trusts will achieve a safe transition but also continue to integrate and deliver the intended benefits.</p> <p>It focuses on aligning culture, integrating systems, and combining operations.</p>                                                                                                                                                                                                                                  |

# Key documents required for transaction (2)

| Document                                                      | Presented to Trust Boards for approval in December                                                                | Purpose                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Secretary of State for Health and Social Care (SoS) documents | <br>(bar qualitative submission) | These are documents that demonstrate how the transaction meets the four SoS duties.                                                                                                                                                                                                                                                                                                                                  |
| Management letter of representation                           |                                                                                                                   | A key document that provides NHSE with assurance that: <ul style="list-style-type: none"><li>• All information supplied for the transaction is accurate and complete</li><li>• The Trusts have disclosed all material risks, issues and liabilities</li><li>• The Trusts have complied with all legal, regulatory and policy requirements</li></ul>                                                                  |
| New constitution                                              |                                                                                                                   | <p>A formal, legally binding document that defines the governance framework of the NHS Foundation Trust after the transaction.</p> <p>It sets out the organisation’s structure, powers, membership rules, Board arrangements, accountability mechanisms, and decision-making processes. Once approved, it becomes part of the Trust’s legal standing and must be adhered to by the Board, governors and members.</p> |
| Application letter                                            |                                                                                                                   | <p>An Application Letter is a Board-approved, formally signed request submitted by the Trust(s) to NHS England, confirming that they are applying for NHSE approval of the proposed transaction.</p> <p>It acts as the official notification that the Trust(s) have completed the required planning, due diligence and assurance steps, and now seek NHSE’s authorisation to implement the transaction.</p>          |
| Transaction agreement                                         |                                                                                                                   | <p>A legally binding contract between the Trusts involved in a merger or acquisition. It defines the terms, responsibilities, liabilities and arrangements under which one Trust acquires another.</p> <p>It ensures that both parties and NHS have absolute clarity about what is being transferred, how risks are managed, and what obligations remain before and after the transaction date.</p>                  |

# Transaction next steps

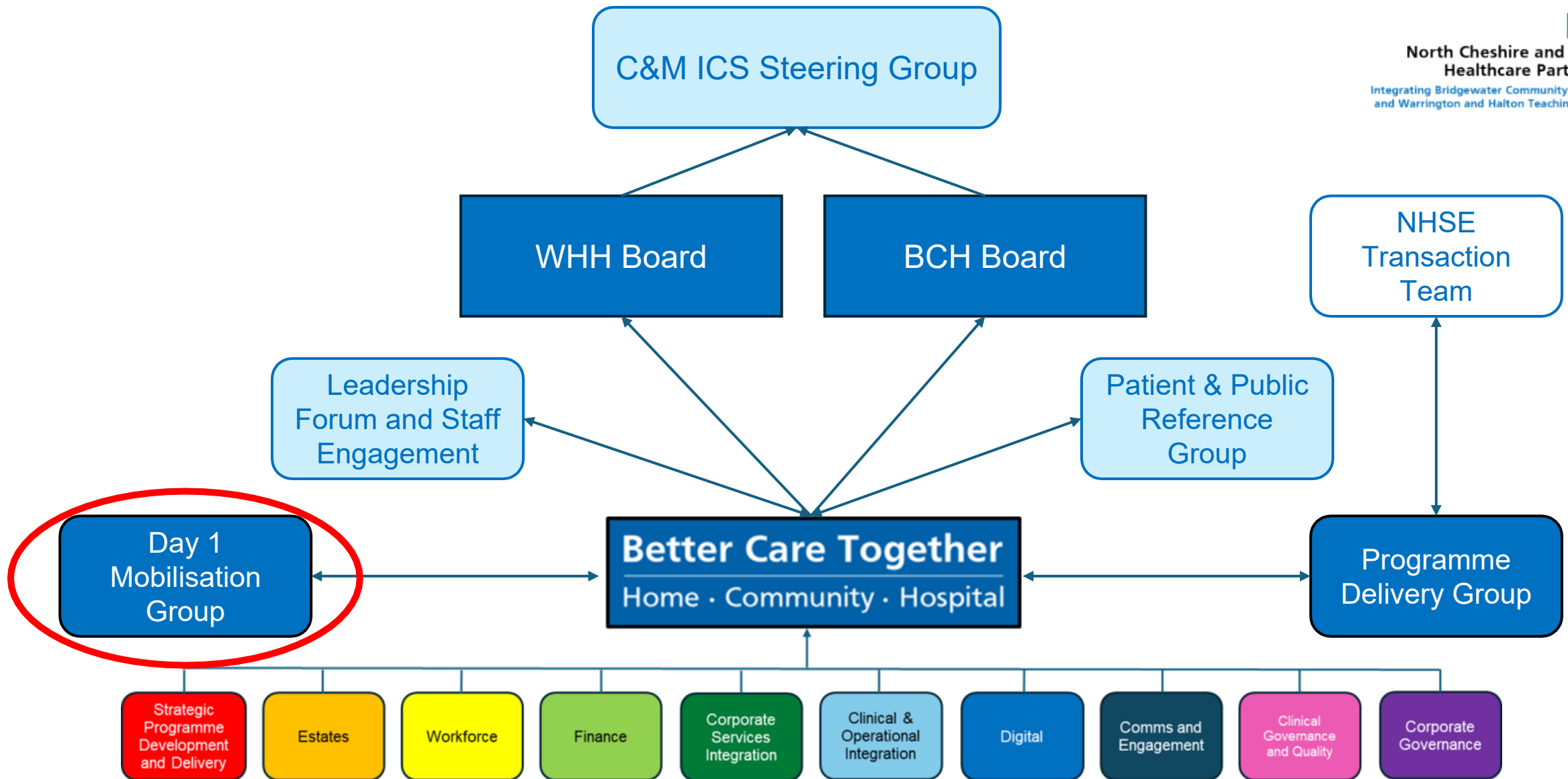




**North Cheshire and Mersey  
Healthcare Partnership**

Integrating Bridgewater Community Healthcare  
and Warrington and Halton Teaching Hospitals

**Safe day 1**



# Governance of mobilisation actions

Day one mobilisation group meets weekly.

All ten core workstreams are represented at the meeting.

All priority actions requiring completion before planned transaction date (1 April 2026) are detailed on workstream delivery trackers and flagged as 'critical day one'. There are currently over 700 critical day one actions.

These flagged actions will be monitored through the day one mobilisation meeting each week and escalated up to Executive Management Team or BCT delivery group where necessary.



# Examples of critical day one actions

- Develop a joint health and safety policy
- Data Protection Officer appointed and Information Commissioner's Office informed
- Identify signage requiring update to new organisation name
- Joint EPRR and major incidents policy is written and in place
- Agree and implement process for patient death reporting
- Register all locations under new organisation name
- Conduct full validation and reconciliation of all BCH medical devices
- Plan and launch website for new organisation
- Submit application letter, including new constitution
- Novate contracts



**North Cheshire and Mersey  
Healthcare Partnership**

Integrating Bridgewater Community Healthcare  
and Warrington and Halton Teaching Hospitals

## Full business case summary

Page 255

# Full Business Case summary

## Purpose

- Comprehensive assessment of the proposed integration between WHH and BCH, covering 20 chapters on key areas including strategy, quality, workforce, finance, estates, digital, and risk management.
- Developed in line with NHSE guidance and informed by best practice from other NHS transactions.
- Authored by Better Care Together team, senior Trust staff and programme workstream SMEs to ensure alignment with operational and strategic priorities.

## Review & Governance

- Reviewed by workstream SROs for completeness and assurance.
- Presented for feedback in November to:
  - Trust Boards
  - Quality Assurance Committee (WHH)
  - Finance Committee (In Common)
  - People Committee (In Common)
  - NHSE
  - KPMG
- Updated to reflect feedback, due diligence findings and mitigating actions and outstanding actions as detailed in November Board report

## Trust Boards

- Presented to Trust Boards for final approval ahead of submission to NHSE on 5th December 2025

# Full Business Case summary (Ch. 1-5)

## Chapter 1 - Foreword

## Chapter 2 – Executive summary

## Chapter 3 - Our organisations

WHH and BCH deliver healthcare services covering different parts of clinical pathways to broadly the same population of 340,000 people in Warrington and Halton. Both Trusts have underlying financial deficits and challenges relating to growing demand. From the recent NHS oversight framework data, WHH has been placed in segment 4 of 5 in terms of overall performance and support needs with BCH in segment 3.

## Chapter 4 - Background and history to the planned integration

The work to explore the integration of WHH and BCH dates back to 2018 and in February 2020, both Trusts formally communicated their intent to integrate to NHS England. Within weeks of that decision, the COVID-19 outbreak impacted and discussions around integration ceased while both providers focused on the requirements of maintaining their own services through the pandemic. Five years on, and all of the reasons why integrating the two partner organisations made sense in 2020 still apply. Therefore, the plans to bring together the two organisations have been reinvigorated and accelerated, supported by the ICB.

## Chapter 5 - Strategic rationale

The strategic case for integration is clear. The combined organisation will address health inequalities, strengthen clinical sustainability, enhance patient experience and improve financial performance.

The growing demand for services, an ageing population, and system-wide inefficiencies require unified leadership and delivery. Integration will deliver a single, resilient healthcare organisation capable of meeting both current and future population health needs. Strategic direction locally, regionally and nationally (NHS Ten-Year Plan) focusses on a 'left shift' of care out of hospital into community

# Full Business Case summary (Ch. 6-8)

and from ill-health to prevention as a way to manage future demand. The integration of WHH and BCH creates the perfect platform to make the required transformation of services happen.

## Chapter 6 - Options appraisal

Following a robust appraisal process, the acquisition of BCH by WHH was approved as the most suitable legal mechanism for integration. Acquisition of BCH was selected due to its lower risk, value for money, and ability to deliver greater patient and staff benefits sooner.

## Chapter 7 - Programme delivery and programme management

We have established a detailed and wide-reaching programme of work to drive delivery and governance of the integration. The programme is entitled 'Better Care Together' and consists of ten workstreams, each with exec-level leadership and programme support. The programme has been split into three phases: Phase 1 focusses on completing the legal transaction and setting up the critical infrastructure to ensure day one (1 April 2026) delivery and commence the integration of leadership, corporate services and some clinical support functions. Phase two (April 26 to Mar 27) focusses on embedding initial infrastructure changes and driving early benefits whilst commencing work on the longer-term clinical integration and priority services. Phase three (Apr 27 onwards) will see the transformation of remaining clinical services and the shift towards a new model of care.

## Chapter 8 - Vision and strategies for integrated trust

Our vision for integration is to create a new single organisation which is greater than the sum of its parts, anchored with a core principle of '**Home first, community next and only then hospital**'. Throughout the initial phases of the programme, we will develop a series of formal and connected strategy documents to help define our future clinical and operational model and describe how that model will meet the needs of our local populations.

# Full Business Case summary (Ch. 9-11)

## Chapter 9 - Organisation design

Plans are in place for a single Board to lead the organisation, supported by elected governors and underpinned by a renewed constitution. Board committee structures and quality and financial governance structures are detailed within the FBC to ensure robust governance from day 1.

Draft transitional structures for all teams, clinical and corporate, have been developed for consultation, which commenced in November.

## Chapter 10 - Clinical model

The future clinical model of the integrated organisation will be shaped in line with national and local strategic direction and developed in collaboration with local and regional partners. It will be clearly defined in a new clinical strategy to be published by the end of 2026. The clinical model will build on strong foundations of collaboration between the two organisations and a commitment to transforming clinical pathways and promoting localised, data-led health and wellbeing care. Seven clinical priorities have been identified from initial engagement. These will form the basis of the initial integration work focussed on clinical service redesign. The service level clinical strategy and transformation will align to the core principle of **‘Home first, community next and only then hospital’**.

## Chapter 11 - Corporate support functions

The most significant financial improvement opportunity that can be unlocked through integration is linked to corporate services where national benchmarking clearly demonstrates that benefits can be delivered through improved economies of scale. Our corporate services will come together from day 1 and draft transitional structures have been developed for consultation. Corporate teams have been working closely together, starting to align internal processes and streamline activities to make the transition as smooth as possible from day 1.

# Full Business Case summary (Ch. 12-14)

## Chapter 12 - Expected benefits and quality impact

There are a number of key areas that together, summarise the benefits of the integration to our patients and communities; a fundamental shift in care - Home first, community next and hospital only when needed, data-led local approaches to service design and delivery, streamlined clinical pathways, removal of organisational barriers, better use of resources, strengthening fragile services, and enhanced public and patient involvement.

## Chapter 13 - Financial case

The combined planned deficit for the two organisations for 25/26 prior to in year savings and deficit support funding stood at £72m. This is reflective of a position that has been worsening year on year partly in response to growing demand and a need to increase capacity to meet it. The integration programme presents financial improvement opportunities totalling up to £33m (both direct and indirect opportunities) and is therefore a fundamental part of the journey towards longer-term financial sustainability. The estimated costs of the integration stand at around £1.1m, demonstrating the value in bringing the organisations together and the urgency to make this happen as quickly as possible.

## Chapter 14 – Inequalities

Warrington and Halton have high levels of inequality across the populations, including significant variation in life expectancy and healthy life expectancy within each borough.

By aligning community and acute services, the new organisation will target the root causes of inequality, deliver prevention-focused care, and strengthen partnerships with local authorities, primary care and the voluntary sector to close health gaps across populations. The integration between WHH and BCH creates opportunities for the development of seamless care pathways across hospital and community settings, with multidisciplinary teams delivering wraparound support closer to home, contributing to the development of neighbourhood health.

# Full Business Case summary (Ch. 15-17)

## Chapter 15 - Communications and engagement

Our new organisation will be known as North Cheshire and Mersey NHS Foundation Trust. We have commenced a large-scale programme of engagement with staff, patients, local stakeholders and the wider public around a number of elements of our approach to the integration and this will set the tone for how we aim to continue over the coming years as we bring the two organisations together. We have support for the integration from our local MPs, C&M ICB, both Local Authorities, GPs, Voluntary sector partners and NHS England.

## Chapter 16 - People strategy

Between us, the two organisations employ over 6,700 staff from over 80 different nationalities. The vast majority of our staff are also Warrington and Halton residents. The success of our integrated Trust is important to them on many levels. Our teams tell us that working closely together has already provided advancements in service delivery and the energy and commitment to take the opportunity to make things better is tangible and a source of optimism. We have already developed a joint culture plan and consulted with staff around our core Trust values that we commit to keeping at the heart of our work as we progress.

## Chapter 17 - Digital strategy

Nationally, the NHS Ten-Year Plan sets out an ambition to shift care away from traditional analogue systems and processes and towards digitally-enabled care. In order to maximise the benefits available to us through the integration, and truly seize the opportunity to transform services, digital services must be central to our ambitions. We have set out a roadmap for the integration of our digital systems, including interoperability of our EPR systems to support our clinical and operational vision. We have already demonstrated the benefits of our integrated use of digital through our new dermatology AI service at Halton Health Hub.



# Full Business Case summary (Ch. 18-20)

## Chapter 18 - Estates strategy

Across both organisations, our staff currently operate from approximately 98 sites across Warrington, Halton, Knowsley, St Helens and Greater Manchester. The quality of the estate varies greatly, creating variation in terms of staff and patient experience and financial efficiency. The development of a new clinical strategy and the evolving move for more services in community creates a platform for a transformational approach to the use of estate. A new estates strategy will be developed to support the organisation's strategic long-term ambition to deliver more care locally and redevelop the acute hospital sites to enable the delivery of modern-day healthcare that meets the growing demands of our local population. The estates strategy will be developed in collaboration with local partners and align to national and regional estates priorities.

## Chapter 19 – Risks

The individual workstreams within the Better Care Together programme capture and record all operational and strategic programme-related risks. Robust governance is in place to ensure that programme risks feed into the existing organisational risk management processes within BCH and WHH. Alongside this, appropriate and detailed due diligence has helped us to improve visibility of some of the key risks, issues and challenges associated with the acquisition. We have clarity around the most significant risks, and we have plans in place to mitigate and manage these as we progress through each phase of the integration programme, including those risks that are critical to manage as part of ensuring a successful day 1.

## Chapter 20 – Conclusion

The integration of BCH and WHH is essential to enable us to provide the seamless care our growing populations need and deserve. Joining together to form a single organisation allows us to deliver the left shift of care described in the NHS 10 year plan, as well as ensuring our services are clinically and financially sustainable for the future. Put simply we will provide Better Care Together, for our patients, our staff and our partners and communities.

# Engagement

# External engagement

Method of communications / engagement

Nov 2025

This month information with external stakeholders has been shared through emails, stakeholder bulletins, meetings, a community event and the North Cheshire and Mersey Healthcare Partnership (NCMHP) website

**Number of recipients:**

- Patient / carers / member of the public: 70
- Partner / community group: 68
- Stakeholders: 119

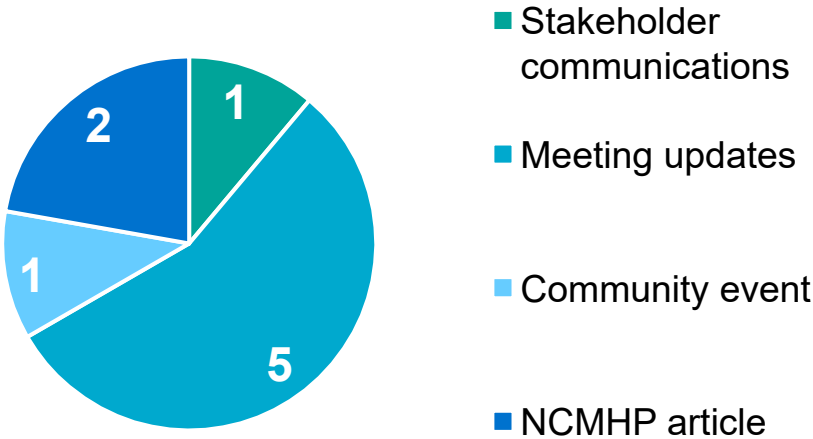
**Delivery format**

- 55% online
- 45% face to face

**Topic / theme of information shared**

- Integration and engagement updates

Types of communication



# Public facing partnership website

Nov 2025

The latest analytics for the North Cheshire and Mersey Healthcare Partnership public website show:

**Total site visits:** 817

**Unique site visits:** 436

**Most viewed page after the homepage:** About us

**Article page views:** 45

Site updates for this period include:

- News updates – Governor Engagement Group in Common meeting, new chair appointed for WHH

[www.northcheshireandmersey.nhs.uk](http://www.northcheshireandmersey.nhs.uk)



# Patient and Public Reference Group (1)



**North Cheshire and Mersey  
Healthcare Partnership**

Integrating Bridgewater Community Healthcare  
and Warrington and Halton Teaching Hospitals

## Remit and purpose

The purpose of the PPRG is to provide a forum for honest and constructive discussions about the partnership between BCH and WHH which aims to bring both organisations together as a single Trust by April 2026, following the acquisition of BCH by WHH

- The PPRG will support the embedding of strong communication and engagement between communities and North Cheshire and Mersey Healthcare Partnership leadership.
- The PPRG will support wider engagement with the communities of Halton, Warrington-and other areas covered by the Trusts, to support development of and feedback on proposals to integrate hospital and community services and develop or change patient facing services.
- The PPRG will represent and provide insight into the communication and engagement needs of the wider communities to ensure information is accessible.
- The PPRG will recommend and deliver initiatives to facilitate effective engagement and involvement between members, patients and the wider public to enable stakeholders' views to be heard.
- PPRG Chair(s) will present key findings, themes, and patient / public perspectives brought to the group to the Better Care Together Integration Programme Delivery Group.

**Better Care Together**  
Home · Community · Hospital

# Patient and Public Reference Group (2)

## Proposed membership

- Healthwatch – Chair(s) (2 reps)
- Voluntary, community, faith and social enterprise sector (VCFSE) (2 reps)
- Public governors (2 reps)
- Lived experience volunteers (2 reps)
- Culture and inclusion representative (1 rep)
- Advocacy representatives for protected characteristics (2 reps)
- Advocacy representatives for communication support (1 rep)
- Carers services (1 rep)
- Local authority councillors – Halton and Warrington (2 reps)

In addition, representatives will be invited to attend specific meetings that may be relevant for them, e.g. when discussing priority pathways such as infant feeding.

## Frequency

The PPRG will initially meet eight times in the twelve months from December 2025, with possible extensions as required / agreed.

|                           |                                                                                        |
|---------------------------|----------------------------------------------------------------------------------------|
| <b>REPORT TO:</b>         | Health and Social Care Policy and Performance Board                                    |
| <b>DATE:</b>              | 10 <sup>th</sup> February 2026                                                         |
| <b>REPORTING OFFICER:</b> | Chief Strategy and Partnerships Officer (WHH)                                          |
| <b>PORTFOLIO:</b>         | Health and Wellbeing                                                                   |
| <b>SUBJECT:</b>           | Warrington and Halton Teaching Hospitals<br>NHS Foundation Trust - Shuttle Bus Service |
| <b>WARD(S)</b>            | Borough wide                                                                           |

**1.0 PURPOSE OF THE REPORT**

- 1.1 The attached presentation provides an update on the review of the hospital shuttle bus, which resulted in timetable changes with effect from 1 December 2025.

**2.0 RECOMMENDATION: That the Board note contents of the presentation.**

**3.0 POLICY IMPLICATIONS**

- 3.1 There are currently no policy implications for Halton Borough Council.

**4.0 FINANCIAL IMPLICATIONS**

- 4.1 There are currently no financial implications for Halton Borough Council.

**5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

- 5.1 Minimal impact on the council's priorities.

**6.0 RISK ANALYSIS**

- 6.1 The benefits have been determined to outweigh the risks and a Quality Impact Assessment has been completed.

**7.0 EQUALITY AND DIVERSITY ISSUES**

- 7.1 A full Equality and Health Inequalities Impact Assessment has been completed.

8.0 **CLIMATE CHANGE IMPLICATIONS**

8.1 Minimal positive impact.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF  
THE LOCAL GOVERNMENT ACT 1972**

9.1 None under the meaning of the Act.



# Halton Health and Social Care Policy and Performance Board

## Hospital shuttle bus

10/02/2026

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Working  
Together



Excellence



Inclusive



Kind



Embracing  
Change

# Background

- Warrington and Halton Teaching Hospitals NHS Foundation Trust (WHH) has run a shuttle bus service between its Halton and Warrington hospital sites since 2002.
- The service has been free to use for patients, hospital visitors and staff and has historically run seven days a week between the hours of 6.35am and 21:40pm.
- The Trust is not commissioned to provide the service and has fully covered the running costs, contracting with transport provider Anthony's Travel.
- Public transport options to travel between the two sites are limited.

# Regional financial position

- The NHS across Cheshire and Merseyside is extremely challenged financially, with a number of organisations placed in formal undertakings by NHS England, reflective of the level of concern.
- Across the region, there was a planned deficit for 2025/26 of £178m.
- However, as at Month 7 (October 2025), the forecast year-end deficit ranged from a £243m deficit (best case forecast) to a £349m deficit (mid-case forecast)
- In May 2025, as part of NHS Cheshire and Merseyside's Financial Control Oversight Group, patient transport provision was highlighted for review to develop a consistent approach.
- Where NHS Trusts were offering a free transport service, they were requested to review the provision and where possible draw up plans to cease those services or to consider alternative arrangements that might be more cost effective.

# WHH financial position

- Like many other NHS providers, WHH has a significant financial deficit, with a planned deficit for 2025/26 of £28.7m.
- This will be extremely challenging to achieve and requires the delivery of £34.6m savings this financial year.
- As at Month 9 (December 2025), the Trust is forecasting a deficit of £41.6m.
- It is expected that upcoming financial years will be equally challenging, as we work towards a three-year plan to become financially sustainable and achieve a breakeven position.
- Throughout this period, we are committed to prioritising the delivery of safe clinical services for our patients and communities.

# Shuttle bus service review

- WHH's Executive Management Team (EMT) discussed the regional requirements in June 2025, and an internal review commenced to better understand the current provision and to inform decision-making.
- The review examined data detailing passenger numbers for each of the 22 service runs a day (11 round trips between the two sites).
- Recognising that any changes to the shuttle bus would be a difficult decision to take, an appropriate due diligence exercise was also undertaken to understand the impact.
- This included the completion of a full Equality and Health Inequalities Impact Assessment (EHIA) and a Quality Impact Assessment (QIA), which were reviewed by patient experience, HR and staff side colleagues.
- Findings were presented and discussed at length at EMT in October 2025 and were also discussed with trade union colleagues at the Trust's Joint Negotiating Consultative Committee (JNCC).

# Utilisation data (1)

- A review of several months worth of utilisation data showed consistently that the shuttle bus was running with very low numbers in the evenings and at weekends (frequently with less than five passengers and at times with zero passengers).
- The below snapshot, taken from a week in October 2025, shows the significant variation in passengers at the weekend compared to weekdays:

|                                                           | Mon 6 Oct<br>6:35 - 21:40                        | Tues 7 Oct<br>6:35 - 21:40                       | Weds 8 Oct<br>6:35 - 21:40                       | Thurs 9 Oct<br>6:35 - 21:40                      | Fri 10 Oct<br>6:35 - 21:40                       | Sat 11 Oct<br>6:35 - 21:40                     | Sun 12 Oct<br>6:35 - 21:40                     |
|-----------------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|------------------------------------------------|------------------------------------------------|
| Total no. of passengers<br>(patients, visitors and staff) | 192<br><br>(139 patients and visitors, 53 staff) | 221<br><br>(157 patients and visitors, 64 staff) | 198<br><br>(150 patients and visitors, 48 staff) | 212<br><br>(164 patients and visitors, 48 staff) | 190<br><br>(123 patients and visitors, 67 staff) | 70<br><br>(56 patients and visitors, 14 staff) | 52<br><br>(30 patients and visitors, 22 staff) |

# Utilisation data (2)

- Looking at the data for weekdays, there was found to be a consistent and significant reduction in the number of people using the service in the evenings.
- During the same week in October 2025, between the hours of 5.50pm and 9.40pm, on average only 19 people used the service each day:

|                                                                    | Mon 6 Oct<br>17:50 - 21:40                          | Tues 7 Oct<br>17:50 - 21:40                          | Weds 8 Oct<br>17:50 - 21:40                         | Thurs 9 Oct<br>17:50 - 21:40                         | Fri 10 Oct<br>17:50 - 21:40                         |
|--------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|
| Total no. of<br>passengers<br>(patients,<br>visitors and<br>staff) | 19<br><br>(10 patients<br>and visitors,<br>9 staff) | 20<br><br>(10 patients<br>and visitors,<br>10 staff) | 17<br><br>(11 patients<br>and visitors,<br>6 staff) | 21<br><br>(10 patients<br>and visitors,<br>11 staff) | 18<br><br>(14 patients<br>and visitors,<br>5 staff) |

## Revised service

- The Trust's EMT agreed in October 2025 to continue running the service with a reduced timetable from 1 December 2025, reflecting the significant variation in utilisation.
- This saw the number of service runs each weekday reduce from 22 (11 round trips) to 16 (8 round trips), and the service removed at weekends.
- It ensured that the service could continue running for the duration of the contract and represented better value for NHS money.
- A month's notice was given, informing shuttle bus users of the changes coming into effect. This was communicated via the Trust's website, internal communications and notices on the hospital bus stops.
- No formal public consultation was undertaken as this was not a change to frontline NHS services.
- We have received no complaints from patients or hospital visitors about the revised timetable, and the small number of staff impacted (less than 20 out of 5,500 staff) are being supported by their line managers and HR colleagues.
- The longer-term future of the hospital shuttle bus will be determined in the coming months as the current contract is due to expire in summer 2026.



# Current timetable

- Weekday hospital shuttle bus timetable as of 1 December 2025:

| Departs Halton Hospital, Nightingale Building | Departs Halton Hospital, Captain Sir Tom Moore Building (CSTM) | Departs Warrington Hospital (on-site bus stop) |
|-----------------------------------------------|----------------------------------------------------------------|------------------------------------------------|
| 6.35am (direct to Warrington)                 |                                                                | 7am (direct to CSTM)                           |
| 8.10am                                        | 8.15am                                                         | 8.40am                                         |
| 9.10am                                        | 9.15am                                                         | 10.30am                                        |
| 11.15am                                       | 11.20am                                                        | 12pm                                           |
| 12.55pm                                       | 1pm                                                            | 1.45pm                                         |
| 2.20pm                                        | 2.25pm                                                         | 3pm                                            |
| 3.30pm                                        | 3.35pm                                                         | 4.10pm                                         |
| 4.35pm                                        | 4.40pm                                                         | 5.10pm                                         |

## In summary

- Changing the hospital shuttle bus timetable was not a decision that was taken lightly.
- The current financial landscape means that it is essential for the Trust to prioritise safe clinical care.
- The variation in usage of the shuttle bus in the evenings and weekends means the previous service was not delivering value for money.
- Due consideration was given to the impact of the changes on our communities, including those with protected characteristics.
- The main users of the shuttle bus are patients and hospital visitors, who used the service minimally in the evenings and weekends. This is reflective of all hospital outpatient appointments taking place during weekdays and WHH's flexible approach to visiting times (e.g. all carers have open visiting times).
- We will continue to monitor usage of the shuttle bus to inform longer-term provision.

**REPORT TO:** Health and Social Care Policy and Performance Board

**DATE:** 10<sup>th</sup> February 2026

**REPORTING OFFICER:** Chief Executive Officer - Engaging Communities Solutions CIC

**PORTFOLIO:** Health and Wellbeing

**SUBJECT:** Healthwatch Halton – Staffing

**WARD(S):** Borough wide

**1.0 PURPOSE OF THE REPORT**

- 1.1 The report sets out proposed changes to the current staffing arrangements for Healthwatch Halton following the retirement of the long-standing CEO to maintain performance and impact for the people of Halton.

**2.0 RECOMMENDED: That**

- 1) the report be noted; and**
- 2) the Board endorses the proposed changes.**

**3.0 SUPPORTING INFORMATION**

- 3.1 The current and long-standing CEO of Healthwatch Halton has decided to take their well earned and richly deserved retirement.
- 3.2 The provider of Healthwatch Halton, Engaging Communities Solutions CIC, has to fill the vacancy that the retirement creates. Normally this would be a straightforward exercise to recruit to the role. We are not in normal times.
- 3.3 The reason we are not in normal times is down to the government's Fit for the Future 10 year health plan for England which says it will 'abolish' local Healthwatch and its national Healthwatch service passing over the responsibility of collecting people's feedback about NHS services internally and using that to support service development and quality. \*
- 3.4 It is imperative that we recruit a person to the post who is experienced in Healthwatch and has local knowledge of the health and care systems. Considering the time remaining for the existence of Healthwatch, which may be only 12 to 18 months, it is

vital we move at pace. This may also prove to be a barrier in external recruitment with respect to the longevity of the post.

- 3.5 ECS believes it is prudent to create a joint Chief Executive Officer post covering both the Healthwatch Halton and Healthwatch Warrington services. This would allow for a senior officer within ECS to be the lead at the local delivery level to ensure both services have a similarly experienced and knowledgeable individual as its chief executive. Budgets will be pooled for this purpose. The resulting saving in the Healthwatch Halton service will be reinvested in additional staffing. This will be for an additional Outreach Officer post creating extra 'boots on the ground' time to go out and engage with people in Halton to support them to have their voices heard regarding the provision and delivery of health and social care services.
- 3.6 All the Healthwatch Halton paid officers and volunteers have one mantra which is 'we speak local' as they are all from the service delivery area and therefore understand the needs and aspirations of local people.
- 3.7 There are no budgetary savings for ECS within this proposal and surplus funds from the joint CEO role are to be invested as stated in 3.5, in additional outreach capacity.
- 3.8 The two sets of strategic meetings that require senior officer attendance or experienced volunteer attendance have been reviewed across both services. It is apparent that there is sufficient capacity for one joint CEO and Healthwatch Chair to cover with no adverse impact on the ability of the service to deliver its statutory role.
- 3.9 \*The loss of the independent patient voice, which has been a feature people have enjoyed for 50 years is a concept that the majority of local Healthwatch services are opposed to and are campaigning against. Examples of NHS services previously marking aspects of their own homework and the outcomes can be found in the reports of the Mid Staffordshire NHS Foundation Trust Public Inquiry led by Sir Robert Francis KC and subsequently influenced the creation of Healthwatch in the Health and Social Care Act 2012.

#### 4.0 **POLICY IMPLICATIONS**

- 4.1 There are no policy implications arising out of the proposal contained within this report as the service will be enhanced with additional outreach support and no underspending of the budget allocated in the contractual arrangements.

## 5.0 **FINANCIAL IMPLICATIONS**

- 5.1 There are no financial or resource implications for the Council in endorsing the proposal.

## 6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

- 6.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence:

Healthwatch Halton's primary purpose is to support people to have their voices heard regarding the provision and delivery of health and social care services. To use their truths to seek improvements to services and hold to account those services that do not meet the needs of local communities. These proposals enhance staffing which will mean more community work to gather those voices is delivered than before. With a greater visible presence in the communities, we will be able to promote system messages,

- 6.2 Building a Strong, Sustainable Local Economy:

These proposals will create a paid employment opportunity for local people. ECS delivering Healthwatch Halton has a strong track record in supporting people who 'speak local' to be involved either as paid officers or volunteers in the service. Our Independent Strategic Advisory Board is made of people who have a great insight into Halton very much 'speaking local' are also:

- working for Halton Cancer Support Centre
- active GP PPG member
- former governor at Warrington & Halton Hospitals
- former member of the Halton SEND Parent and Carer Forum (who has since been successfully employed as a project worker for a joint Healthwatch Halton and Healthwatch Warrington project).

- 6.3 Supporting Children, Young People and Families:

Healthwatch Halton is here for all ages, from cradle to grave. This proposal will give us greater capacity to work with all age groups across Halton and 'speaking local' will give children, young people and their families encouragement to share their experiences of what does and what does not support them to maximise their health and wellbeing.

- 6.4 Tackling Inequality and Helping Those Who Are Most In Need:

Healthwatch Halton is here for all communities and groups especially those often underserved and subsequently less well heard. This proposal will give us greater capacity to work with all communities and groups across Halton and 'speaking local' will

give people the encouragement to share their experiences of what does and what does not support them to maximise their health and wellbeing.

6.5 Working Towards a Greener Future:

Healthwatch Halton as part of its CSR – (Corporate Social Responsibility) seeks to maximise our ‘greenness’ by minimising travel, using virtual options where suitable, buying local to reduce carbon footprints (pus supporting a Strong, Sustainable Local Economy), promoting as part of our signposting for overall wellbeing especially those living with mental health issues, the benefits of self-served physical activities such as walking, jogging and cycling using dedicated routes to benefit from the great outdoors feeling.

6.6 Valuing and Appreciating Halton and Our Community:

Healthwatch Halton has a passion for all of its varied communities, in seeking to maximise their health and wellbeing, be it through our signposting to services to support people and their families or using their voices to seek improvement to services or hold to account where they fall short – our local officers and volunteers ‘who speak local’ live to that passion day in and day out.

7.0 **RISK ANALYSIS**

7.1 The proposal as set out in the supporting information has some key risks.

If the proposals are rejected, then the role of CEO for Healthwatch Halton will need to be recruited to. The risks are:

- We are not successful in recruiting on the first recruitment window and have to go out to second round of recruitment.
- We may not be able to recruit someone as experienced as the current postholder.

To mitigate the risk, cover will be provided for key meetings during the recruitment process.

This does not represent a significant risk.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 Not applicable

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 As stated in 6.5 Healthwatch Halton seeks to maximise its 'greenness' by minimising travel, using virtual options where suitable and buying local to reduce carbon footprints.

10.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012 (S.I. 2012/3094).

Available from:

<https://www.legislation.gov.uk/uksi/2012/3094/contents/made>

Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (S.I. 2013/351).

Available from:

<https://www.legislation.gov.uk/uksi/2013/351/contents/made>

|                           |                                                                          |
|---------------------------|--------------------------------------------------------------------------|
| <b>REPORT TO:</b>         | Health and Social Care Policy and Performance Board                      |
| <b>DATE:</b>              | 10 <sup>th</sup> February 2026                                           |
| <b>REPORTING OFFICER:</b> | Head of Service – Quality, Safeguarding and Mental Health                |
| <b>PORTFOLIO:</b>         | Health and Social Care                                                   |
| <b>SUBJECT:</b>           | Elected Members Scrutiny Topic Group 2025 – Mental Health – final report |
| <b>WARD(S)</b>            | All                                                                      |

## 1.0 PURPOSE OF THE REPORT

- 1.1 To introduce the final report for the Health and Social Care Scrutiny Topic Group for 2025, and consider topic areas for scrutiny for 2026.

## 2.0 RECOMMENDATION: That

- 1) The report be noted;
- 2) Members ratify the action plan for implementation; and
- 3) The theme for the 2026 Scrutiny Topic is discussed and agreed.

## 3.0 SUPPORTING INFORMATION

### 3.1 Scrutiny Topic Review – Mental Health

- 3.1.1 Scrutiny Topic Reviews are conducted annually by Policy and Performance Boards (PPB) and the Health and Social Care PPB identified for 2025/6 that they wish to scrutinise Mental Health services across the borough. As a result the Topic Group was formed and a topic brief was agreed in the June 2025 PPB meeting.
- 3.1.2 A key focus of the Scrutiny Topic Review was to examine the services delivered by Mersey Care NHS Foundation Trust. The Trust has been commissioned in Halton for the past few years following the departure of 5 Boroughs Partnership NHS Foundation Trust from the region.
- 3.1.3 The first meeting of the Scrutiny Topic Group was in August. It was intended that it would start in July, however speakers for the meetings could not be secured.
- 3.1.4 The Scrutiny Topic Group meetings therefore took place between



August and November, with the final draft being agreed at the final meeting of the Group on 4<sup>th</sup> December. The agreed final report is given at Appendix One.

- 3.1.5 Councillor Eddie Dourley chaired the Scrutiny Topic Group and Members were asked to attend as part of an open invitation across the duration of the scheduled sessions.
- 3.1.6 Activity during the Scrutiny Topic Review revolved around presentations being brought to Members from different areas of service, in order for them to build a full picture of mental health responses across the borough.
- 3.1.7 Further to this Members additionally conducted two site visits during the Review, one to the SPACE Café in Runcorn and the other to The Brooker Centre. Both visits have comprehensive write-ups in the final report.
- 3.1.8 The Board agreed 14 recommendations in its November meeting, following the final presentation. This has been written up into an action plan, for which a small task and finish group will be formed with representation from the Council, the Integrated Care Board and Mersey Care NHS Foundation Trust.
- 3.1.9 The subject of Mental Health covered a wide range of areas and vast amount of information. As such, it's not been possible to give all aspects of performance and related data within the report. Instead the presentations given are incorporated into the report appendices. The report covers the discussions and contributions shared at the Topic Group meetings.
- 3.1.10 The main body of the report gives an overview narrative of services, and key points pulled out of discussions by the Topic Group as broken down by the following headings:
  - Social Care duties under the Mental Health Act 2007
  - Community-based responses and primary care services
  - Crisis response, including suicide prevention
  - Secondary care, including bed-based services
  - Specialist care services
  - Children and Young People's services
- 3.1.11 This is tied together with an introduction and conclusion, along with the usual sections to include in the Topic Review report – Purpose of the report, Membership of the Topic Group, etc.
- 3.1.12 The Board are requested to review the report for final sign off, and to give support for implementation of the action plan.

### 3.2 **Scrutiny Topic for 2026**

3.2.1 At the Scrutiny Topic Group meeting in December, when the 2025 report was finalised, Members discussed option for the 2026 Topic.

3.2.2 The following shortlist is presented for Members to discuss and agree:

3.2.3 a.) Ageing Well – Public Health lead on a programme of activity and intervention to support people in later life across the borough. During 2025 they re-modelled their intervention approach to develop the ‘Stronger for Longer’ programme, offering up to 12-weeks of support for those aged 55 and over, to access their community and improve both their mental and physical wellbeing.

3.2.4 b.) Teenage Pregnancy – this is proposed as a joint Scrutiny Review with the Children and Young People’s PPB. It would look at recent increases in teenage pregnancies, the options being considered in these situations and both the health and education messages which aim to tackle the issue.

3.2.5 c.) Drug and Alcohol Addiction – Following on from looking at mental health, Members feel this is perhaps a pertinent area to consider. Scrutiny of this area would look at both health and social care support on offer. This would include services commissioned by Public Health for the treatment and recovery from addiction.

3.2.6 Following agreement on a Scrutiny Topic Review theme for 2026 a Topic Brief will be formulated, in discussion with the Review Chair. This will further be presented and ratified by the Board prior to the Topic Group being formed.

### 4.0 **POLICY IMPLICATIONS**

4.1 The recommendations from the 2025 Scrutiny Review involve activity that needs to be undertaken by the Council, through the Integrated Care Board, and by Mersey Care NHS Foundation Trust. As such, a small task and finish group will be formed to ensure all action are being taken forward.

### 5.0 **FINANCIAL IMPLICATIONS**

5.1 Initially, there were thoughts to be no financial implications for the recommendations to be implemented. However, there is a potential cost in relation to the Zero Suicide Alliance e-learning. This depends on whether the Council want to monitor who has completed the

training. The two options are:

- i. Promote the e-learning with a free to access link. With this option we could state the training is mandatory but we would not be able to monitor this through our Learning and Development function. While staff members could submit completion certification, the team do not have the ad hoc capacity to record this;
- ii. The alternative would be to purchase the sharable content so that they are compatible with the Council's learning management system. This would allow automatic capture of completion of learning on our reporting system. In essence, this involves putting the e-learning on our own platform. The cost submitted for this is currently £7,200 for a three year period.

5.2 Members are requested to indicate how they wish to proceed with this recommendation.

## 6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

### 6.1 **Improving Health, Promoting Wellbeing and Supporting Greater Independence**

The Scrutiny Topic Review report aims to look at areas of provision and access points for mental health services across the borough, with the intension of supporting population wellbeing.

### 6.2 **Building a Strong, Sustainable Local Economy**

The Scrutiny Topic Review report identified a number of partner organisations involved in the delivery of mental health services, and emphasizes their key role in preventing and delaying the need for greater intervention.

### 6.3 **Supporting Children, Young People and Families**

There is a specific focus Children and Young People' mental health needs in the report and the services on offer to meet this need.

### 6.4 **Tackling Inequality and Helping Those Who Are Most In Need**

The report identifies the need to be vigilant of different minority groups and cultural requirements in the delivery of mental health services.

### 6.5 **Working Towards a Greener Future**

- None identified.
- 6.6 **Valuing and Appreciating Halton and Our Community**  
  
Community and voluntary organisations are highlighted as playing a pivotal role in keeping people well across the borough.
- 7.0 **RISK ANALYSIS**
- 7.1 None identified.
- 8.0 **EQUALITY AND DIVERSITY ISSUES**
- 8.1 The report identifies the needs to reach different groups and communities within the borough. Actions aligned to the recommendations around this are incumbent on Mersey Care and respective partners.
- 9.0 **CLIMATE CHANGE IMPLICATIONS**
- 9.1 None identified.
- 10.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**
- 10.1 None under the meaning of the Act.



# **Health and Social Care Policy & Performance Board**

## **Scrutiny Review of Mental Health Support**

### **Report December 2025**

## 1. Purpose of the report

The purpose of the report, as outlined in the initial topic brief (Appendix One) is to:

- Understand who uses the services and why.
- Understand how the service ensures equality of access and outcomes for all sections of the community, including minority or marginalised groups.
- Understand referral/access pathways, including any barriers.
- Understand key performance indicators, outcomes and service user experience.
- Understand how each of the services interact with the wider health and social care landscape.
- Understand the level of capacity and demand within the services and highlight emerging issues through trend analysis.
- Understand how the service is meeting current demand and what it predicts future demand will look like and how it will meet that demand.
- Understand any opportunities, challenges or emerging issues faced by the services.
- Highlight any innovative work taking place to improve performance, outcomes and service user experience.
- Make recommendations as to how services can further improve performance, outcomes and service user experience.

## 2. Policy and Performance Board (PPB)

This review was commissioned by the Health and Social Care PPB and the topic was formally adopted at the July 2025 meeting.

This report will be presented to the Health and Social Care PPB in February 2026. The report will also be presented to the Adults Directorate Senior Management Team, Executive Board and boards or committees of stakeholders, as appropriate.

## 3. Membership of the Topic Group

An open invitation to participate in the scrutiny group was made to all Members of the Health and Social Care PPB. The table below details which Members and officers participated in the review:

Elected Members: Councillor Eddie Dourley (Chair), Councillor Colin Hughes, Councillor Katy McDonagh, Councillor Louise Goodall, Councillor Norman Plumpton-Walsh, Councillor Sandra Baker, Councillor Sian Davidson, Councillor Stan Hill.

Halton Borough Council: Helen Moir – Head of Services, Independent Living and Safeguarding; Nicola Hallmark – Senior Service Development Officer

The Schedule of Activity (Appendix Two) shows the visiting presenters who contributed to the topic review.

The Chair would like to extend thanks to all those who took the time to participate in this review, in particular to Tim McPhee, Associate Director Integration, Transformation and

Partnerships for Mersey Care NHS Foundation Trust, who attend most meetings and delivered a number of the presentations on behalf of the Trust.

## 4. Methodology Summary

This Scrutiny Review was conducted through the following means:

- Regular meetings of the Scrutiny Review Topic Group between August and December 2025
- Verbal and presentations being made by key stakeholders and partners in the delivery of mental health, and related services across the borough (details of the presentations are embedded into the Appendices of this report)
- The provision of further supporting information and signposting to relevant websites
- Site visits to the SPACE Café in Runcorn and The Brooker Centre, based at Halton Hospital in Runcorn.

## 5. Introduction

### 5.1 Objectives and scope of the Scrutiny Review

The Halton Borough Council Corporate Plan 2024-2029 sets out one of its six strategic priorities as: “Improving Health, Promoting Wellbeing and Supporting Greater Independence. “ Within this priority the Council would further like to see ‘improved mental health wellbeing in Halton’.

The Health and Social Care Policy and Performance Board have chosen this year’s Scrutiny Topic Review in-line with this ambition to look at how existing mental health provision is meeting the current demand, and to question how future demand will be met. The Board wanted to look at access to mental health services for both adult and children and young people, and wished to better understand how equality of access to services is achieved for marginalised and minority groups.

Mersey Care NHS Foundation Trust (henceforth referred to as Mersey Care) is commissioned by the Integrated Care Board (ICB) as the main delivery agent for the majority of community mental health services in Halton. As such, they played a key role in conveying the current position of services and in communicating their ambitions for the future of Halton’s mental health services.

Within the Topic Group meetings, Members heard from other partners and stakeholders who play their own significant part in achieving a collaborative approach to mental health needs across the borough.

The range and breadth of services in support of mental health is extensive and it has not been possible to cover all provision in depth within the Topic Group. As such this report will draw on the presentations given, discussion held and other information sources shared to extract conclusions that will not necessarily be transformative but will go some way to enhancing services for mental health across the borough.

### 5.2 Mental Health and Mental Health Services in Halton

The term 'mental health' is widely used to define overall wellbeing. It is used to describe our psychological and emotional state as well as how we are impacted on by the different aspect of our lives such as family dynamics, careers prospects and status, our financial position and many other forces. Mental health is the way we feel, think and act on a day-to-day basis.

For the purposes of examining mental health services and provision within this report, the term will, for the most part, be used in its medical sense in relation to diagnosable conditions such as depression, anxiety, post-traumatic stress disorder, psychosis, schizophrenia, bipolar effective disorder, personality disorders, eating disorders, dementia and a number of other disorders of the mind requiring therapeutic interventions.

It is to be noted that this Topic Group Review and report does not cover the services and support for neurodiversity or learning disability. While these fall within the commissioning requirements of the ICB they are not within scope of this Review.

Data on the prevalence of mental ill health in Halton was not specifically shared within the presentations to and discussion of the Topic Group. Instead, data and statistics focused on delivery of service provision, including service uptake and access/response rates, and these will be further explored in the various sections of this report.

For an indication into the impact of mental ill health, and associated determinants, we need to look into broader, existing population details for the borough.

[Halton's Health Profile](#) shows that:

- 17% of the population are diagnosed with depression – age 18+
- There are 170 hospital admissions for self-harm in 10-24 year olds per year
- There are 40 hospital admissions for mental health conditions in under 18s per year

This is further impacted by a range of health determinants, including:

- 30% of the population live in the 10% most deprived area in England
- 61% of the population have their day-to-day activities limited by disability or long-term health conditions
- 14% of households in the borough are fuel poor
- There are 25 admissions for substance misuse in 15-24 year olds per year
- There are 1,251 admissions for alcohol-specific conditions in one year

While these are just extracts from a much wider picture they indicate a need for a good mix of mental health services in the borough. Moreover, they signify a requirement for collaborative, multi-agency working practices, which were found to be in place across the provision that was examined.

The delivery of mental health provision in Halton involves both formal and informal services, initiatives and activity. These, in turn, fall to a number of agencies and organisations including those delivering statutory provision and those providing



support across the community. Key players in mental health that make up the delivery landscape include health services, social care services, and the community and voluntary sector.

This report will include a section on social care functions, and in particular those duties under the Mental Health Act 2007. However, as initiated by the Topic Brief, greater focus will be placed on health services, predominantly those within the remit of the ICBs commissioning function, and therefore those deliver by Mersey Care as the principally appointed provider for mental health services in the borough.

## 6. Social care duties under the Mental Health Act 2007

Halton Borough Council's Adult Social Care Services has a dedicated Mental Health team. Steve Westhead, Principal Manager of the team opened the Scrutiny Topic Review with a presentation which looked at some of the mental health conditions that acute services deal within Halton, as well as giving over overview of the functions and statutory duties which fall under his team.

The session enabled Members to gain context of Halton Borough Council's Social Services operational delivery against mental health needs prior to them looking into the health-based services on offer, which was set out as the main focus of the Topic Group.

Steve apprised Members of the team's social work responsibilities and the team make up, including three social workers which are co-located with the Later Life and Memory (LLAMS) service at The Brooker Centre. The support offered within the social work function aligns with the Council's Care Act 2014 duties.

Alongside this, the Mental Health team has a specific duty as part of the Council's statutory responsibilities under the Mental Health Act 1983, as amended in 2007 to make sufficient provision for the borough in relation to the role of an Approved Mental Health Professional (AMHP).

The AMHP role is open to any qualified professional (nurses, occupational therapists, doctors, etc) as an additional qualification but Steve explained that it tends to be taken up by social workers, and therefore managed within the team.

Members heard that an AMHP play a vital role under the Mental Health Act (MHA), being responsible for making applications for detention of individuals needing hospital treatment, together with ensuring that the Act and its associated Code of Practice are followed correctly.

It is the AMHP's duty, when two medical recommendations have been made, to decide whether or not to make the application for the detention of the person who has been assessed under the MHA, also known as sectioning. This includes considering the correct legal frameworks (Mental Capacity Act, including Deprivation of Liberty Safeguards), including alternatives to admission, ensuring that the patient is involved, and identifying and involving their nearest relative.

AMHPs have a designated set of powers under the MHA which include:

- The power to make an application for compulsory admission to hospital under Sec.2, Sec.3 or Sec.4
- The power to make an application for guardianship under Sec.7
- The power to convey the patient to hospital or to authorise others to do so
- The power to enter and inspect premises – other than a hospital - where someone is not receiving proper care Sec.115.
- The power to apply for a warrant to search for and remove patients or persons living alone in need of care under Sec.135(1)

They have a duty to:

- Interview the patient “in a suitable manner” (Sec 13(2). The duty to respond to a request by a Nearest Relative (NR) to assess someone under the MHA (Sec.13(4))
- Consult the patient’s Nearest Relative when considering a Sec.3 (or guardianship) If the NR unreasonably objects you may have to take to NR to court.
- Inform the patient’s Nearest Relative when detaining under Sec.2
- Interview a person removed to a "place of safety" by police under S.136
- Consider an application for a patient to be made subject to Supervised Community Treatment under Sec.17A

In support of this function Steve explained the need to work in partnership with health services, particularly in relation to acute admission. He spoke about Mersey Care’s expansion into Halton, and on being asked, expressed a strain on what Halton-based beds in The Brooker Centre. These are part of a wider pool of provision and are allocated regionally according to need. Steve said that this could mean that Halton patients are treated in St Helens or Knowsley or elsewhere in the region. He talked further about the impact not just on social care teams, to visit and assess, but on families, and their ability to offer on-hand support. He summed up that while the unification with Mersey Care has brought some additional resource, it has also brought some challenges.

Steve gave Members insight into some other community-based resources across the borough through partner organisations. He also spoke of the Council’s Mental Health Outreach Team, who provide short-term structured support to those with an assessed mental health need who may have social needs impacting on them and who might go into further crisis without early intervention and support.

## Conclusions

- The Council play a key role in ensuring that legislative duties are delivered upon. The MHA places a responsibility on adult social care services that requires resource, and that resource can easily be stretched with additional burden e.g. in-patient placements outside of the immediate area.

- It is recognised that strong joint working relationships across social care, health and other partners is key to maintaining a throughput of provision.

## 7. Community-based responses and primary care services

Commissioning for Primary Care services, primarily delivered through GP surgeries, falls within the remit of the Integrated Care Board (ICB). One of the issues Members were keen to consider within the Scrutiny Topic Review was whether there are alternatives to accessing GP surgeries for mental health needs. Evidence presented showed that GPs have a role to play in supporting people with mental health needs but they are not the only port of call, and don't necessarily have to be the first.

Members learned that GPs can support management of mild to moderate mental illness and refer on to the specialist services as needed. Within the borough, Mental Health Practitioners are funded by both Primary Care Networks (Widnes and Runcorn) to support patients at the fringe between primary and secondary care, and will support transitions between services.

GPs are responsible for annual health checks for those on their register with Severe Mental Illness (SMI) – bipolar disorder, schizophrenia, psychosis, etc. The ICB additional commission a Wellbeing Nurse team through the Bridgewater Health Care NHS Trust to support practices with these checks. The national target for these checks on a rolling 12-month period is to achieve a 60% uptake. As at April 2025 Halton achieved 67%.

Details were given of services which sit alongside GP provision which don't require GP referral. This included ICB commissioned service *We Connect*, provided by Wellbeing Enterprise. Wellbeing Enterprises were not available to present to the Board during the Topic Group but supplied a briefing (at Appendix Three - 6 November 2025) on their offer. Members were told, by the ICB, that a recent evaluation of *We Connect* established a strong return on investment, equating to a social value of between £46.67 and £74.68 for every £1 spent.

The ICB further commission Talking Therapies, provided by Mersey Care. Again the service doesn't require GP referral, and it provides psychological therapy via a stepped care model for patients with anxiety, depression, phobias and PTSD. Members heard that this provision can be accessed in different ways, including in-person sessions, one-to-one support, group sessions, as well as through guided or self-led on-line therapy. Access targets following referral were mostly being met. Members were advised that face-to-face and one-to-one support could take longer to access. An improvement plan is in place to achieve targets, including plans to centralise recruitment to the service and grow a pipeline of talent.

With regard to Talking Therapies, Members were made aware that the service has, more recently, been opened up in Halton to 16-18 years old. It had previously been an 18+ service in the borough but this aligns it to other areas.

Outside of NHS services Members heard throughout the Scrutiny Topic Review about a range and breadth of community based services aimed at supporting people's

mental health and wellbeing. A number of these were learned to be part of Council services – informal support at community centre and libraries, mental health walks through Active Halton, courses available through the Adult Learning Team and provision through the Health Improvement Team, who additionally maintain a Council webpage to signpost the public to a wide assortment of support: [How can I seek & get help for a mental health problem?](#)

Further access points for support with mental health and wellbeing are commissioned by the Council, including services through Halton Carers Centre, Age UK Mid Mersey, Citizen's Advice Bureau, The British Red Cross, the Integrated Sensory Support Service, Change Live Grow (CGL), to name a few.

Members felt the voluntary and community sector play a significant role in supporting people on a day-to-day basis with their overall wellbeing, and this was reflected in a site visit to the SPACE café in Runcorn – details given on the next page.

Further resources are discussed on the accompanying presentation slides embedded into the Appendices of this report.

## Conclusions

- Community and GP support was felt to be plentiful, however Members didn't always feel that the public are aware of the opportunities out there.
- Members were pleased that clear links are being made between physical and mental health needs.
- No specific or wasteful duplication was found in community and GP provision for mental health, however Members felt that some of the seldom heard and seldom seen communities could be better served.
- Members considered those services closest to the community, delivered in people's neighbourhoods, and would like further consideration to be given to how they can be incorporated into the roll-out of neighbourhood models of care to ensure a joined-up offer is made available.

## Site Visit: Despresso Club – SPACE Café, Runcorn

16 October 2025

Members were keen, as part of the Scrutiny Topic Review, to better understand local services and what they mean to those who use them.

As a valued community resource in Runcorn Town Centre, the SPACE Café was chosen for a site visit.

Members attended a Thursday evening session of the venue's Despresso Club which offers designated sessions for those with low mood, those feeling lonely, or those who just want to talk, to drop in and have a brew, connect with others and gain access to any further resources they might need.

The Club runs on a Tuesday lunchtime and a Thursday teatime and is open to all. There are regular members who have formed friendships and those who just drop by. Hot and cold drinks are provided free of charge to make it accessible to all.

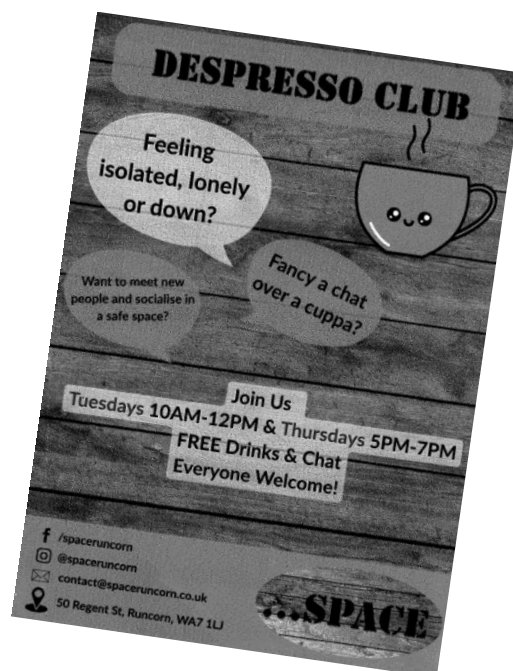
At each session there are trained Mental Health Ambassadors, from a small pool of volunteers, who are on-hand to support people, to get them talking and to signpost them to other services and support as needed.

On a day-to-day basis the café runs as a Community Interest Company, open Tuesdays to Saturdays between 10am and 2pm. The Café offers an open and inviting atmosphere for people who come for food and drink, and Mental Health Ambassadors are on-hand during these times also. Any profit from the Café are ploughed back into activities and events and these are wide and varied.

As well as the café area the building has a therapy room upstairs and an event room. Sessions on offer, across a busy calendar, include everything from yoga and crafts to guitar lessons and more focussed support groups. Some of these are funded, some are at cost and the Café runs an innovative 'pay it forward' scheme where patrons can add any amount to their food or drink bill to pay for others to have a drink, a meal or even attend an event.

Those spoken to during the visit found the sessions invaluable. Caroline, founder and manager of the venue said that the Despresso Club has been particularly well attended by men, who don't necessarily want to do the activity-based events. She expressed that it gives them space to just come and chat with others who might be in a similar place.

Member feedback following the visit was positive and the SPACE café was held up as a benchmark for good practice.



## 8. Crisis responses, including suicide prevention

The Scrutiny Topic Group expressed concern around whether there is sufficient provision for those in mental health crisis, and a full meeting was dedicated to examining this area.

Prior to this session, Members had already been presented with information on crisis responses commissioned by the ICB.

They were given an overview of the First Response Vehicles, which are a partnership commission with North West Ambulance (NWS) and Mersey Care, where ambulance response vehicles cover calls for those in need of immediate mental health support. The service was reported to be showing positive outcomes in terms of reduced conveyances to hospital in these situations.

Also, the ICB spoke about the All-Age Street Triage Services, where Mental Health Practitioners from Mersey Care work with the police across the community to lessen the strain on emergency services.

The ICB further indicated that there is a national requirement for them to commission a Mental Health Crisis Text Service by 31 March 2026. Work has commenced on implementation of this.

Mersey Care had outlined in previous presentation what their Urgent Care Responses looked like, including a Mental Health Triage and Response Team, their Core24 offer in Accident and Emergency Departments (A&E), and the role of their Crisis Home Treatment Team as the gatekeepers of mental health in-patients beds.

At the dedicated crisis response session, Mersey Care spoke about in greater detail about the relatively new position they've achieved with NHS England and the NHS 111 phoneline service. All callers to 111 across the Mersey Care footprint (and sharing their location, where a smartphone is used) get a call direct option – Option 2 – where they can identify that they are in mental health crisis. This directs them to Mersey Care 24/7 All Age Crisis Line and allows them to access local services.

As an indication of use of the Crisis Line, Members were informed that 6,660 calls were received in May '23 (prior to linking with NHS 111) whereas 9,510 calls were received in 2024.

Mersey Care went on to present information on their Zero Suicide Approach, which entails a small Safe from Suicide Team who co-ordinate provision and deliver on the Trust's Suicide Strategy and associated workplan. The strategy maps against the National Confidential Enquiry into Suicide and Mental Health (NCISH) to ensure data is used correctly to understand and respond to the situation.

It was reported that NHS England guidance has recently been updated, and the Strategy will be further pulled in-line with this. One of the key updates is to no longer undertake risk stratification with those presenting with suicidal ideations as these can give a false indication. Mersey Care are to re-look at their tools and training as a result.



Areas of the Strategy being taken forward include:

- An immediate action plan to look to spot those 'at risk' in presenting data and proactively reaching out, giving suicide specific, short interventions. The Crisis Home Treatment Team will be used effectively for this and the Trust are devising new approaches through services to meet the recognised needs.
- Achieving a standard training offer for staff, including monitoring who's had suicide training
- Using data to better understand the offer
- Coproducing responses with experts by experience
- Devise a pathway of Essential Safety Elements, including a structure for 48-hour follow-up for those leaving in-patient services.
- Achieving a Gold Standard approach in proactive engagement with patients and through monitoring of data
- Working with people with long-term conditions. It was stated that people with long-term health conditions are much more likely to take their own life.
- Looking at transitions – between services – to ensure continuity of care is achieved
- Creating an Intensive Support Pathway for those at imminent risk
- Revising their Suicidal Ideations Pathway and Mental Health Crisis Pathway

It was discussed that those presenting with suicidal ideations are not often best served at Accident and Emergency Departments. Mersey Care are currently working in a pilot on Southport with a mental health crisis suite which is separate from A&E. This pilot would indicate the need for further roll-out across the region, and it was reported that the provision is being well-received at present.

Mersey Care are keen to offer opportunities for suicide prevention and reiterated the range and promotions of prevention and early interventions services across the borough. Given that the Talking Therapies service has recently been extended to 16-18 year old, the Trust has undertaken some proactive work with Riverside College during their autumn induction week.

Members spoke about the importance of GP Surgeries treating those who present with suicide thoughts and ideations with dignity, respect and urgency. It was considered that those with suicidal ideation needs parity of esteem with those presenting with an acute condition such as a heart attack.

Mersey Care gave further details that they are very vigilant to look after own staff who are dealing with these situations day in and day out and they have their own 24-hour crisis line for employees.

Mental Health Matters, who run a national resource website, have just won a contract with Mersey Care to provide a Mental Health Café across Warrington and Halton. Details of this were shared: [Warrington & Halton Support Hub: Mental Health Help](#)

During this dedicated session, Public Health were also invited to give their views on suicide prevention. Julia Rosser, Deputy Director for Public Health in Halton, gave an overview of local figures reflecting that Public Health have a statutory role in ongoing monitoring across the borough.

It was explained that the duties placed on Public Health are around annual completion of a Suicide Audit, however the team currently go further than that and undertaken 'real time' surveillance of suicides. This is achieved with ongoing intelligence from the Coroner's Office. To achieve a 'live' picture, the information shared is prior to inquests and works on the basis

on the information to hand. In this sense, it was made clear that this is based on an initial position.

The surveillance data enables Public Health to monitor themes and trends and take any immediate action identifiable. It was explained that this work is based on extremely sensitive information but can identify certain locations of risk, the need to target certain family groups, or circles of friends, schools, etc. with further prevention activity.

On occasions, where there is a 'cluster event', with more than one incident, Public Health will convene a multi-disciplinary team response to the situation, but this was reported to be few and far between.

From the data presented, it was explained to Members that the Pandemic had a big impact on figures. However, the impact then further rolled forward into 2021 and 2022 as some inquests were delayed and the official audit figures only reflect deaths deemed as suicide following an inquest.

Figures indicate that more men tend to take their own lives than woman and Members discussed that some specific provision has been made over the years for male mental health needs, including some work done through the Widnes Vikings.

Suicides by age groups were examined and it Members heard that targeted prevention work is aimed at different indicators. One of the more current risk factors coming through was reported to be around financial difficulties.

Leading on from Julia's presentation, Kate Bazley from the Health Improvement Team, which is the health promotion delivery arm of Public Health in Halton, gave an overview of her team's work.

As part of the Council's public web pages, Kate's team maintain a [Mental Health Info Point](#), with tools, resources and signposting to other access points for mental health support. They also undertake activities and interventions across the borough to offer support and training. This includes training for Halton Borough Council staff on stress management as well as suicide awareness.

The Health Improvement Team work to a local suicide prevention strategy. Due to the sensitive nature of the work this is an internal document that pick up themes from the Suicide Audits as well as the suicide surveillance. Members were apprised that the work picked up against the strategy is proactive but also responsive, and an example was given that the team are currently working to a new, national critical response framework.

The team run a number of groups, including a Men's group. This is a legacy from additional funding allocated during the pandemic. They also produce public information resources.

Members were keen to observe that the suicide statistics are only part of the picture and that every number represents a devastating loss to someone. They raised concerns around the impact of drink and drugs on suicide rates and Public Health reported that their commissioned contract with Change Grow Live (CGL) in the borough supports alleviate of this influence where possible.

## Conclusions

- Members didn't feel that the NHS 111, Option 2 support was widely known. They also felt there was a raft of other information and advice points that could be further promoted.



- Members felt that Mental Health crisis is met with robust proactive monitoring and interventions but there is a need to continuously reiterate key messages.
- New developments were felt to be moving at pace and Members expressed that they would like to be kept updated of these
- It was agreed that equipped yourself with some simple knowledge and understanding (through training opportunities and awareness raising) could go a long way in effecting the outcomes for those in mental health crisis.
- It was acknowledged that the pandemic had a dramatic effect on suicide rates as well as increased mental ill health

## 9. Secondary care, including bed-based services

Secondary care for mental ill health revolves around those medical services which are a step up from community and primary care options. This can involve clinics and out patients services and specialist professional assessments as well as provision for bed-based services.

In terms of provision commissioned by the ICB, Members heard that this includes the following Mersey Care provision:

- Early Intervention Psychosis (EIP) – for patients aged 14-65 years experiencing a first episode of psychosis.
- Assessment Team - providing specialist assessment, advice and signposting for adults with moderate to severe symptoms of mental illness such as severe depression and anxiety and conditions like schizophrenia and bipolar disorder.
- Recovery Team – focusing on strengths, goals and building resilience for patients with long-term conditions.
- Personality Disorder Service – working with patients with complex and severe Personality Disorders, reducing hospital admissions and preventing need for any out of are admissions.
- Individual Placement Support (IPS) – an employment support services integrated within community mental health teams to support people with severe mental health conditions to find and retain employment.

Members were informed that current improvement priorities for the ICB include maintaining oversight of service performance and standardising data information requests from Mersey Care across the Cheshire and Merseyside Integrated Care System (ICS).

As regards to bed days the ICB commissions 14,890 adult in-patient bed days per year, comprising:

- 10,220 adult mental health bed days – Mersey Care
- 280 mental health Psychosis Intensive Care Unit (PICU) bed days (equating to 0.75 bed) – Mersey Care
- 3,650 Adult Mental Health rehabilitation bed (equating to 10 beds) across Halton and Warrington (with Alternative Futures) to patients detained under the Mental Health Act and to informal patients.

The ICB described a Mental Health Capacity and Flow Recovery Programme that will be operating throughout 2025/26 to improve mental health system flow across the system with an aim to increase the available bed capacity through reducing the number of people who are clinically ready for discharge. Mersey Care also highlighted steps that they take on a day-to-day basis to manage capacity and flow.

The impact of delayed discharges was further discussed and deficits around housing provision, particularly where aligned to MHA Section 117 duties\*, were identified as a concern.

\*Section 117 revolves around a joint responsibility between ICBs and Local Authorities to provide 'after-care' services to individuals discharged from hospital under qualifying mental health detentions.

It was reported that Halton currently has no patients in out of area secondary care beds.

Mersey Care further demonstrated their commitment to workforce planning as well as workforce resilience within secondary care services. They also spoke about patient experience and engagement within this area.

Some additional services under secondary care falls into more specialist areas. These are further explored in Section 10.

Members undertook a site visit to The Brooker Centre in Runcorn, as the main building-based provision for secondary mental health services in the borough - details given on the next page.

## Conclusions

- While it is recognised that provision across the Mersey Care footprint has given Halton residents access to a wider offer, it was reiterated that any in-patient placements out of the borough place additional burden on other areas of services, including social care services (as also highlighted in Section 6 of this report).
- Similarly to the conclusions captured under Section 7 of this report, Members observed a good range of provision which was considered to have no specific overlap or duplication that would create inefficiencies. Likewise to Section 7, Members would like to ensure that different communities and cultures represented across Halton find these services accessible and inclusive.
- Consideration, again comparable to that in Section 7, was directed at community provisions and how this will map to plans for neighbourhood model of care, going forward. The collaborative approach to working across the borough were recognised by Members and are felt to be pivotal to assuring an integrated service offer into the future.
- Delayed discharges were noted as a concern, and the system pinch points surrounding this and related to the need for further supported housing provision.
- Members, in particular those who attended the site visit, applauded those involved in direct delivery of services and acknowledged their resilience.

## Site Visit: The Brooker Centre, Runcorn

6 November 2025

The Brooker Centre is a dedicated mental health provision, based at the Halton Hospital site and is run by Mersey Care NHS Foundation Trust. The team also have a satellite office in Widnes, which is used by the Recovery Team, LLAMS and is also a base for the Early Intervention Team.

Members visited the Centre as part of the Scrutiny Topic Review to consider the resource as a key Halton asset.

Members were initially met by Operations Manager, Katie, and had the opportunity to discuss different areas of provision and meet with different teams.

Kate gave an overview of the Centre, explained that Mersey Care have only operated from there in the past four years following the dissolution of North West Boroughs Healthcare NHS Foundation Trust. She told Members of the changes during this time and spoke about the Centre being situated within the Mersey Care regional footprint, which she said brings with it both challenges but also opportunities.

She explained that the provision now runs to a 7-day working week, giving residents a more flexible service offer but also the adaptation is aimed at meeting increasing demand. Katie felt that overall improvements have been made to the patient journey since Mersey Care took on the provision.

### **LLAMS and Care Home Liaison**

Members visited the Later Life and Memory Service (LLAMS) which is primarily aimed at supporting the ageing population in Halton and increases in memory-loss and dementia. However, it was put forward that the service are seeing increasing numbers of early on-set dementia and dementia and memory issues resulting from poor lifestyle choices, including alcohol and drug dependence.

Members were apprised of some recent investment that have been allocated to refurbish the LLAMS provision, and how this is supporting them to run therapeutic groups support sessions including Cognitive Stimulation Therapy.

LLAMS work in close partnership with other statutory services, including regular liaison with GP surgeries, and strong links with social care, with some co-located staffing. The service also has a dedicated Care Home Liaison function working across the borough with Nursing and EMI provision.

The LLAMS team liaise with and signpost to voluntary and community partners, including Alzheimer's Society (who have a contract with Halton Borough Council to run a Dementia Advisory service), Age UK Mid Mersey and Halton Carers Centre. They also make use of the ICB commissioned Admiral Nurses for those at later stages of their condition.

While LLAMS work is primarily with memory issues and dementia, Members were told about work being undertaken, as part of wider Mersey Care transformation programmes, to align services: This service will be for Adults over the age of 65 years old with both

Mental Health and Dementia diagnosis. Members were told that this would align their provision to the Mersey Care model across the region. Jaymie, the LLAMS team manager felt that staff have a lot of transferrable skills to offer with this change.

### **Recovery Service**

The Recovery Service operates from the upper floor of the building and work is undertaken with patients following episodes of mental ill health, referrals are received from both Primary and Secondary services.

Katie was very proud of this area of service, saying that it isn't just about through put but looked at real, tangible outcomes for people. While there are patients who will have recurrences, Katie felt the service achieves clear recovery goals and said that the model developed is one of a few across the country that call themselves 'Recovery'.

The support offered within the Recovery Service includes psychological therapies and cases are triaged on a regular basis to look at step up/step down requirements as appropriate to need.

Within Halton, there is also Early Intervention Team, which are a specialist team that support service users with suspected or first episode of psychosis.

Mersey Care also have a CRHT 'Crisis Resolution Home Team' they are based in St Helens but support the community within Halton.

Members asked about Halton residents who are placed elsewhere within the Mersey Care footprint for in-patient treatment. Katie acknowledged that this happens, but reassured them that the team would look to re-patriate them if clinically appropriate closer to home.

### **Bridge and Weaver Wards**

Members visited the in-patient wards at the Centre, offering a total of 33 beds as part of wider regional provision across Mersey Care services.

From previous discussion within the Scrutiny Topic Group, Members expressed concerns that provision covered a large area and that Halton patients sometimes had to be placed out of borough. Becky, as Matron, spoke to Members about the need to continually look at capacity and flow across the system, and while it was possible that a bed would not be available in-borough at the right time for a Halton resident they would be offered the choice to re-patriate as soon as a bed becomes available.

She described how coming under the Mersey Care footprint has reduced the need to buy bed space in other parts of the country (which had previously happened) so although there can be placements across the region, they are still within the local geography so far as possible.

Becky showed Members around the provision which has communal eating and activity areas as well as quiet space and single rooms and enclosed garden areas. She explained that funding has been sought to develop a new solitary suite with its own bathroom and more space. This would be a shared resource for the two wards with the existing space being reallocated. The suite is used for high intensity incidents where a person might need

separating from others on the Ward and Becky deems the new suite to be a positive move to offering more space to those in distress.

Patients have access to activities 7-days a week and the wards appeared to be well staffed. Becky explained that the team working on the Ward are only carrying two vacancies at present. She said that there had been a big push on recruitment more recently and this has helped relieve some of the pressures on team members. She described the environment as challenging but very rewarding and spoke about the staff supporting each other's mental wellbeing on a daily basis.

Members agreed that the work across the Centre was demanding and commended the commitment of a dedicated workforce.

All areas of service were keen to get patient feedback and run regular patient participation groups to capture views on an ongoing basis.

## 10. Specialist care services

Throughout the Scrutiny Topic Review Members were given details of the provision and services on offer across the borough. Within this, some dedicated, specialist mental health delivery was described as distinctive to certain cohorts of the population.

While not all of this is covered in this report, it is worth noting that these requirements are being considered and met.

Members were informed about:

Services aimed at meeting maternal and parental mental health needs – included

- The Silver Birch Hub, provided by Mersey Care, for women who have experienced distress, loss and trauma during pregnancy and birth.
- The Specialist Perinatal Mental Health Service (again provided by Mersey Care) for pregnant women and mum of infants up to 2 years of age who are currently experiencing complex or severe mental health problems, or have a history of, or risk of developing, these during the perinatal period.
- The Baby Infant Bonding Service – for parents expecting a baby or who have an infant aged up to 2 years old, who are having difficulty bonding and development their relationship with their child – delivered by Mersey Care.
- Parents in Mind – provided by the National Childbirth Trust for parents who require one-to-one or group support with mild or moderate health concerns who are antenatal or postnatal (up to the age of 2)

The ICB described the ongoing development of Family Hubs across Halton and how this has facilitated closer integration of services to support parents with mental health needs.

For Military Veterans in Halton, a service is provided by the Greater Manchester Mental Health NHS Foundation Trust. This dedicated service is for those who have mental health problems that relate to their military service and offers a stepped model of care and support.

An Adult Eating Disorders Service, offering outpatient support, is provided by Cheshire Wirral Partnership across Warrington, Halton and Trafford.

It was demonstrated that future needs were being considered alongside current provision. Mersey Care spoke to Members about links between physical and mental health and how they are looking to join up these requirements. As a particular specialist concern, Mersey Care have designed a training module for staff working with Motor Neuron Disease (MND) patients around the associated suicide risks.

## Conclusions

- Members felt that there was a good breadth of services but again felt these weren't always known about until people get to the point of needing them in crisis.
- It was thought that services were vigilant and responsive to future needs. Members raised concerns that Halton, as one of the smaller local authority area in the region, may get overlooked when it comes to new and innovative delivery opportunities.

## 11.Children and Young People's services

Members additionally convened a dedicated Scrutiny Topic Group meeting to look at mental health services for children and young people. Like the crisis response and suicide prevention session this was an opportunity to focus in on a specific area of provision.

The ICB had previously introduced a number of commissioned services to meet the mental health needs of children and young people across the borough. This includes:

Children and Adolescent Mental Health Services (CAMHS), which is by Mersey Care. CAMHS also has a Crisis Response Team that provides risk assessment within 4 hours, brief interventions and home treatment as required.

Kooth, a digital mental health support service which offers counselling and wellbeing support, alongside self-help resources and signposting to community support. The service is aimed at young people aged 11-25.

Moving on 2gether Service, provided by Barnado's, and jointly commissioned with Halton Borough Council. This offers specialist therapeutic support and interventions for children in care (5-25 years) and care leavers.

Mental Health Support Team (provided by Mersey Care) which promotes early detection and prevention of mental health problems as well as direct interventions for pupils with mild or moderate mental health conditions in schools. It also helps strengthen links between schools and mental health service provision so that transitions between services are smooth.

At the dedicated meeting to look in more detail at the offer to children and young people, Mersey Care introduced the Thrive Model, which is a national framework aimed at improving mental health services for children and young people, and their families. Moving away from a tiered approach the framework instead emphasises a needs-led approach to providing tailored support based on the individuals' vulnerabilities and circumstances.

Mersey Care mapped some of their service and provision to elements of the Thrive Model to show how progression of need is determined and escalated through service.

Members alluded to difficult press image of CAMHS across the country and reassurance was given that service were improving. This included being shown graphs and statistics on waiting times for access to services.

It was conveyed that Mersey Care manage the situation closely and that senior managers meet on a weekly basis to manage referrals to CAMHS and look at what adjustments are needed if waiting times are not met.

The main referral route into children and young people's mental health services was shared as being through their GP. It was highlighted that this is not always needed and Members felt that public awareness should be raised around this.

Increasingly, however, referrals were seen to be coming through schools as the Mental Health Support Team become more embedded. It was explained that Mersey Care don't have funding to extend this model across all schools in the borough at present, and as a result they are working with those deemed to have the highest level of need.

Members heard that the schools service is helping to identify which service is best able to meet the presenting needs, and children and young people would be escalated to CAMHS as required. They were informed that the greater spread of services, including more access to lower intensity psychological therapies in places where the child or young person already is, is alleviated pressure on higher intensity services.

Moreover, the network of support for children and young people was explained to be much wider than Mersey Care service, currently including 13 different providers, and including a range of early interventions opportunities that previously didn't exist. This includes the Kooth digital service but also a good spread of community and voluntary service activities and options aimed at maintaining the wellbeing of children and young people.

Mersey Care alluded to the fact that, where children and young people did have a need to access CAMHS services, they are being seen more quickly than previously because of the range of other interventions on offer. This enables CAMHS to deal with more complex cases more quickly including referrals on to other services such as those dealing with eating disorders.

Regarding eating disorders, it was confirmed that some children and young people do require in-patient care and Mersey Care will work with acute trusts around admission for this and other children and young people's mental health admissions.

Members asked specifically about the age from which eating disorders are diagnosed and it was shared that this is generally between 10 and 11 years. They were told that before this age it could often be 'avoidant restrictive food intake', which falls under a different diagnostic classification as disordered eating (as opposed to an eating disorder).

The ICB and Mersey Care confirmed that they are currently looking to develop a best practice model for the region around adolescent eating disorder.

The approach to crisis response for children and young people's mental health needs has been altered over the past few years. It was explained that, previously, there was not a dedicated 24-hour service and this led to out of hours admissions. Now, the CAMHS Crisis Response Team have a 4-hour response time to work to, and can also be accessed (like services for adults) through the NHS 111, Option 2 line.

Members asked about equity of access to services and Mersey Care declared that there's likely to be gaps with reaching immigrant communities. They are further looking at the data on this, as well as devising appropriate responses including training for staff to understand and incorporate cultural needs as well as considering institutional inequalities.

It was recapped that the Talking Therapies service in Halton has now been extended to 16-18 year olds.

Further to hearing from Mersey Care about their own and wider provision for children and young people, the session devoted to this area was also attended by Barnado's, who run the Moving on 2gether scheme.

Nicola Dunn, from Barnado's, explained that the schemes sits within a framework of support and is aimed at those in care and care leavers. It predominantly therapy and mental health service-based and where children are under the age of 12 years old they use specialist play therapists as part of interventions.

The scheme works closely with other services, including referring on to CAMHS as needed, and the delivery team will run a monthly panel to look at what service is best placed to meet the person's needs.

Nicola explained that, in terms of the Thrive Model, the interventions through Moving on 2gether are at the upper end of needs.

Referrals to the scheme go through an Emotional Health and Wellbeing Panel run by the Council and the ICB as commissioners of the service and case holders for those in care. The team then work with Halton children within a 40 miles radius, dependant on placements but can reach out further if agreed.

The team will at times undertake training with foster parents, or will conduct Filial Therapy, where they work with the person's carer who in turn works with the child. They also offer training to residential homes and to social workers.

In terms of figures, the scheme saw 42 referrals in 2024/25:

- 28 – Looked After Children
- 9 – Care Leavers
- 5 – Foster Carers

A breakdown of these referrals by demographics was presented to Members as well as some primary reasons for referrals and some other reasons for referrals. Presentation slides also gave some positive feedback on outcomes of the service from those who've used it.

## Conclusions

- It was noted that the range of support now in place appears to meet previous gaps.
- Members, again, highlighted that public awareness of access point for mental health support was insufficient.
- The mental health support being rolled out across schools was particularly commended and Members considered schools as a good place to have daily oversight of the behavioural and mood changes that might accompany mental ill health.
- It was also mentioned within discussions that a couple of Members on the Scrutiny Topic Review are also Governors at schools in the borough. Members recognised their own role in promoting mental health services across the borough.



## 12. Overall conclusions and recommendations to the Health and Social Care Policy and Performance Board

The activity undertaken by the Board to achieve the outcomes of the Topic Review uncovered a wide variety of services and provision for those with mental ill health. The information shared was thought-provoking and revealed that services have come a long way in the short time, and intensively so since the Covid Pandemic.

The Board felt that that strategic intentions and planned transformation of services taking place to meet future demands are moving the right direction, with a clear starting point centred on prevention and early intervention and the needs of the community. Their one concern was that the specific needs of Halton residents should be prioritised when it comes to delivery of local services, and they did not want to see Halton's population generalised into a regional offer.

Across provision Members saw a real commitment from the workforce, and praised all staff across services for their ongoing resilience in what they felt was a challenging but reward field. Members felt that the workforce strategies and pledges made by Mersey Care effectively represented future needs and determined that no further recommendations were needed in relation to workforce planning.

The Board recognised that supporting mental health needs is wider than service provision and in fact involves everyone. They identified that they have a key role to play in providing help to those in emotional and psychological distress as prominent members of the community.

As a result of the Scrutiny Review Members have made 14 recommendations.

They recommend that:

| <b>Recommendation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Thematic area</b>                                              | <b>Responsibility</b>                                      | <b>Timescale</b>                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------|
| Mersey Care and Halton Borough Council's Mental Health team re-institute regular meetings specific to monitor retention of patients in-borough.                                                                                                                                                                                                                                                                                                                                                                                                  | Communication/<br>partnership<br>working                          | Mersey Care / Halton<br>Borough Council -<br>Mental Health | To be set up by<br>March 2026                             |
| All agencies working to deliver mental health services, the ICB and Mersey Care in particular, should continue to monitor data and forecast demands in order to effectively allocate resources.<br><br>They should look to bring any concerns to the Health and Social Care Policy and Performance Board as part of maintaining a systems approach.                                                                                                                                                                                              | Forward planning/<br>Demand<br>management/<br>Systems<br>approach | ICB / Mersey Care                                          | Ongoing                                                   |
| Halton Borough Council conducts a series of targeted social media campaigns to promote the range and breadth of mental health support services across the borough, and to dispel some common myths (e.g. you don't need to see your GP to access services). In particular, the following are to be promoted: <ul style="list-style-type: none"> <li>• NHS 111, Option 2</li> <li>• Access points for children and young people with mental ill health</li> <li>• Community-based services, such as the crisis café and the SPACE café</li> </ul> | Promotion/<br>Communication/<br>Awareness                         | Halton Borough Council<br>– Marketing and<br>Communication | Across 2026 –<br>schedule of<br>activity to be<br>devised |
| Members to act as Mental Health champions within their own wards, keeping themselves up-to-date with local service offers in order to signpost people appropriately and raising awareness of local websites promoting resources and support available, including <a href="#">Calm your mind   Get back to a better place</a> and <a href="#">Mental Health Info point</a><br><br>Member to receive annual Member Seminars on Mental Health – Committee Services to work with relevant partners to deliver.                                       | Community<br>support/<br>Awareness                                | Members / Member<br>Services                               | Ongoing with<br>annual updates                            |

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| <p>The innovation and responsiveness to mental health needs across services, and Mersey Care's steer in that, is recognised and commended by Members.</p> <p>Members would like to be kept aware of the development of new services, including the progress towards implementing a Mental Health Crisis Text Service.</p>                                                                                                                                                                            | Innovation/<br>demand<br>management/<br>Systems<br>approach         | ICB / Mersey Care                             | By March 2026,<br>then ongoing                             |
| <p>Members recognise that delayed discharge can revolve around housing needs and acknowledge the Council's new Housing Strategy as a positive opportunity for ensuring system wide approaches to the health and wellbeing of the public are achieved. Also, that there's work across the Liverpool City region to look at issues related to homelessness.</p> <p>Members urged relevant partners to continue to have open dialogue in relation to system pinch points and place-based responses.</p> | Discharge flow/<br>systems<br>approach/<br>Housing and<br>community | Halton Borough Council<br>/ Mersey Care / ICB | In-line with roll-<br>out of Halton<br>Housing<br>Strategy |
| <p>Mersey Care, and respective partners, continue to work towards improving response rates and reducing wait times, as well as maintaining general throughput for services.</p> <p>Ongoing consideration to be given to ease of access to services for Halton residents and the share of resources being allocated to the borough.</p>                                                                                                                                                               | Demand<br>management/<br>partnership<br>working/ system<br>approach | Mersey Care / ICB                             | Ongoing                                                    |
| <p>Member would like to see the Mental Health Support Teams in schools model extended across the borough, and support opportunities to roll this out further to achieve 100% coverage.</p>                                                                                                                                                                                                                                                                                                           | Prevention/<br>Community<br>support/ Demand<br>management           | ICB / Mersey Care                             | By March 2027<br>(dependant on<br>funding)                 |
| <p>Public Health to present the annual Suicide Audit to the Health and Social Care Policy and Performance Board, and to keep Members updated with any significant campaign activity to prevent suicide rates in Halton.</p>                                                                                                                                                                                                                                                                          | Systems<br>approach/<br>Partnership<br>Working/<br>Prevention       | Halton Borough Council<br>– Public Health     | Annually                                                   |

|                                                                                                                                                                                                                                                                                                                                                                                                  |                                                           |                                                             |                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------|
| <p>The Zero Suicide Alliance Suicide Awareness Training is to be mandated e-learning for Halton Borough Council staff and Elected Members. This is considered the minimum standard that should be achieved.</p> <p>((Halton Borough Council staff also have access to suicide awareness training delivered by the Health Improvement Team and this is promoted to staff on a regular basis.)</p> | Workforce/<br>Awareness/<br>Prevention                    | Members / Halton Borough Council – Learning and Development | Implemented as Mandatory by March 2026           |
| <p>The Council's Health Improvement Team consider mental health and wellbeing alongside physical health needs and have strong links with health partners. Members called for this approach to further roll-out through neighbourhood models of care, and that all partners involved ensure that integrated working is utilised to achieve the best outcomes for the population of Halton.</p>    | Prevention/<br>Partnership<br>working/ system<br>approach | Halton Borough Council – Public Health                      | Ongoing                                          |
| <p>Members would like to see improved access to mental health services for marginalised groups (such as settled refugees) and request that One Halton set data metrics within the implementation of neighbourhood models of care to ensure this is achieved.</p>                                                                                                                                 | Inclusion/<br>Communication/<br>Awareness                 | Mersey Care / ICB / One Halton                              | Across 2026 – schedule of activity to be devised |
| <p>Members considered the current trajectory towards delivering prevention and low intensity services and feel this direction of travel should continue to be prioritised, particularly in consideration of how neighbourhood models of care are to be delivered.</p>                                                                                                                            | Prevention/<br>Community                                  | Halton Borough Council / Mersey Care / ICB / One Halton     | Ongoing                                          |
| <p>Members heard about maternal mental health services and support for parents with antenatal and postnatal mental health concerns. Members would like to see these services further promoted to the public via GP surgeries and within existing provisions targeted at families e.g. Family Hubs</p>                                                                                            | Partnership<br>working/<br>Communication                  | Halton Borough Council – Children and Family Services.      | Across 2026 – schedule of activity to be devised |

**These recommendations are felt to be realistic and practicable, and it is anticipated that a small Task and Finish Group should be set up to instigate the activity indicated. This group should have representation from Mersey Care, the ICB and Halton Borough Council, as a minimum.**

## Appendix One

### Health Policy & Performance Board (HPPB) Scrutiny Review 2025/26

#### Topic Brief

**Topic Title:** Mental Health Support

**Officer Lead:** Helen Moir, Head of Service – Independent Living Services & Mental Health

**Planned Start Date:** July 2025

**Target PPB Meeting:** February 2026

#### Topic Description and Scope:

The 2025/26 scrutiny review for the Health Policy & Performance Board will look at Mental Health Support, specifically how existing provision is meeting current demand and responding to predicted demand, and equality of access to services for marginalised or minority groups, covering both Adults and Children and Young People Services.

This will include:

- The range and type of support and services for mental health available in Halton.
- Access to mental health support via primary care and during times of crisis.
- Assessment, diagnosis and treatment of mental health conditions.
- Community based mental health services.
- Inpatient mental health services and alternatives to hospital admission.
- The mental health crisis response.

*Please note that services to support those with dementia, a learning disability and/ or autism are out of scope of this scrutiny topic.*

The main focus of the topic will be on health services delivered by Mersey Care NHS Foundation Trust. Predominantly this will be looking at services for adults but the topic will also consider Child and Young People's Mental Health Services (CAMHS).

Through evidence presented at the scrutiny meetings, and/or site visits to services, the scrutiny group will develop an oversight of the key duties of each service, as well as the referral pathways, key operational practices and interface with other services. Through considering current performance, outcomes and service user feedback for each service area, the group will make recommendations on how services can further improve service user experience, outcomes and maximise performance.

### **Why this topic was chosen:**

*“Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right.”*

*(World Health Organization, 2022)*

According to NHS England, one in four adults and one in 10 children experience mental illness. The NHS Long Term Plan makes a renewed commitment to improve and widen access to care for children and adults needing mental health support.

Mental health has a direct impact on an individual's overall wellbeing and quality of life and is interlinked with physical health. It is essential that people have access to support at the earliest opportunity when they are experiencing difficulties with their mental health. It is also important for those with mental health conditions to be able to access appropriate treatment and ongoing support.

It is important for Health PPB Members to gain an understanding of the local services that are in place to support the mental health needs of the local community in order to ensure that Halton residents have access to the right support at the right time.

### **Key outputs and outcomes sought:**

- Understand who uses the services and why.
- Understand how the service ensures equality of access and outcomes for all sections of the community, including minority or marginalised groups.
- Understand referral/access pathways, including any barriers.
- Understand key performance indicators, outcomes and service user experience.
- Understand how each of the services interact with the wider health and social care landscape.
- Understand the level of capacity and demand within the services and highlight emerging issues through trend analysis.
- Understand how the service is meeting current demand and what it predicts future demand will look like and how it will meet that demand.
- Understand any opportunities, challenges or emerging issues faced by the services.
- Highlight any innovative work taking place to improve performance, outcomes and service user experience.
- Make recommendations as to how services can further improve performance, outcomes and service user experience.

**Which of Halton's strategic priorities this topic addresses and the key objectives and improvement targets it will help to achieve:**

Priority One: Improving Health, Promoting Wellbeing and Supporting Greater Independence

*Encouraging good quality health, wellbeing and social care, by involving everyone in our community. To support the people of Halton to feel safe, be active, happy and lead their best lives.*

This scrutiny topic will contribute to the following objectives from the Corporate Plan 2024-2029:

- Offer easily accessible and integrated health care, advice and services from birth.
- Encourage preventative care and healthy lifestyles for the people of Halton throughout their lives.
- Support mental health services and tackle elderly isolation in Halton.

**Nature of expected/desired PPB input:**

This Member-led scrutiny review of Mental Health Support Services in Halton will be undertaken through a series of six monthly meetings at which Members will receive evidence presentations by the service areas identified. Service site visits will be arranged as applicable/requested. Members will make recommendations for inclusion in the Scrutiny Topic report to be presented to Health PPB and Executive Board.

The Children, Young People and Families Policy and Performance Board will be invited to attend the CAMHS session due to the overlap with their remit.

**Preferred mode of operation:**

- Meetings with/presentations from relevant officers from each of the services identified.
- Visit to services where applicable/requested.

**Agreed and signed by:**

| Role                                          | Signature | Date |
|-----------------------------------------------|-----------|------|
| HPPB Chair<br>(Cllr Eddie Dourley)            |           |      |
| Lead Officer<br>(Helen Moir, Head of Service) |           |      |



## Appendix Two

### Health Policy & Performance Board (HPPB) Scrutiny Review 2025/26: Meeting Schedule

#### Topic: Mental Health Support

| Date/Time                                                     | Location                       | Theme                                                                                                                                                       | Speaker / Area of Focus                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Thursday 21 August 2025</b><br>- 6-7.30/8pm                | Civic Suite, Runcorn Town Hall | Evidence session 1:<br>Social care responses to mental ill health: <ul style="list-style-type: none"> <li>Mental Health – Halton Borough Council</li> </ul> | Steve Westhead – Principal Manager – Mental Health Team <ul style="list-style-type: none"> <li>The role of social care in supporting mental health needs</li> <li>Overview of common mental health needs and conditions</li> <li>Social Care interaction with the wider system</li> </ul>                                                                                                                                                               |
| <b>Thursday 4<sup>th</sup> September 2025</b><br>- 6-7.30/8pm | Civic Suite, Runcorn Town Hall | Evidence session 2: <ul style="list-style-type: none"> <li>ICB context / overview (what they commission, performance, outcomes etc.)</li> </ul>             | Philip Thomas and Karen Hampson – NHS Cheshire & Merseyside <ul style="list-style-type: none"> <li>Scene setting from the Integrated Care Board (ICB) and place-based partnership (One Halton) perspective</li> </ul><br>Phil Watson – Head of Operations – Community<br>Nicola Jones – Assistant Director of Nursing – Inpatients <ul style="list-style-type: none"> <li>The scope of services which come under the umbrella of Mersey Care</li> </ul> |

| Date/Time                                                    | Location                            | Theme                                                                                                                                                 | Speaker / Area of Focus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                              |                                     | <ul style="list-style-type: none"> <li>Mersey Care responses to mental health needs across the borough – teams, services and access points</li> </ul> | <ul style="list-style-type: none"> <li>The Trust's main objectives and current challenges.</li> <li>Provision local to Halton and how it operates in connection with the wider regional offer</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Thursday 9<sup>th</sup> October 2025</b><br>- 6-7.30/8pm  | Civic Suite, Runcorn Town Hall      | Evidence session 3: <ul style="list-style-type: none"> <li>Focus on Children's Mental Health</li> </ul>                                               | Lisa Simpson – Children and Young People's Mental Health Clinical Services Manager – Mersey Care <ul style="list-style-type: none"> <li>Overview of Mersey Care services for children and young people, including CAMHS, the Mental Health Support Team (MHST) and specialist services e.g. eating disorders</li> </ul><br>Nic Dunn – Children's Service Manager – Barnado's <ul style="list-style-type: none"> <li>Covering the Moving On 2gether service – what it does, some service user feedback, service outcomes, and issues faced by Looked After Children and Care Leavers</li> </ul> |
| <b>Site Visit – 16 October 5-7pm</b>                         | SPACE café – Despresso Club         | Details sent to Members for sign-up                                                                                                                   | Attended by Cllr. Hughes and Cllr. Plumpton-Walsh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Thursday 23<sup>rd</sup> October 2025</b><br>• 6-7.30/8pm | Committee Room 1, Runcorn Town Hall | Evidence session 4: <ul style="list-style-type: none"> <li>Focus on suicide prevention and crisis intervention</li> </ul>                             | Kate Bazley - Mental Health and Wellbeing lead <ul style="list-style-type: none"> <li>Halton Health Improvement Team programmes in support of understanding suicide prevention</li> </ul><br>Tim McPhee – Associate Director Integration, Transformation and Partnerships, Mersey Care <ul style="list-style-type: none"> <li>Overview of Safe from Suicide service</li> </ul>                                                                                                                                                                                                                 |

| Date/Time                                                           | Location                          | Theme                                                                                                                                                                                                                                                                                                                                                                                        | Speaker / Area of Focus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Site Visit – 5<sup>th</sup> November</b><br><b>10-11.30am</b>    | Brooker Centre                    | Details sent to Members for sign-up                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Thursday 6<sup>th</sup> November 2025</b><br><b>- 6-7.30/8pm</b> | Civic Suite,<br>Runcorn Town Hall | <p>Evidence session 5:</p> <ul style="list-style-type: none"> <li>• Feedback on site visits</li> <li>• Community Mental Health partners</li> </ul><br><ul style="list-style-type: none"> <li>• Briefing – We Connect</li> <li>• Talking Therapies and primary care support</li> </ul><br><ul style="list-style-type: none"> <li>• Consider draft recommendations for final report</li> </ul> | <p>Kate Bazley - Mental Health and Wellbeing lead</p> <ul style="list-style-type: none"> <li>• The role of the Halton Health Improvement Team in supporting community wellbeing</li> <li>• The team's promotion of community-based services</li> </ul> <p>Briefing to be shared from Wellbeing Enterprises</p> <p>Tim McPhee – Associate Director Integration, Transformation and Partnerships, Mersey Care</p> <ul style="list-style-type: none"> <li>• Further details of the Talking Therapies services and the role of the Mental Health Practitioner Service.</li> </ul> <p>All to discuss</p> |
| <b>Thursday 4<sup>th</sup> December 2025</b><br><b>- 6-7.30/8pm</b> | Civic Suite,<br>Runcorn Town Hall | <p>Draft report presented for final comments</p> <p>Consideration of topics for next year's scrutiny review</p>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>January – date TBC</b>                                           |                                   | Report to Adults Directorate SMT                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

| <b>Date/Time</b>                                 | <b>Location</b> | <b>Theme</b>                                | <b>Speaker / Area of Focus</b> |
|--------------------------------------------------|-----------------|---------------------------------------------|--------------------------------|
| <b>Tuesday 10<sup>th</sup><br/>February 2026</b> |                 | Report to Health Policy & Performance Board |                                |
| <b>Date TBC</b>                                  |                 | Report to Executive Board                   |                                |

## Appendix Three

### Presentations from the Scrutiny Topic Group

|                  |                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 21 August 2025   | <br>MH Presentation<br>21.08.2025.pdf                                                                                                                                                                                                                                                                                           |
| 4 September 2025 | <br>ICB MH<br>Commissioned Service<br><br><br>Overview of Mersey<br>Care Services Halton :<br><br><br>MH Div Halton Health<br>Policy Performance Bc           |
| 9 October 2025   | <br>CYPMHS Sep 25.pdf<br><br><br>Halton MO2G Service<br>Brief Presentation.pdf                                                                                                                                                              |
| 23 October 2025  | <br>Suicide Prevention<br>overview Oct 2025.pd<br><br><br>Zero Suicide Halton<br>Oct 25.pdf                                                                                                                                                |
| 6 November 2025  | <br>Mental Health<br>Prevention overview N<br><br><br>Talking Therapies<br>Halton Scrutiny Topic<br><br><br>WE Connect Briefing<br>Paper HBC MH Scrutir |

**REPORT TO:** Health and Social Care Policy and Performance Board

**DATE:** 10<sup>th</sup> February 2026

**REPORTING OFFICER:** Interim Director – Commissioning and Provision

**PORTFOLIO:** Adult Social Care

**SUBJECT:** Care Quality Commission (CQC) Assurance : Update on Progress

**WARD(S):** All wards

### 1.0 PURPOSE OF THE REPORT

- 1.1 This report aims to update Members of the progress which the Adults Directorate have made against CQC Local Authority Assurance Framework, following their assessment and rating as 'Good' in July 2025.

### 2.0 RECOMMENDATION: That the Board note the report and associated appendices.

### 3.0 SUPPORTING INFORMATION

#### 3.1 Background

- 3.1.1 The Care Quality Commission (CQC) implemented its local authority assurance process on 1<sup>st</sup> April 2023. The process was introduced in the Health and Social Care Act 2022 and establishes a statutory duty for the CQC to assess local authorities' performance in delivering adult social care duties under the Care Act 2014. The assessment framework for local authority adult social care assurance cover four main themes, to assure that local authorities are meeting their responsibilities:

- Working with People
- Providing Support
- How the local authority ensures safety within the system
- Leadership

- 3.1.2 Within these four areas there are further Quality Statements which need to be met. These are demonstrated through submission of a library of evidence, and further validated during a planned site visit over a number of days (usually around 3-4 dependant on the size of the authority). During the site visit the regulatory body meets with a range of stakeholders to determine how well the authority achieves its stated outcomes in action.

- 3.1.3 Halton Borough Council's Adults Directorate submitted evidence towards its assessment earlier into 2025 and had its site visit during March. Following on from

this, the Directorate received a rating of 'Good' in early July, with a total score of 64.



3.1.4 Out of 153 local authorities in England, 83 have now completed their assurance assessments and received their reports. Appendix One gives some analysis of outcomes in other areas.

3.1.5 The CQC have a number of Local Authorities still to assess, but the assessment will take place on a rolling basis. It is therefore speculated that the CQC will be requesting additional performance evidence from Halton over the next 12 to 18 and then we won't expect a reassessment of our rating for another couple of years, based on indicative intelligence. It is projected that those Local Authorities with an 'Inadequate' rating will receive greater focus in the first instance.

## 3.2 CQC Improvement

3.2.1 Halton, understandably, wishes to work towards developing on its CQC rating and improvement goals are part of the Adult Directorate's core function on an ongoing basis. From the CQC report, the Directorate has further scrutinised the analysis of Halton's services and performance to consider areas where its continuous improvement needs to be focussed. While it was felt that little in the report was direct criticism or condemnation of the borough's approach, there were subtle pointers to pick up on.

3.2.2 An Improvement Action Plan has been drawn up as a result, and this maps to the Quality Statement areas within the framework. A working group of managers currently meets monthly to look at progress against these actions, and developments are moving at pace.

3.2.3 Progress to date against the Improvement Plan is set out in detail in the attached table at Appendix Two. Some highlight achievements from this work are given below:

3.2.4

- Waiting lists targets have been set and are consistently being met
- A carer's contingency process has been devised and is being implemented
- A 'named social worker' approach is being embedded, where possible, to ensure that 'people only have to tell their story once'
- The Adult Social Care webpages on the Halton public website have been

restructured to ensure service access points are clearer. Further work is planned on web content.

- Pilots are being rolled out to utilise Artificial Intelligence to reduce administrative burden to record assessments
- Quality assurance processes for in-house care homes have been aligned to those used for commissioned provider care homes
- Annual fee setting process with commissioned providers has been brought forward to help sustain market stability
- The Adult Social Care Transition Protocols have been reviewed to ensure Mental Health client needs are incorporated into pathways
- Safeguarding processes altered to ensure an effective feedback loop to providers
- Coproduction Advisory Group formed and working to further develop the Directorate's approach to coproduction

3.3

### 3.3.1 **Conclusion**

3.3.2

The CQC Improvement Group has already achieved some 'quick wins' in terms of a response to comments made in the CQC report. Further work is planned to alleviate pressures and pinch-points, including some activity that relates to Corporate developments.

The improvement working group are looking to sign off the current action plan as quickly as possible, and no later than March 2026, and are starting to extend their scope to look at 'stretch' criteria, which would move us closer to achieving 'Outstanding' next time around.

## 4.0 **POLICY IMPLICATIONS**

- 4.1 The CQC Improvement Plan is focussed on areas highlighted in the Adults Directorate's CQC report as potential development needs. It will be implemented alongside other continuous improvement activity and the policy and service development work programme will be planned alongside this to meet the objectives set with the plan and those emerging from 'stretch' goals.

## 5.0 **FINANCIAL IMPLICATIONS**

- 5.1 Any financial implications related to individual actions within the plan will be brought to the relevant Boards and meetings as part of strategic planning.

## 6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

### 6.1 **Improving Health, Promoting Wellbeing and Supporting Greater Independence**

The CQC Improvement Plan aligns to the overall objectives of the Adults Directorate in achieving this priority.

### 6.2 **Building a Strong, Sustainable Local Economy**

The Improvement Plan puts focus on prevention, workforce, maintaining an effective



social care market and building community asset; all of which support building a strong and sustainability local economy.

### 6.3 **Supporting Children, Young People and Families**

In meeting its Care Act 2014 objectives the Adults Directorate is supporting families across the borough to live healthier, happier lives.

### 6.4 **Tackling Inequality and Helping Those Who Are Most In Need**

The CQC Assurance Framework ensures that Equality, Diversity and Inclusion requirements are being met.

### 6.5 **Working Towards a Greener Future**

None identified

### 6.6 **Valuing and Appreciating Halton and Our Community**

Community partners play a key role in enabling the Adult Directorate to achieve its duties against the Care Act 2014. Strengths-based working and effective use of community assets are features with the CQC Assurance Framework.

## 7.0 **RISK ANALYSIS**

7.1 A continued focus on improvement is needed to raise standards and assure a higher rating when the Directorate is reinspected. The Improvement Plan needs to be prioritise alongside day-to-day delivery of services and provision and this requires commitment and resource from across the Directorate to deliver on the programme of work

## 8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 The objectives of the Adults Directorate include reaching those who are seldom seen and seldom heard. .

## 9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 None identified

## 10.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

10.1 None under the meaning of the Act.

## ASSESSMENT RATING FOR THOSE WITH A PUBLISHED REPORT

| Region                              | Number of councils | Completed - and published | Outstanding | Good | Requires Improvement | Inadequate |
|-------------------------------------|--------------------|---------------------------|-------------|------|----------------------|------------|
| East (ADASS Region)                 | 12                 | 5                         | 0           | 5    | 0                    | 0          |
| East Midlands (ADASS Region)        | 10                 | 4                         | 0           | 1    | 3                    | 0          |
| Greater London (ADASS Region)       | 33                 | 19                        | 3           | 11   | 5                    | 0          |
| North East (ADASS Region)           | 13                 | 10                        | 0           | 8    | 2                    | 0          |
| North West (ADASS Region)           | 23                 | 12                        | 0           | 8    | 3                    | 1          |
| South East (ADASS Region)           | 18                 | 13                        | 0           | 9    | 4                    | 0          |
| South West (ADASS Region)           | 15                 | 8                         | 0           | 3    | 5                    | 0          |
| West Midlands (ADASS Region)        | 14                 | 4                         | 0           | 4    | 0                    | 0          |
| Yorkshire/Humberside (ADASS Region) | 15                 | 8                         | 0           | 5    | 2                    | 1          |
| England                             | 153                | 83                        | 3           | 54   | 24                   | 2          |

### Details of progress towards objectives of the Improvement Plan

#### Theme 1: Working with People

| Improvement requirement                                                                                                                                                                        | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| people feelings they have to 'tell their story' a number of times                                                                                                                              | <p>Starting to roll out a 'named social worker' approach into Complex Care teams, Mental Health team and Transition. This would mean that people have a consistent contact for their package of care.</p> <p>Where services users are located in the same setting e.g. supported living homes and care homes, the teams will also aim to allocated a named worker to the setting.</p> <p>This approach is more difficult to consider with Prevention and Wellbeing Service (PWS), as the social care 'front door' as picked up and allocated as part of initial contact/referral. Also, with Review team, who are picking up different cases to achieve specific outcomes.</p> |
| Waiting lists <ul style="list-style-type: none"> <li>• Care plan reviews</li> <li>• Occupational Therapy assessments</li> <li>• Financial assessments</li> <li>• Carers assessments</li> </ul> | <p>While the waiting lists aren't substantial, in consideration of others authorities' reports, the Improvement Group have established baseline figures and set targets to review in March 2026.</p> <p>The use of Artificial Intelligence is being trialled to transcribe and summarise assessment conversations. This will be under stringent oversight from case workers but has to potential of cutting administrative time so that caseloads can be completed more quickly.</p>                                                                                                                                                                                           |
| Carers waits on phone to Contact Centre                                                                                                                                                        | A new Customer Relationship Management System that is being implemented through the Contact Centre will help alleviate call wait times. This will have a 'digital agent' that will support high volume, low complexity needs (e.g. people asking which bins needs to go out, reporting fly tipping, etc.). This will free up greater capacity for calls that need direct human interaction. From here, improvements on call wait times are being monitored.                                                                                                                                                                                                                    |

|                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                  | In order to enable carers to get to appropriate information more swiftly the Adults Directorate has published a 'Living Well Guide' on its webpages, so that people can access information without the need for immediate contact. The website also hosts information specific to carers.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Carers Contingency Plans                         | <p>This relates to situations where carers may not be able to fulfil their caring duties.</p> <p>Adult Social Care has built a new form on the records management system (Eclipse) to capture these are has set targets for getting these completed.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Embedding strengths-based working and prevention | <p>Strengths-based practice is now embedded and as part of our operational processes we routinely monitor this via case file audits, supervision, team meetings etc. A 'Train the Trainer' model has been developed for staff and people with lived experience to provide on-going training to new staff and refresher training for existing staff.</p> <p>We continue to engage across the Cheshire &amp; Merseyside region Training Partnership, Research in Practice and Skills for Care to access strengths-based practice training opportunities, which are cascaded through the teams via learning sets.</p> <p>Our focus on prevention is demonstrated from a strategic perspective in Halton's Health &amp; Wellbeing Strategy, our Adult Social Care Commissioning and Prevention strategies. A new commissioning strategy/plan is due for completion by end of March 2026, whilst the Prevention strategy runs until March 2027.</p>                 |
| Carers access to prevention services             | <p>This has been investigated and it is felt that the One Halton Carers Strategy 2004-2027 addresses this, with a range of activities having been undertaken to support carers, including:</p> <ul style="list-style-type: none"> <li>• Carers Centre receiving and distributing Carers Break Funding on behalf of the Council.</li> <li>• A number of small local community &amp; voluntary organisations receiving grant funding to facilitate activity to support carers.</li> <li>• One off carer's breaks funding via a Direct Payment.</li> <li>• Home-Based Respite Care Service, which allows carers to have time away from their caring role, whilst maintaining a safe and consistent level of support to the person being cared for.</li> <li>• Accelerated Reform Funding received by Halton was passported over to Halton Carers Centre to develop a series of projects/interventions to explore ways to better support unpaid carers.</li> </ul> |

|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                        | <ul style="list-style-type: none"> <li>Halton Borough Council's Prevention and Wellbeing Service hold fortnightly drop-in sessions at the Halton Carers Centre, at both their Runcorn and Widnes sites.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Website improvements                                                                   | <p>A review has since taken place of the current structure of these pages.</p> <p>The 'front page' now focuses more closely on signposting people to prevention services and self-help, prior to routing them towards services. (This has been achieved within the constraints of the current content management system available to the Council).</p> <p>The content of the individual pages have been allocated across Head of Service and Directors to ensure their teams update, amend, further develop or delete information. Some additional gaps have been identified, where information is not available on the website, and pages will further be developed.</p>                                                                                                                                                                                                                        |
| Direct Payments – Local Authority rates being lower than services accessed             | <p>On examination this relates to a small number of service users (12 people) who have chosen their own providers through a Direct Payment, and the provider charges more than the Direct Payment rate. The service user therefore picks up the extra costs. The main requirement for this was in relation to choice around Domiciliary Care provision.</p> <p>The Directorate, at the time, had one main commissioned provider, which not all people wanted to use. Since then the Directorate has now re-commissioned Domiciliary Care, with a framework of providers available to meet user choice requirements.</p> <p>Public facing information about Direct Payments has been checked, and were this situation to be faced in the future, it has been clear in relevant leaflets that the Direct Payments rates are set and that any costs outside of this are being on 'user choice'.</p> |
| Greater representation from Adults Directorate staff on Corporate Staff Network Groups | <p>The Staff Network Groups are part of the Council's Equality, Diversity and Inclusion (EDI) programme and have been set up to provide a safe place for colleagues to engage in a confidential and welcoming environment with others who share their Protected Characteristics.</p> <p>As the Adults Directorate has signed up to the Social Care Workforce Race Equality Standards, CQC saw these groups as central to taking forward related agendas.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                     |

|  |                                                                                                                                                            |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | The Staff Network Groups have been further promoted to staff across Adult Social Care and ongoing newsletter items related to EDI activity will be shared. |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Theme 2: Providing Support

| Improvement requirement                                     | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Limited choice of home care provision                       | This was reflective of the commissioning position at the time, as one main provider was contracted by the Directorate. This has since changed as procurement exercise has now been completed to develop a framework of providers for domiciliary care.                                                                                                                                                                                                                                                                                                                       |
| Out of borough specialist care provision                    | <p>For dementia patients, an Enhanced Dementia Working Group has now been established and proposal is being development to look at an enhanced dementia care model within provision in-borough. This proposal is being costed and will be brought to relevant Boards for sign-off.</p> <p>Alongside this the Directorate is also looking at specialist provision for learning disability with the Transformation Delivery Unit, to consider future commissioning options that would create efficiencies.</p>                                                                 |
| Investment in the voluntary and community sector            | <p>Stakeholder feedback had alluded to reductions in funding on a Corporate level. The Adults Directorate have a number of community and voluntary service contracts which support asset-based and preventative working.</p> <p>Representatives from the CQC Improvement Group are to attend the Halton and St Helens VCA Steering Group in mid-December to look to understand the sector's needs. This meeting follows on from the Halton VCFSE Sector and Halton Borough Council Partnership Event held in the summer by the Environment and Regeneration Directorate.</p> |
| Capacity within home care and care homes – limited planning | Work has commenced on the new Market Position Statement for Adult Social Care. This will be published in the Spring and will reflect the local market.                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Carers – Access to breaks/respice                           | The Adults Directorate currently has a Respite Policy which sets out the offer across the borough. This includes designated Learning Disability and Autism provision in a 4-bed unit at the Bredon site in Runcorn,                                                                                                                                                                                                                                                                                                                                                          |

|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (planned & unplanned):<br>Bookable                                                                    | care provider within the service users own home, our Shared Lives service, and details of how to work with older people's care home to negotiate respite placements.<br>The Bredon short-stay respite service is being looked at as part of the Transformation work, to see how it can be utilised more effectively.<br><br>The Improvement Group intend to further consider options to look at planned older people's respite opportunities. |
| Quality Assurance (QA) Process for In-house care homes separate to QA Process for external care homes | This has now been aligned.                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Work with care providers – cost of care being transparent & fair                                      | This referred to consultation on cost of care rises and the fee setting process which take place annually. This was remarked to be a delayed process because of Council's budget arrangements, giving no time for providers to plan their own fiscal year. A report on reviewing the annual fee setting process came to Executive Board in October 2025 and it was agreed that fee setting will now take place in February each year.         |

### Theme 3: How the Local Authority ensures Safety within the System

| Improvement requirement                                                                   | Progress                                                                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transitioning to adult service when individuals open to mental health services – Criteria | A slight difference in processes was observed for those service users under the Mental Health Team. As a result, the Transition Protocols have been amended to ensure continuity of care for all those coming into Adults Services from Children's Social Care. |
| Transition – promotion of service                                                         | The Transition Service is promoted as part of the Council's SEND webpages. CQC recommended that promotion of the service is made through the Adults Directorate. Plans to achieve this are included in our                                                      |

|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                             | review of the Directorate's webpages, and the Transition Team have also made in-roads to build relationships with The Cavendish High Academy, as the main special education setting in the borough.                                                                                                                                                                                                                              |
| Deprivation of Liberty Safeguards – Backlog of applications | <p>Like all local authorities across the country, the Worcestershire Ruling 2014 increasing the demand for Deprivation of Liberty Safeguards in the borough of Halton.</p> <p>A piece of work has already been in place, prior to the CQC visits, to look how this is managed. This programme of work has subsequently been added to the Improvement Plan. A baseline has been established and a target set for improvement.</p> |
| Safeguarding Enquiries – Outcome notification               | <p>This concerns stakeholder feedback that providers don't get notification of outcomes of Safeguarding Enquiries (Section 42 – Care Act 2014).</p> <p>Processes have now been amended to include a feedback loop.</p>                                                                                                                                                                                                           |

#### Theme 4: Leadership

| Improvement requirement                                                                                     | Progress                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transformation Programme – strategy and engagement needed to ensure impact controlled and outcomes positive | <p>The Adults Transformation programme was under review at the time of the CQC visit.</p> <p>The new Adult Social Care Transformation approach is now being finalised and its rollout will be reviewed as part of the Improvement Group activity.</p>                                                                                           |
| Scrutiny Function – Not sufficient focus on Adult Social Care                                               | The Health Policy and Performance Board (PPB) puts a spotlight on both health and social care across the borough. The CQC report pointed out that the Board's Scrutiny Review function has been focussed on health issues for the past few years. In a wider context however this has followed on from a number of social care focused Reviews. |



|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                       | <p>The Improvement Group have reflected on the health and social care split across Board meetings and have found an equal focus.</p> <p>In February 2025, the roles of the PPBs were reviewed in light of the Corporate Plan. The Health PPB title will now change to Health and Social Care. This will help further reflect the balance in reports brought.</p>                              |
| Co-production: Fully embed in service design and strategy development | <p>A Coproduction Advisory Board, made up of experts by experience, has been formed as a result and work continues to establish and deliver on coproduction objectives.</p> <p>The Coproduction Advisory Group have met three times and have devised their own Terms of Reference as well as a Recognition and Reward Policy for experts by experience involved in coproduction activity.</p> |
| Improve uptake of people's feedback via surveys etc                   | <p>Work is underway to establish service user feedback surveys as part of care management processes.</p>                                                                                                                                                                                                                                                                                      |

|                           |                                                                  |
|---------------------------|------------------------------------------------------------------|
| <b>REPORT TO:</b>         | Health & Social Care Policy and Performance Board                |
| <b>DATE:</b>              | 10 <sup>th</sup> February 2026                                   |
| <b>REPORTING OFFICER:</b> | Director of Public Health                                        |
| <b>PORTFOLIO:</b>         | Health and Wellbeing / Adult Social Care                         |
| <b>SUBJECT:</b>           | Priority Based Performance Management Report - Quarter 3 2025/26 |
| <b>WARD(S):</b>           | Borough-wide                                                     |

### 1.0 PURPOSE OF THE REPORT

- 1.1 This Report introduces, through the submission of a structured thematic performance report, the progress of key performance indicators, milestones and targets relating to Adult Social Care & Public Health in Quarter 3 of 2025/26. This includes a description of factors which are affecting the service.

### 2.0 RECOMMENDATION: That the Board:

- i) Receive the Quarter 3 Priority Based report;
- ii) Consider the progress and performance information and raise any questions or points for clarification; and
- iii) Highlight any areas of interest or concern for reporting at future meetings of the Board

### 3.0 SUPPORTING INFORMATION

- 3.1 The Policy and Performance Board has a key role in monitoring and scrutinising the performance of the Council in delivering outcomes against its key health and social care priorities. Therefore, in line with the Council's performance framework, the Board has been provided with a thematic report which identifies the key issues in performance arising in Quarter 3 of 2025/26.

### 4.0 POLICY IMPLICATIONS

- 4.1 There are no policy implications associated with this report.

### 5.0 FINANCIAL IMPLICATIONS

- 5.1 Financial statements, as at 30<sup>th</sup> November 2025, have been included within the priority based report.

### 6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

- 6.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence

The indicators presented in the thematic report relate specifically to the delivery of health outcomes in Halton.

**6.2 Building a Strong, Sustainable Local Economy**

None identified.

**6.3 Supporting Children, Young People and Families**

None identified.

**6.4 Tackling Inequality and Helping Those Who Are Most In Need**

The indicators presented in the thematic report relate specifically to the delivery of health outcomes in Halton.

**6.5 Working Towards a Greener Future**

None identified.

**6.6 Valuing and Appreciating Halton and Our Community**

None identified.

**7.0 RISK ANALYSIS**

7.1 None identified.

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 An Equality Impact Assessment (EIA) is not required for this report

**9.0 CLIMATE CHANGE IMPLICATIONS**

9.1 None identified.

**10.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

10.1 None under the meaning of the Act.

## Health & Social Care Policy & Performance Board Priority Based Report

**Reporting Period:** Quarter 3 – Period 1<sup>st</sup> October 2025 – 31<sup>st</sup> December 2025

### 1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the second quarter of 2025/26 for service areas within the remit of the Health & Social Care Policy and Performance Board. These areas include:

- Adult Social Care (including housing operational areas) *NB. There is limited data available for Q3.*
- Public Health

### 2.0 Key Developments

2.1 There have been a number of developments within the Adults & Public Health Directorates during the second quarter which include:

#### Adult Social Care

##### **Halton Adult Social Care (ASC) Workforce Strategy**

A Halton wide ASC Workforce Strategy has been developed and was agreed at Executive Board in October 2025. The strategy sets out how we can meet the challenges that ASC currently face by building a workforce that is resilient, skilled, and truly valued; where people are supported to stay, to grow, and to make a lasting difference. Work will now be progressed on the Strategy's implementation, including the establishment of an associated Steering Group to provide the necessary direction required.

##### **Re-tender of the Single Homelessness Supported Accommodation Service (Halton Lodge, Brennan Lodge)**

The re-tender exercise for this service is currently in a period of extended standstill, owing to a letter of claim received by the incumbent provider. Adult Social Care is working closely with Legal to respond to the letter of claim.

##### **Cessation of Halton Borough Council's Community Meals Service**

Work is underway to prepare for the cessation of the Council's Community Meals service on 31<sup>st</sup> March 2026. The multi-disciplinary group are continuing to meet on a monthly basis to review progress. Service Users are being contacted by Care Management to explore options for alternative meals provision. No new referrals are being accepted into the service. HBC staff impacted by redundancy have been formally put at-risk and employment contracts for the staff impacted by the cessation of the service will end on 31<sup>st</sup> March 2026. In terms of commissioning, the contract with Apetito to provide ready meals will end on 30<sup>th</sup> June 2026.

**Homelessness Strategy**

A review of the homelessness strategy is underway, consultation with service users and providers completed. Draft version of strategy is to be presented to SMT for approval 28<sup>th</sup> January 2026.

**Youth Protocol / Strategy**

Joint review of youth protocol completed with Children's Services to develop a clear pathway plan for young people when presenting as homeless. The youth strategy is also being reviewed and a draft version will be presented to SMT for approval February 2026

**Rough Sleeper Strategy**

The rough sleeper strategy 2022 – 2026 is due for review and presently underway. Upon completion a draft version will be presented to SMT in March 2026 for approval.

**Grant Funding Allocation.**

The Local Authority has received confirmation of homelessness grant funding for period 2026 – 2029, which identifies a yearly uplift. A report will be presented to SMT January 2026 to outline proposed funding allocation for the continuation of services.

**Learning Disability Strategy**

The final version of the learning disability strategy and an easy read version were agreed by the ALD Partnership Board in October. Work continues on the action plan and will be taken to ALD Partnership Board in April for final sign off.

**Housing Strategy**

Consultation on the Council's housing strategy, which has a strong focus on supported housing, closed in November. An action plan is being developed for implementation of the strategy, and will be presented to Management Team together with a report highlighting any potential resource implications.

The supported housing development at the Panorama site, Castle Road, Runcorn is no longer being progressed. PossAbilities were looking to develop a 17 unit 'own front door' scheme on the site, but due to increasing build costs and potential rent restrictions the scheme is no longer financially viable.

**Public Health**

Halton has been selected as a pilot site for NHS dental services, with Talking Teeth dental practice in Widnes offering routine care to vulnerable residents. Referrals have been coordinated through partnerships with the youth justice team and 0–19 services, ensuring that individuals without a regular dentist can access care.

Executive Board approved the direct award to Axess (current sexual health provider) via joint commissioning with Warrington Borough Council. Warrington being the lead commissioning authority.

Long-Acting Reversible Contraception (LARC) pilot began in October. This is to provide improved access within Primary Care / Community / Women's Health Hubs service models, LARC for gynaecological indications including, Heavy Menstrual Bleeding (HMB) Endometriosis, endometrial protection as part of a Hormone Replacement Therapy (HRT) regime.

Halton's Health Improvement Team is collaborating with Sport England, Merseyside Sports Partnership, Halton Borough Council Leisure Services, and the local VCFSE sector to develop a

system-wide approach to increasing physical activity. In September, Halton hosted its first stakeholder engagement event which was a huge success, with over 120 partners from across the system attending to feed into how Halton can develop a system approach to physical activity.

In July we held a launch event at the Stadium for our new 1:1 support service offer *Stronger for Longer* for people aged 55 and over who are struggling with loneliness and isolation, this provides a clear, structured 12 week programme of support tailored to an individual client's needs. The event covered the improvements made, how local groups and front-line professionals can refer into the new service and how we'd like to work closely with them moving forward. The event was very well attended with services ranging including Adult Social Care, Library Services, Community Development and a large amount of 3rd sector organisations such as Red Cross and Age UK.

### 3.0 Emerging Issues

3.1 A number of emerging issues have been identified during the second quarter that will impact upon the work of the Adults & Public Health Directorates including:

#### **Adult Social Care**

##### **Adult Social Care (ASC) Commissioning Strategy for Care and Support**

The current ASC Commissioning Strategy, which is intended to outline our commissioning intentions for care and support within the Borough is due to end in March 2026. Work will therefore be taking place over the next couple of months to develop a new Commissioning Strategy. The Strategy itself will be seen as a transactional document which will bring together, in one place, intentions which have been identified via several sources e.g. through development of the Learning Disability Strategy etc. The commissioning intentions will aim to support residents, unpaid carers and their families to have access to the right services and information, advice and guidance to make good decisions about the care and support they need.

##### **Fair Pay Agreement Process in ASC**

As part of implementing the Employment Rights Bill, at the end of September 2025, the Government opened a consultation to gather views on the process for establishing a Fair Pay Agreement in ASC. This consultation is due to close on 16<sup>th</sup> January 2026.

##### **Tender of the Homeless Families Supported Accommodation Service (Grangeway Court)**

Work is being undertaken to prepare for a tender exercise for a new integrated service and will be subject to the new Procurement Regulations (2023). Work is being undertaken with Children's directorate and Corporate services (Community Safety) to expand the Service Specification to include 12 additional accommodation units at Grangeway Court that will be utilised for Domestic Abuse. It is proposed that there will be one, single support provider for the whole site (26 units of accommodation). A separate tender for refurbishment works for the additional 12 units of accommodation at Grangeway Court (currently in disuse) is currently live and the refurbishment works will run alongside the tender for the service provider. It is anticipated that the new contract will commence on 1<sup>st</sup> December 2026. Adult Social Care will lead on the commissioning of the new integrated service and will work alongside Children's and Community Safety throughout the tender process. It is proposed that there will be joint contract management once the service is in place, led by Adult Social Care, in conjunction with Community Safety.

### **Asylum / Refugee Homelessness**

Due to the change in discontinuation notice period from 56 days to 28 days this has resulted in an increase in presentations from asylum seekers receiving positive refugee decisions. Many clients do not meet the homelessness criteria, resulting in an increase in rough sleeping within the Borough and further legal challenges, which can prove costly to the Local Authority. It is anticipated that there will continue to be an increase across this cohort which is being closely monitored.

### **Public Health**

Our Health Protection team and Environmental Health team have been working with Emergency Planning and the Cheshire Resilience Form on a national exercise preparing for the next Pandemic. There will be some important learning from this exercise on how we can ensure that Halton Borough Council is aware of its duties and how to protect the local population. Key emerging issues are there needs to be an adequate amount of PPE available and therefore sufficient space to store this.

The public health intelligence team have produced a report on healthy eating in Halton that takes a look at the factors that impact on this issues.

<https://www3.halton.gov.uk/Documents/public%20health/JSNA/Healthy%20eating.pdf>

Key barriers to incorporating healthy foods in diets include:

- Cost of healthy food/ Cost of living
- High density of fast-food outlets
- Low nutritional literacy
- Limited cooking skills
- Food deserts in deprived area

The report concludes: Addressing the barriers to healthy eating requires a collaborative, multi-sectoral approach that ensures all residents, regardless of age, income, location understand how to nourish their bodies. By investing in nutrition education, improving food access, and supporting community-led initiatives, Halton can build a healthier, more resilient population for generations to come.

## **4.0 Risk Control Measures**

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements. During the development of Directorate Business Plans, services were required to undertake a risk assessment of all key service objectives with high risks included in the Directorate Risk Registers.

## **5.0 Progress against high priority equality actions**

There have been no high priority equality actions identified in the quarter.

## **6.0 Performance Overview**

The following information provides a synopsis of progress for both milestones and performance indicators across the key business areas that have been identified by the Directorates. It should

be noted that given the significant and unrelenting downward financial pressures faced by the Council there is a requirement for Departments to make continuous in-year adjustments to the allocation of resources in order to ensure that the Council maintains a balanced budget. Whilst every effort continues to be made to minimise any negative impact of such arrangements upon service delivery they may inevitably result in a delay in the delivery of some of the objectives and targets contained within this report. The way in which the Red, Amber and Green, (RAG), symbols have been used to reflect progress to date is explained at the end of this report.

### **Adult Social Care**

#### **Key Objectives / Milestones**

| <b>Universal Prevention &amp; Wellbeing: Universal Services that connect people with their communities</b> |                                                                                                                                                          |                                                                                       |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <b>Ref</b>                                                                                                 | <b>Milestones</b>                                                                                                                                        | <b>Q2 Progress</b>                                                                    |
| DO1.1                                                                                                      | Creation of a Universal offer for Wellbeing                                                                                                              |    |
| DO1.2                                                                                                      | Evaluation from service users, carers and families and partners to feed into service development and commissioning processes                             |    |
| DO1.3                                                                                                      | Proportion of people aged 65 and over discharged from hospital into reablement and who remained in the community within 12 weeks of discharge (ASCOF 2D) |  |
| DO1.4                                                                                                      | Proportion of Carers in receipt of Direct Payments                                                                                                       |  |
| DO1.5                                                                                                      | Proportion of Carers who receive self-directed support                                                                                                   |  |

### **Supporting Commentary**

| <b>Ref</b> | <b>Supporting Commentary</b> |
|------------|------------------------------|
| DO1.1      | Data not available for Q3    |
| DO1.2      | Data not available for Q3    |
| DO1.3      | Data not available for Q3    |
| DO1.4      | Data not available for Q3    |
| DO1.5      | Data not available for Q3    |



**Independent at Home:** Timely interventions that focus on strengths, wellbeing and independence. A responsive and co-ordinated offer of support in times of crisis or escalating need.

| Ref   | Milestones                                                                                                                                                                          | Q2 Progress                                                                         |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| DO2.1 | Percentage of people who are signposted to services                                                                                                                                 |  |
| DO2.2 | Proportion of people who received short-term services during the year - who previously were not receiving services where no further request was made for ongoing support (ASCOF 2A) |  |
| DO2.3 | Proportion of people aged 65 and over discharged from hospital into reablement and who remained in the community within 12 weeks of discharge (ASCOF 2D)                            |  |
| DO2.4 | Number of People admitted into Reablement Service                                                                                                                                   |  |
| DO2.5 | Number of people admitted into Intermediate Care Beds                                                                                                                               |  |

### Supporting Commentary

| Ref   | Supporting Commentary                                                                                                                                                                                                                                                                                 |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DO2.1 | Data not available for Q3                                                                                                                                                                                                                                                                             |
| DO2.2 | Data not available for Q3                                                                                                                                                                                                                                                                             |
| DO2.3 | Data not available for Q3                                                                                                                                                                                                                                                                             |
| DO2.4 | <p>2024/25 Actual = 520<br/> 2025/26 Target = 520<br/> 2025/26 Q3 = 139</p> <p>Cumulative figures (April'25 – December'25) = 369. Currently on track to achieve 2025/26 target.</p>                                                                                                                   |
| DO2.5 | <p>2024/25 Actual = 161<br/> 2025/26 Target = 160<br/> 2025/26 Q3 = 43</p> <p>Cumulative figures (April'25 – December'25) = 122. Currently on track to achieve 2025/26 target. The aim for 2025/26 is to maintain the 2024/25 level of admissions made into the Oakmeadow Intermediate Care Beds.</p> |

**Care in the Home:** Providing support in people's own homes, which is personalised, safe, and compassionate, creating an enabling environment for them to thrive, including for those with Complex Needs.

| Ref   | Milestones                                                                                                                                                 | Q2 Progress                                                                         |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| DO3.1 | Proportion of people who are supported in their own homes.                                                                                                 |  |
| DO3.2 | DO3 2: Proportion of people who receive long-term support who live in their home or with family (ASCOF 2E)                                                 |  |
| DO3.3 | Proportion of section 42 safeguarding enquiries where a risk was identified, and the reported outcome was that this risk was reduced or removed (ASCOF 4B) |  |
| DO3.4 | Proportion of people using social care who receive self-directed support, and those receiving direct payments (ASCOF 3D)                                   |  |

### Supporting Commentary

| Ref   | Supporting Commentary     |
|-------|---------------------------|
| DO3.1 | Data not available for Q3 |
| DO3.2 | Data not available for Q3 |
| DO3.3 | Data not available for Q3 |
| DO3.4 | Data not available for Q3 |

**Good, Local, Affordable, Quality Care:** Developing a care and support market, that provides choice, sufficiency and person-centred care

| Ref   | Milestones                                                                                        | Q2 Progress                                                                           |
|-------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| DO4.1 | Develop & Publish Halton Adult Social Care Market Position Statement.                             |  |
| DO4.2 | Work with providers on the effective deployment of the Market Sustainability Improvement Funding. |  |
| DO4.3 | New accommodation provision – increased number of “own front door” services.                      |  |
| DO4.4 | Number of adults with learning disabilities who are in paid employment                            |  |
| DO4.5 | Blended model of care (digital tech) to improve flexibility and independence and realise savings  |  |

**Supporting Commentary**

| Ref   | Supporting Commentary                                                                                                                   |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------|
| DO4.1 | Data not available for Q3                                                                                                               |
| DO4.2 | Data not available for Q3                                                                                                               |
| DO4.3 | No new provision to date, but development with Halton Housing on schedule to deliver a 10 unit own front door scheme by September 2026. |
| DO4.4 | Data not available for Q3                                                                                                               |
| DO4.5 | Data not available for Q3                                                                                                               |

**A Confident, Sufficient and Skilled Workforce:** A skilled workforce that is recognised, respected and valued

| Ref   | Milestones                                                                                           | Q2 Progress                                                                           |
|-------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| DO5.1 | Development of Workforce Strategy                                                                    |    |
| DO5.2 | Proportion of staff in the formal care workforce leaving their role in the past 12 months (ASCOF 6A) |  |

**Supporting Commentary**

| Ref   | Supporting Commentary                                                                                                                                                                                                                                                                                                                                                             |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DO5.1 | Workforce Strategy has been developed and was signed off by Executive Board in October 2025. Work will now focus on Strategy's implementation. Terms of Reference for an associated Steering Group has been drafted, and work will continue on development of an associated implementation plan.                                                                                  |
| DO5.2 | 2024/25 Actual = 150<br>2025/26 Target = TBA<br>2025/26 Q4 = NA<br>The 2024/25 Actual figure has been updated and includes permanent and temporary staff leaving their role. This is an annual submission from the Adult Social Care Workforce Data Set; information will not be available until the submission has been validated. 2025/26 data will be published in April 2026. |

## Public Health

### Key Objectives / Milestones

| Service Objective 1: Child health                                                                                                                                          |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |    |                                               |    |                                                            |    |                                                     |    |                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----|-----------------------------------------------|----|------------------------------------------------------------|----|-----------------------------------------------------|----|--------------------------------------------------|
| Linked Indicators: PH02, PH03                                                                                                                                              |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |    |                                               |    |                                                            |    |                                                     |    |                                                  |
| Milestone                                                                                                                                                                  | Q3 Progress                                                                         | Supporting Commentary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           |    |                                               |    |                                                            |    |                                                     |    |                                                  |
| Working with partner organisations to improve the development, health and wellbeing of children in Halton and to tackle the health inequalities affecting that population. |    | <p><b><u>0-19 Contract</u></b></p> <p>Overall, the most recent quarterly performance information (Q2) demonstrates a strong and increasingly integrated focus on improving child health outcomes across the 0–19 pathway, with good delivery of mandated contacts, strong safeguarding and SEND contributions (100% compliance with EHCNA), and clear evidence of impact in early intervention, emotional wellbeing and school health. Key strengths include sustained delivery of public health interventions (e.g. anxiety support, oral health, NCMP digitalisation, infant feeding, and PIMH), high levels of multi-agency working (CIN, MAP and safeguarding), and positive family feedback, alongside improving workforce stability with all key vacancies now recruited to. Notable developments include the digitalisation of NCMP, the 3–3.5 year integrated review pilot and strengthened 2-year review pathway, and significant progress in Parent Infant Mental Health and Start for Life offer, including new groups, pathways and a published evaluation. Infant feeding remains a strategic priority with ongoing work towards Gold standard, workforce expansion, earlier contact points (3-week contact) and strong community engagement, although data shows a modest short-term dip in breastfeeding continuation which is being actively addressed. The Family Nurse Partnership service continues to perform well with low attrition, good immunisation and breastfeeding outcomes.</p> |                                           |    |                                               |    |                                                            |    |                                                     |    |                                                  |
|                                                                                                                                                                            |  | <p><b><u>Infant Feeding</u></b></p> <p>The infant feeding offer continues to offer weekly drop-in support groups, in addition to home visits and telephone support in the postnatal period, plus antenatal contact and workshops. HIT work closely with the Infant Feeding Specialist from Halton 0-19 team to offer joined-up universal and specialist services.</p> <table><tr><td>Women supported with <b>breastfeeding</b></td><td>86</td></tr><tr><td>of whom were supported via <b>home visits</b></td><td>52</td></tr><tr><td>Women supported with <b>safe formula feeding</b> via phone</td><td>71</td></tr><tr><td>Women attending <b>breastfeeding support groups</b></td><td>27</td></tr><tr><td>Parents attending <b>infant feeding drop-ins</b></td><td>53</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Women supported with <b>breastfeeding</b> | 86 | of whom were supported via <b>home visits</b> | 52 | Women supported with <b>safe formula feeding</b> via phone | 71 | Women attending <b>breastfeeding support groups</b> | 27 | Parents attending <b>infant feeding drop-ins</b> |
| Women supported with <b>breastfeeding</b>                                                                                                                                  | 86                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |    |                                               |    |                                                            |    |                                                     |    |                                                  |
| of whom were supported via <b>home visits</b>                                                                                                                              | 52                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |    |                                               |    |                                                            |    |                                                     |    |                                                  |
| Women supported with <b>safe formula feeding</b> via phone                                                                                                                 | 71                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |    |                                               |    |                                                            |    |                                                     |    |                                                  |
| Women attending <b>breastfeeding support groups</b>                                                                                                                        | 27                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |    |                                               |    |                                                            |    |                                                     |    |                                                  |
| Parents attending <b>infant feeding drop-ins</b>                                                                                                                           | 53                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |    |                                               |    |                                                            |    |                                                     |    |                                                  |

|                                                                               |     |
|-------------------------------------------------------------------------------|-----|
| Expectant parents attending <b>antenatal infant feeding workshop</b>          | 19  |
| Expectant parents successfully contacted in <b>antenatal period via phone</b> | 104 |
| Parents attending <b>Introducing Solid Foods</b> workshops                    | 64  |
| New settings joining <b>Breastfeeding Welcome scheme</b>                      | 13  |
| 'Mammals and Milk' <b>school workshops</b> delivered                          | 11  |
| <b>Pupils</b> participating in 'Mammals and Milk' workshops                   | 290 |

#### **Parent workshops**

**HENRY Programme (preventing obesity for under 5s)** facilitated jointly by HIT and 0-19 staff.

Outcome data reports demonstrate consistent improvements in parenting confidence score and lifestyle scores by those completing courses. This quarter we delivered one 8-week programme, with **9 parents completing**. In addition to **15 parents** attending one-off HENRY workshops.

7 Halton practitioners attended 4-day training for **HENRY Healthy Families Growing Up (5-12 years)** this quarter. We are planning to launch delivery of this programme in Q4 predominantly in schools.

**HIT Parent workshops: 12 parents** attended online parent workshops on sleep and screens, and physical activity and sugars.

#### **Healthy Schools and Healthy Early Years**

At start of the 2025-26 academic year in September, we begin to re-engage schools with the **Healthy Schools award** for. This academic year, we are introducing **Gold, Silver and Bronze awards**. Bronze is a basic award for participation, Silver is for schools who evidence that they meet at least 15/18 criteria for whole school approaches to health and wellbeing, and schools achieve Gold if they demonstrate a commitment and actions to implement whole-school approaches to healthy weight.

In Q3, **19 schools** (29%) completed their **annual visit**. We delivered **29 pupil workshops** to a total of **560 children** (excluding 'Mammals and Milk' workshops already counted above). **10 pupils** completed a **School Council** campaign, facilitated by HIT.

We continue to engage early years settings and childminders to achieve or renew the Halton Healthy Early Years award (HHEYS). **15 settings/childminders achieved their award** this quarter.

The **Supervised Toothbrushing** programme continues to expand, with **29 staff from 5 settings** attending training. As a result, **238 additional children** can participate in the scheme.

|  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  |  | <p><b><u>Teen Lifestyle Programme</u></b></p> <p><b>27 young people</b> commenced on the Teen Lifestyle and Leisure Programme. This programme is for eligible 13-19 year olds, aligned with Core20Plus5 priorities. Young people receive support from a health coach over the phone and via What's App and receive a 3-month funded gym pass upon completion of baseline appointment. All <b>27</b> new starters live in <b>IMD 1-2</b>.</p> <p>For young people who fully engage with monthly progress calls with their health coach, they are granted a further 3 months funded gym pass. <b>14 young people progressed</b> on to a further 3 months on the programme this qua</p> |
|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Service Objective 2: Adult weight and physical activity                                   |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Linked Indicators: PH04, PH05                                                             |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Milestone                                                                                 | Q3 Progress                                                                       | Supporting Commentary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Reduce levels of adult excess weight (overweight and obese) and adult physical inactivity |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                           |  | <p><b>Fresh start</b> During <b>Quarter 3</b>, <b>356</b> referrals were made into the service. This is an <b>decrease</b> on the previous quarter. The service target is to get at least 70% of those referred to engage with the program. This would equate to number 249 of patients. Of those who was referred during <b>quarter 3</b>, <b>84</b> patients have so far recorded an initial contact, a further 39 have appointments booked, and <b>50 are awaiting action</b>. The Fresh Start service has a target to ensure 50% of those who have been referred onto the program achieve 12 weeks on the program and lose 5% of the starting weight. For <b>quarter 3</b> this number of patients should be <b>80</b> who started the service in <b>quarter 2</b>. <b>This quarter, 63</b> patients completed 12 weeks which is <b>39%</b></p> <p><b><u>Exercise on prescription</u></b></p> <p>During quarter 3, 370 referrals were made into the service. This is a decrease of 21% on referrals in the previous quarter. The service target is to get at least 70% of those referred to engage with the program. This would equate to 259 number of patients. Of those who was referred during <b>quarter 3</b>, <b>232</b> patients have so far recorded an initial consultation. This equals 62.3% percentage of patients. This is an <b>increase</b> on the number of patients who started the service in the previous quarter.</p> |

|  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  |  | <p>The Exercise on Prescription service has a target to ensure 50% of those who have been referred onto the program achieve 12 weeks on the program and all should improve some form of functional outcome. Functional improvements could improve strength, balance, sit to stand, timed get up and go, quality of life improvement or wellbeing improvement. For <b>quarter 3</b> the number of patients should be <b>106</b>, who started the service in quarter <b>2</b>. This <b>quarter</b>, 88 patients have so far completed 12 weeks which is <b>41.5%</b> percentage.</p> <p>During Q3 Halton received notice that they have been successful in a funding bid from Sports England to invest in a place based expansion project to develop a system approach to increasing physical activity. Funding should be received during Q4. HIT have attended various meeting to promote this work and gain insights and buy in from partners which there has been a lot of interest across the system.</p> |
|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Service Objective 3: NHS Health Checks                                                                                                                 |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Linked Indicators: PH06                                                                                                                                |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Milestone                                                                                                                                              | Q3 Progress                                                                         | Supporting Commentary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Ensure local delivery of the NHS Health Checks programme in line with the nationally set achievement targets and locally set target population groups. |  | Haltons invite target per quarter is to send 1900 invites. During Q3 2025/26 2017 invites were sent which is 26.5% of the yearly target achieved. Based on the number of invites sent there is a national target of 75% uptake of patients invited who should have a health check completed. This would equal 1512 patients for us in Halton. During Q3 1044 health checks were completed, which is a 66.4% uptake. From the number of health checks completed 497 people have been referred onto either primary care for clinical follow up or lifestyle services for behaviour change. This means that 49.5% of health checks completed have been referred on. |

The NHS Health Check service has identified data following NHS Health Checks on the uptake of statin use as an area to work on and have met with Primary Care and ICB colleagues to plan how to support statin uptake to reduce cholesterol levels within the population. Work is ongoing.

#### Service Objective 4: Smoking

##### Linked Indicators: PH07

| Milestone                                                                                                                     | Q3 Progress                                                                       | Supporting Commentary                                    |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------|
| Reduce smoking prevalence overall and amongst routine/manual and workless groups and reduce the gap between these two groups. |  | Quitting data from 01/04/2025 – 31/12/2025: Q1 & Q2 & Q3 |
|                                                                                                                               |                                                                                   |                                                          |
|                                                                                                                               |                                                                                   |                                                          |
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|                                                                                                                                                                                                                                           |  |                                                                                       |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|-----|
|                                                                                                                                                                                                                                           |  | However, still awaiting 4 week outcomes for 14 clients in Q3 so quit rate will change | 14  |
|                                                                                                                                                                                                                                           |  | Routine/Manual Set a Quit Date                                                        | 114 |
|                                                                                                                                                                                                                                           |  | Routine/Manual Quit                                                                   | 63  |
|                                                                                                                                                                                                                                           |  | Current Quit Rate                                                                     | 54% |
|                                                                                                                                                                                                                                           |  | However, still awaiting 4 week outcomes for 4 clients so quit rate will change        | 4   |
|                                                                                                                                                                                                                                           |  |                                                                                       |     |
| <p>Overall <b>378/669</b> clients setting a quit date this year <b>(2025-2026)</b> so far are from workless and routine &amp; manual groups. This equates to <b>56%</b> majority.</p>                                                     |  |                                                                                       |     |
| <p>Overall <b>185/378</b> clients quitting this year <b>(2025-2026)</b> are from workless and routine&amp; manual groups. This equates to a current quit rate of <b>49%</b> with 4 week outcomes still required for <b>25</b> clients</p> |  |                                                                                       |     |

| Service Objective 5: Suicide reduction   |                                                                                     |                                                                                                                                                                                                                                                                                                  |
|------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Linked Indicators: PH08, PH09            |                                                                                     |                                                                                                                                                                                                                                                                                                  |
| Milestone                                | Q3 Progress                                                                         | Supporting Commentary                                                                                                                                                                                                                                                                            |
| Work towards a reduction in suicide rate |  | We continue to work closely with partners and Champs on the Zero Suicide Agenda and consistently drive Halton's action plan to contribute to reduction in suicides. The latest suicide audit is complete and will be used to refresh the local action plan. A draft suicide action plan has been |

|  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  |  | <p>developed along with a draft suicide prevention strategy. Work is underway to create an engagement event on Worlds Suicide prevention day in September for partners and public to contribute to the new strategy and action plan. The new Real Time Surveillance QES system has been implemented by Champs. Further development of the system is planned to enable local areas to request real time information from key partners to understand whether the deceased was known to them enabling learning to take place in real time. Easy read version of Self harm work booklets developed for staff working with Children and Young People are now available. World Suicide prevention day: Collaboration with James Place to raise awareness of the lifesaving support for men in suicidal crisis. <b>31</b> attendees; <b>40</b> viewed the recording. Real Time Surveillance notifications for <b>Q3 2025/2026</b> is <b>2</b> which is the same for <b>Q3 for 2023/2024</b> however we wouldn't receive notifications for deaths of Halton residents that happen outside of Cheshire and Merseyside so Real Time Surveillance notifications for both periods could be higher than 2. National suicide rates provided by Fingertips public Health profiles demonstrate a probable increase in suicide rates for males aged 25-44 and a probable decline for males aged 45-64 for the period 2020-2024. However suicide rates are based on dates coroners inquests concluded the death was a suicide and not the date the death occurred. Delays in coroners inquests impact suicide rates as significant numbers of deaths occurred outside of the time period stated.</p> |
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|                                          |                    |                              |
|------------------------------------------|--------------------|------------------------------|
| <b>Service Objective 6: Older people</b> |                    |                              |
| <b>Linked Indicators: PH10, PH11</b>     |                    |                              |
| <b>Milestone</b>                         | <b>Q3 Progress</b> | <b>Supporting Commentary</b> |

|                                                                                                                                    |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Contribute to the reduction of falls of people aged 65 and over and reduction in levels of social isolation and loneliness.</p> |  | <p>In quarter 3, Stronger for Longer received 34 referrals. 14 assessments were completed. Of the 5 clients who finished the 12 week Stronger for Longer programme, 60% reported an increase in accessing social activities in the community and 80% reported an improvement in loneliness, measured indirectly using the ONS loneliness score. 100% of clients who completed the 12 week programme achieved or partially achieved at least one of their initial goals, therefore improving an aspect of their health and wellbeing.</p> <p>Following assessment, 36% of clients were suitable for and agreed to an Exercise on Prescription referral contributing to reducing the risk of falls of people aged 65 and over.</p> <p>Engagement in community events has dropped slightly, with 130 attendees across the events in Quarter 3, however there were 18 new attendees this quarter which is promising. Looking ahead to quarter 4 we have established a new collaboration with Adult Day Services to increase the healthy food offering at Get Togethers, alongside some tweaks to the activities on offer at the events. The events will have background music rather than live entertainment to allow attendees socialise, with the aim of reducing loneliness, as well as giving time for short introductory activities and signposting to activities in the community which attendees could continue as healthy living choices.</p> |
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|                                            |                               |                                     |
|--------------------------------------------|-------------------------------|-------------------------------------|
| <p><b>Service Objective 7: Poverty</b></p> |                               |                                     |
| <p><b>Linked Indicators: PH12</b></p>      |                               |                                     |
| <p><b>Milestone</b></p>                    | <p><b>Q3<br/>Progress</b></p> | <p><b>Supporting Commentary</b></p> |

|                                                                                                                                                                         |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| <p>To increase awareness of fuel poverty and drive change to tackle the issue through better understanding of services available across Halton (staff and clients).</p> |  | <p>In partnership with Halton VCA we have brought together local community groups to relaunch a local food provision network. The network consists of community groups from the area that offer any form of food provision, community growers and any organisations offering connected support such as affordable cooking sessions. The main aims of the network are to secure the sustainability of the groups in the network, supporting them with locations and working together to secure a supply of affordable food remains in place. From our initial meetings we have begun to map all available outlets in the area which has helped to identify some gaps in provision and some smaller local groups that we can approach to help connect them to the wider offer.</p> <p>Work is ongoing at a local and regional level to work on new ways of integrating the support available for fuel poverty and improving home conditions within the care offer for those with health conditions exacerbated by cold homes. Partners in the area met at a Merseyside fuel poverty conference in November to discuss the impact different processes have had. Current schemes include sharing data with partners, including screening questions around fuel poverty within triage for those with certain conditions and taking advantage of co-location to offer holistic support together.</p> |
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| Service Objective 8: Sexual health |             |                       |
|------------------------------------|-------------|-----------------------|
| Linked Indicators: PH13, PH14      |             |                       |
| Milestone                          | Q3 Progress | Supporting Commentary |

|                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>To continue to provide an easily accessible and high quality local sexual health service, ensuring adequate access to GUM and contraceptive provision across the Borough, whilst reducing the rate of sexually transmitted infections and unwanted pregnancies.</p> | <div data-bbox="864 177 913 225"></div> <p><b><u>Sexual Health Contract</u></b></p> <p>Overall, the contract continues to demonstrate good operational resilience and a strong focus on prevention and population health. Activity levels remain robust, with the service maintaining throughput despite workforce pressures, and there is clear evidence of continued improvement in outreach and engagement, particularly with young people and vulnerable groups. The provider is delivering an increasingly comprehensive prevention offer, including PrEP, vaccinations, HPV catch-up and targeted community initiatives, and is showing a positive commitment to service development through digital innovation, new delivery models and improved communications. Workforce development is being actively progressed, with successful recruitment to specialist roles and a growing internal skills base, and safeguarding governance remains well embedded. Taken together, this provides assurance that the service is clinically safe, strategically aligned and continuing to modernise while maintaining day-to-day performance.</p> <p><b>Contraception-</b></p> <p>95.3% of Halton pharmacies are registered to deliver an oral contraceptive service, with 76.5% actively delivering the service, which includes emergency contraceptive services.</p> <p><b>Reducing STI Rates-</b></p> <p>Axess continues to deliver sexual and reproductive health advice to Halton residents. Halton continues to experience higher reported rates of STIs than the England average, reflecting long-standing deprivation and testing patterns. Total new STI diagnoses have not shown a statistically significant reduction year-on-year in the latest published dataset. However, there are early positive signals in specific areas, particularly among younger people, which align with prevention activity.</p> <p><b>HIV Rates-</b></p> |
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|  |  | <p>The Government published the HIV Action Plan for England 2025–2030 on 1 December 2025, setting out how health and care systems, including Halton’s sexual health service, will work together to end new HIV transmissions by 2030. The plan focuses on prevention, testing and treatment, alongside tackling stigma and improving the quality of life for people living with HIV. It is structured around five priorities: preventing HIV transmission through equitable access to prevention services; scaling up testing; rapidly linking and retaining people in effective treatment; supporting people living with HIV to thrive by addressing stigma; and strengthening collaboration across the health system to improve HIV and wider sexual health outcomes.</p> <p>Key actions include commissioning a new HIV Prevention England programme, continuing opt-out blood-borne virus testing in emergency departments, expanding digital HIV testing via the NHS App, and launching the first national retention and re-engagement initiative to support people living with HIV to stay in care.</p> |
|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Service Objective 9: Drugs and alcohol                                      |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Linked Indicators: PH15, PH16                                               |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Milestone                                                                   | Q3 Progress                                                                         | Supporting Commentary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Work in partnership to reduce drug and alcohol related hospital admissions. |  | The 2025 service review of Halton’s adult drug and alcohol treatment service, delivered by CGL, was commissioned to assess performance, quality, outcomes and value for money ahead of the current contract ending in 2027, using a comprehensive mixed-methods approach including service user and partner feedback, benchmarking and performance analysis. The review found a high-performing and good-value service operating in the context of rising demand, with a 19% increase in people in structured treatment, a 47% rise in new presentations, outstanding CQC |

ratings, strong alcohol and opiate recovery outcomes, and high satisfaction from service users and partners, although challenges remain around high caseloads, drop-out rates, and weaker outcomes for non-opiate and some alcohol cohorts. The review concludes that while the core service is strong and well-regarded, system-wide improvements are needed, particularly in dual-diagnosis pathways, holistic recovery support (housing, employment and volunteering), and multi-agency working, and recommends strengthening performance monitoring, improving communication of the full service offer, managing workforce pressures, and embedding these priorities into commissioning and partnership governance arrangements.

The Ketamine Task and Finish Group was established in early 2025 in response to growing local and national concern about rising ketamine use and associated harms, particularly among young adults, including bladder damage, mental health impacts and links to vulnerability and exploitation. The multi-agency group brings together public health, treatment services, local authority, police, education and hospital partners to coordinate a system-wide response. Since its inception, the group has improved needs assessment, data sharing and surveillance, developed a coordinated action plan, agreed clear referral and clinical pathways, and progressed targeted work across schools and other settings and frontline services. It is also continually working to ensure professional awareness and training, aligned enforcement and licensing approaches, and embedded ketamine within wider substance misuse and harm reduction strategies. This work has moved the system from fragmented activity to a more coherent, preventative response, with delivery now focused on implementation, scaling impact and monitoring outcomes.

Audit C screenings are delivered during Health Checks, Stop Smoking consultations and Lifestyle Advisor sessions to clients across Halton. During Q1 and Q3 Health Trainers/Health Check Officers have delivered **2,047 Audit C screenings** in workplaces, GP practises and in the community. During Q1 and Q3 Lifestyle Advisors have delivered **131 Audit C Screenings**

|  |  |                                                                                                                                            |
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|  |  | <p>and during Q1, 2, and 3 the Stop Smoking Service have delivered <b>403 Audit C screenings</b> with clients wishing to stop smoking.</p> |
|--|--|--------------------------------------------------------------------------------------------------------------------------------------------|

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|  |  | <p>Total combined <b>Audit C screenings delivered = 2,581</b></p> |
|--|--|-------------------------------------------------------------------|



| Ref   | Description                                                                                                                 | Actual<br>2024/25  | Target<br>2025/26        | Quarter 3               | Current<br>Progress                                                                   | Direction<br>of Travel                                                                | Supporting Commentary                                                                                                                                                                                  |
|-------|-----------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------|-------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PH01a | Healthy life expectancy at birth:<br>females (years)                                                                        | 58.6<br>(2020-22)  | 58.8<br>(2019-21)        | 56.8<br>(2021-23)       |    |    | 2021-23 data showed a significant drop since 2020-22 of almost 2 years in healthy life expectancy. This will have been largely the result of the Covid-19 pandemic but also the cost of living crisis. |
| PH01b | Healthy life expectancy at birth:<br>males (years)                                                                          | 58.6<br>(2020-22)  | 58.8<br>(2019-21)        | 56.6<br>(2021-23)       |    |    | 2021-23 data showed a significant drop since 2020-22 of 2 years in healthy life expectancy. This will have been largely the result of the Covid-19 pandemic but also the cost of living crisis.        |
| PH02  | A good level of child development<br>(% of eligible children achieving a good level of development at the end of reception) | 61.2%<br>(2023/24) | TBC*                     | 62.2%<br>(2024/25)      |    |    | The Halton percentage increased in 2024/25. Halton performs below the England average. Data is released annually.                                                                                      |
| PH03  | Health Visitor new births visits<br>(% of new births receiving a face to face visit by a Health Visitor within 14 days)     | 90.1%<br>(2024/25) | 90%<br>(standing target) | 89.5%<br>(Q1-2 2025/26) |    |    | The 2024/25 data has seen an increase from 2023/24, and has met the target of 90%. The Q1-2 percentage is similar to the 2024/25 level.                                                                |
| PH04  | Prevalence of adult excess weight<br>(% of adults estimated to be overweight or obese)                                      | 72.7%<br>(2022/23) | 72.0%<br>(2023/24)       | 73.6%<br>(2023/24)      |  |  | Adult excess weight increased each year since 2020/21 and did not meet the target in 2023/24. Data is published annually by OHID.                                                                      |
| PH05  | Percentage of physically active adults                                                                                      | 62.8%<br>(2022/23) | 62.8%<br>(2023/24)       | 63.2%<br>(2023/24)      |  |  | Adult physical activity increased slightly in 2023/24, but is below the England average of 67.4%. Data is published annually by OHID.                                                                  |

| Ref  | Description                                                                                                                                     | Actual<br>2024/25  | Target<br>2025/26 | Quarter 3                      | Current<br>Progress                                                                   | Direction<br>of Travel                                                                | Supporting Commentary                                                                                                                                                                                                                                    |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------|--------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PH06 | Uptake of NHS Health Check<br>(% of NHS Health Checks offered which were taken up in the quarter)                                               | 60%<br>(2024/25)   | 60%<br>(2025/26)  | 70%<br>(Q1-2<br>2025/26)       |    |    | Q1-2 2025/26 data has seen an increase in uptake from 2024/25 so far, and is on course to meet the target.                                                                                                                                               |
| PH07 | Smoking prevalence<br>(% of adults who currently smoke)                                                                                         | 13.7%<br>(2023)    | 13.0%<br>(2024)   | 8.5%<br>(2024)                 |    |    | Smoking levels decreased in 2024 and met the target. Prevalence between 2020 and 2023 was revised as part of the 2024 update<br>Data is published annually.                                                                                              |
| PH08 | Deaths from suicide<br>(directly standardised rate per 100,000 population)                                                                      | 15.4<br>(2022-24)  | TBC*<br>(2023-25) | n/a                            |    |    | The suicide rate increased during 2021-23 and 2022-24 and is now statistically higher than the England average. Official data is published annually over a three year period and provisional local data for 2023-25 will be available during Q4 2025/26. |
| PH09 | Self-harm hospital admissions<br>(Emergency admissions, all ages, directly standardised rate per 100,000 population)                            | 224.4<br>(2023/24) | TBC*              | 179.4<br>(2024/25 provisional) |    |   | Provisional 2024/25 data shows the rate of self-harm admissions has reduced since 2023/24.<br>Data is available annually.                                                                                                                                |
| PH10 | Emergency admissions due to injuries resulting from falls in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition) | 2,144<br>(2023/24) | TBC*              | 2,194<br>(2024/25 provisional) |  |  | Provisional data shows there have been a similar number of falls injuries in 2024/25 compared to 2023/24. Halton's rate in 2023/24 was statistically similar to the England average. Data is available annually.                                         |

| Ref  | Description                                                                                                          | Actual<br>2024/25  | Target<br>2025/26 | Quarter 3                       | Current<br>Progress | Direction<br>of Travel | Supporting Commentary                                                                                                                                     |
|------|----------------------------------------------------------------------------------------------------------------------|--------------------|-------------------|---------------------------------|---------------------|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| PH11 | Social Isolation: percentage of adult social care users who have as much social contact as they would like (age 65+) | 36.2%<br>(2022/23) | TBC*              | 40.7%<br>(2023/24)              |                     |                        | The proportion of adult social care users having as much social contact as they would like increased in 2023/24. Data is available annually.              |
| PH12 | Fuel poverty (low income, low energy efficiency methodology)                                                         | 12.4%<br>(2021)    | 12.0%<br>(2023)   | 10.7%<br>(2023)                 |                     |                        | Fuel poverty has improved in Halton since 2020 and is slightly below the England average. Data is published annually but has not been updated since 2023. |
| PH13 | New sexually transmitted infections (STI) diagnoses per 100,000 (excluding chlamydia under 25)                       | 405<br>(2023)      | 399<br>(2024)     | 365<br>(2024)                   |                     |                        | New STI rates decreased in 2024 and rates are consistently better than the England. Data is published annually.                                           |
| PH14 | Long acting reversible contraception (LARC) prescribed as a proportion of all contraceptives                         | 49.2%<br>(2023/24) | 50%<br>(2024/25)  | 50.9%<br>(2024/25)              |                     |                        | Data 2024/25 shows a slight improvement on the 2023/24 annual figure and has met the target.                                                              |
| PH15 | Admission episodes for alcohol-specific conditions<br>(Directly Standardised Rate per 100,000 population)            | 922<br>(2023/24)   | TBC*              | 1,008<br>(2024/25)              |                     |                        | Provisional data shows the alcohol-specific admissions rate has increased during 2024/25.                                                                 |
| PH16 | Successful completion of drug treatment (non-opiate)                                                                 | 24.9%<br>(2024/25) | TBC*              | 26.1%<br>(Oct 2024 – Sept 2025) |                     |                        | The Halton figure increased in 2024/25 and met the target. Data from Oct 2024 to Sept 2025 shows the percentage has increased slightly from 2024/25.      |

\* We are awaiting the final publication of the national Local Government Outcomes Framework and will then review indicators and targets in line.

|                                         |
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| <b>Appendix 2: Financial Statements</b> |
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**Appendix 3 Financial Statements****COMMUNITY CARE****Revenue Budget as at 30th November 2025**

|                                           | Annual<br>Budget<br>£'000 | Budget to<br>Date<br>£'000 | Actual<br>Spend<br>£'000 | Variance<br>(Overspend)<br>£'000 | Forecast<br>Outturn<br>£'000 |
|-------------------------------------------|---------------------------|----------------------------|--------------------------|----------------------------------|------------------------------|
| <b>Expenditure</b>                        |                           |                            |                          |                                  |                              |
| Residential & Nursing                     | 21,977                    | 12,809                     | 12,885                   | (76)                             | (169)                        |
| Domiciliary Care & Supported living       | 16,703                    | 10,487                     | 10,792                   | (305)                            | (488)                        |
| Direct Payments                           | 15,665                    | 10,528                     | 10,608                   | (80)                             | (115)                        |
| Day Care                                  | 712                       | 438                        | 406                      | 32                               | 52                           |
| <b>Total Expenditure</b>                  | <b>55,057</b>             | <b>34,262</b>              | <b>34,691</b>            | <b>(429)</b>                     | <b>(720)</b>                 |
| <b>Income</b>                             |                           |                            |                          |                                  |                              |
| Residential & Nursing Income              | -13,081                   | -7,610                     | -7,620                   | 10                               | 14                           |
| Community Care Income                     | -3,115                    | -1,747                     | -1,659                   | (88)                             | (140)                        |
| Direct Payments Income                    | -1,034                    | -540                       | -636                     | 96                               | 163                          |
| Income from other CCGs                    | -471                      | -230                       | -230                     | 0                                | 0                            |
| Market sustainability & Improvement Grant | -2,796                    | -1,864                     | -1,864                   | 0                                | 0                            |
| Adult Social Care Support Grant           | -6,102                    | -4,068                     | -4,068                   | 0                                | 0                            |
| War Pension Disregard Grant               | -54                       | 0                          | 0                        | 0                                | 0                            |
| <b>Total Income</b>                       | <b>-26,653</b>            | <b>-16,059</b>             | <b>-16,077</b>           | <b>18</b>                        | <b>37</b>                    |
| <b>Net Operational Expenditure</b>        | <b>28,404</b>             | <b>18,203</b>              | <b>18,614</b>            | <b>(411)</b>                     | <b>(683)</b>                 |

**Comments on the above figures:**

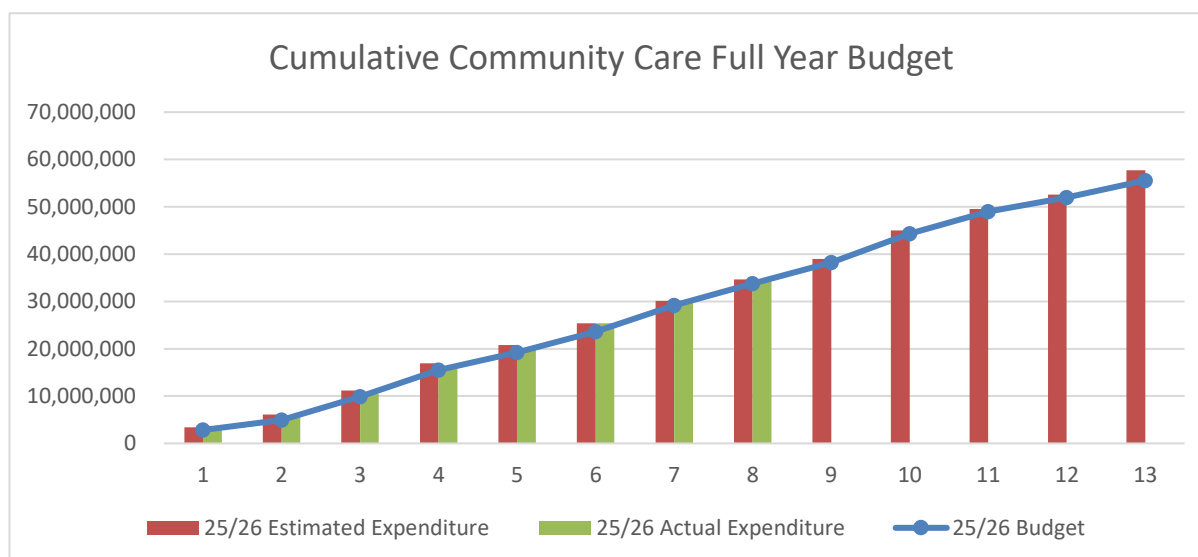
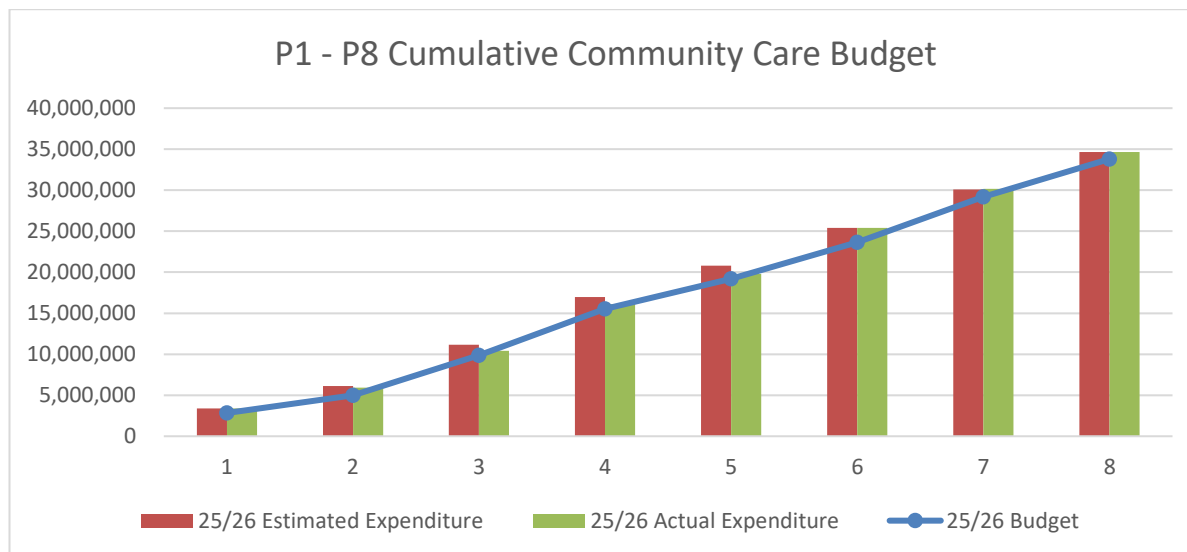
The net spend position for the community care budget at the end of November 2025 is currently £0.411m over the available budget and the year-end anticipated spend is forecast to be £0.683m over planned budget.

In September the expected year-end forecast was reduced from £2.627m to £2.315m due to the impact of the recovery plan. The forecast has since been reduced further to £0.683m by capitalising qualifying staffing and equipment costs against the Disabled Facility Grant (DFG) enabling revenue budget to be utilised against community care budget pressures. Additionally the pool budget has released £0.400m toward this budget's financial performance. Recovery meetings continue and currently focus is on the following areas to try to reduce spend further:-

- Review 1 to 1 packages of care for appropriateness
- Identify and signpost new 15 minute packages of domiciliary care (medicine prompts) which should be commissioned and funded by health under the Care Act.
- Ensure assessments carried out on discharge from hospital are complete and appropriate
- Maximise internal care home capacity

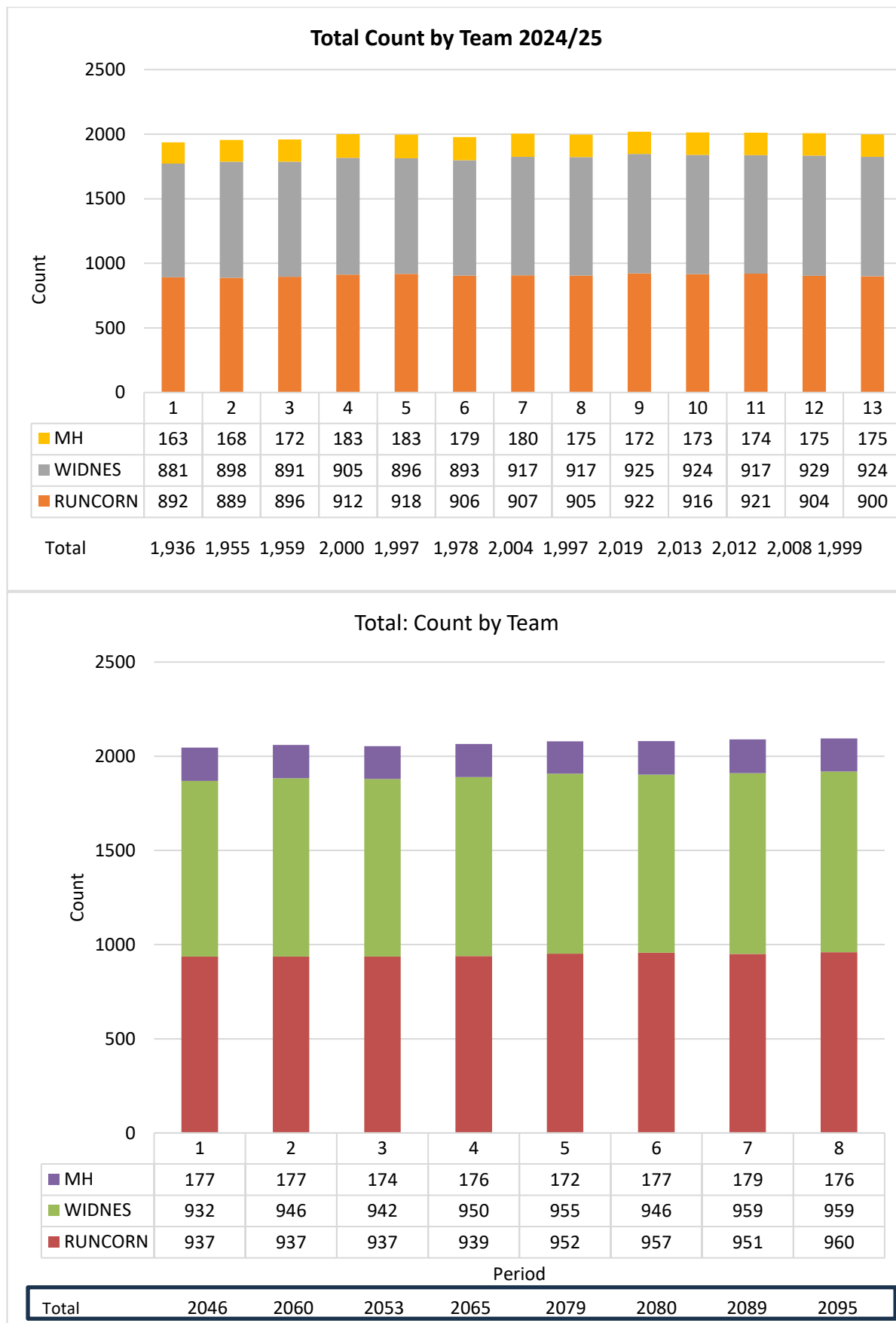
The graphs below show actual spend against expected spend and planned budget. In November actual spend is in line with predicted spend.

Appendix 2: Financial Statements



The graphs below show the total numbers of service users for all services as a whole, residential/nursing, domiciliary/supported living and direct payments. The average total count for 2024/25 was 1,991 and the average for 2025/26 is currently 2,071 an increase of 4%. Numbers across the teams this year are pretty static and there have been no major changes.

## Appendix 2: Financial Statements

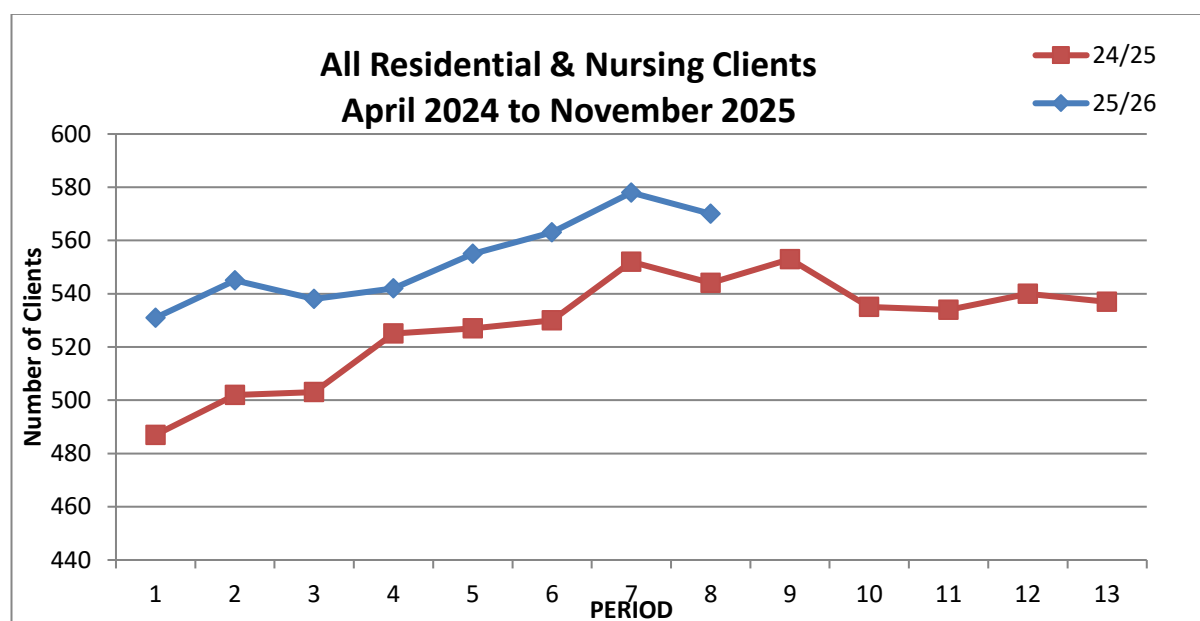


## Appendix 2: Financial Statements

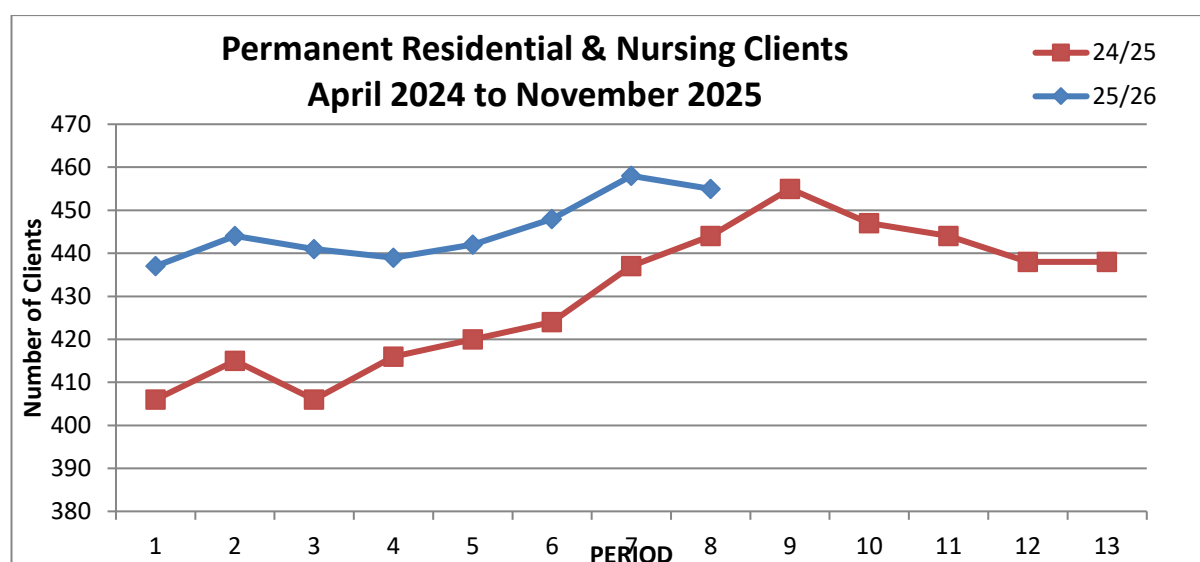
Further analysis of individual service budgets is provided below.

There are currently 570 residents in external residential/nursing care as at the end of November 2025. Compared to the 2024/25 average of 520 this is an increase of 9.6%. The average cost of a package of care is currently £949.76 compared to £850.24 at the end of 2024/25 an increase of 11.7%. Supplementary invoice payments so far amount to £0.509m.

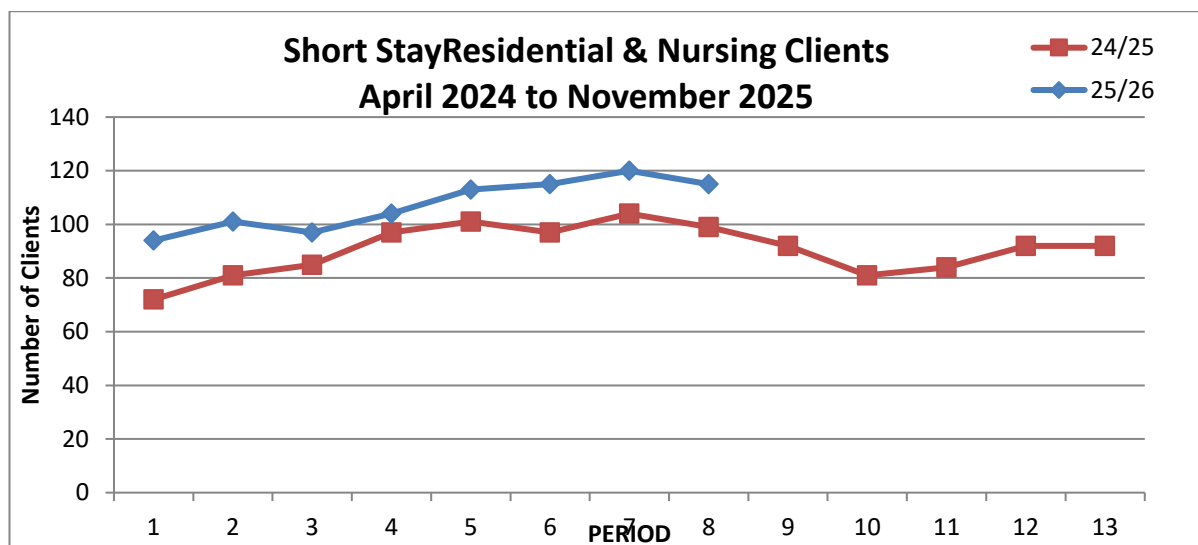
The graph below illustrates the demand for all residential and nursing placements.



The above external care home data can be further split out to show short stay and permanent placements as in the graphs below.



## Appendix 2: Financial Statements

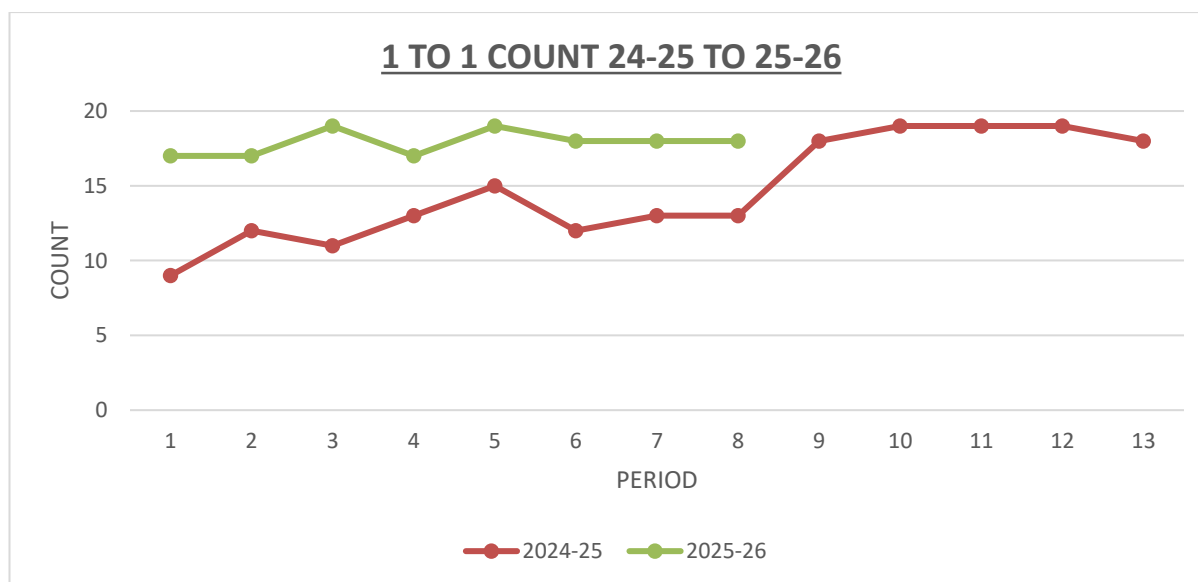


### 1 to 1 Support In Care Homes

Payments for 1 to 1 support continue to exert pressure on the budget. These are generally to mitigate the risk from falls particularly on discharge from hospital. The full year cost for 2024/25 was £837,882.

The graph below shows the count of service users receiving 1 to 1 care by period. Currently there are 18 compared to 13 at the same point last year. This is an increase of 38%. It is expected that these should reduce as packages continue to be reviewed, however commissioning of new packages with a 1:1 care element are resulting in numbers remaining high.

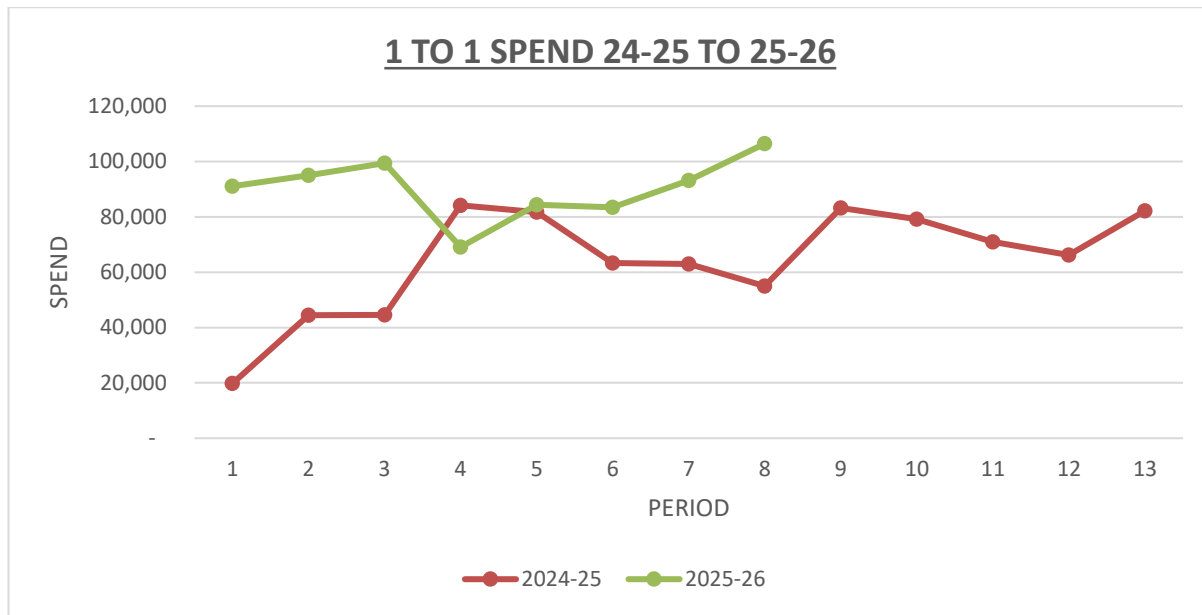
Care homes are providing monitoring reports as part of the review process to establish if there is a need for 1 to 1 care.



The following graph shows the spend on 1 to 1 care by period. This shows that the monthly spend dropped sharply in July as packages were reviewed and 1 service user became continuing healthcare funded. However, spend has continued to increase. This needs to be addressed otherwise the anticipated cost for 1 to 1 care at the current rate will be circa £1.2m at the end of the financial year.



Appendix 2: Financial Statements



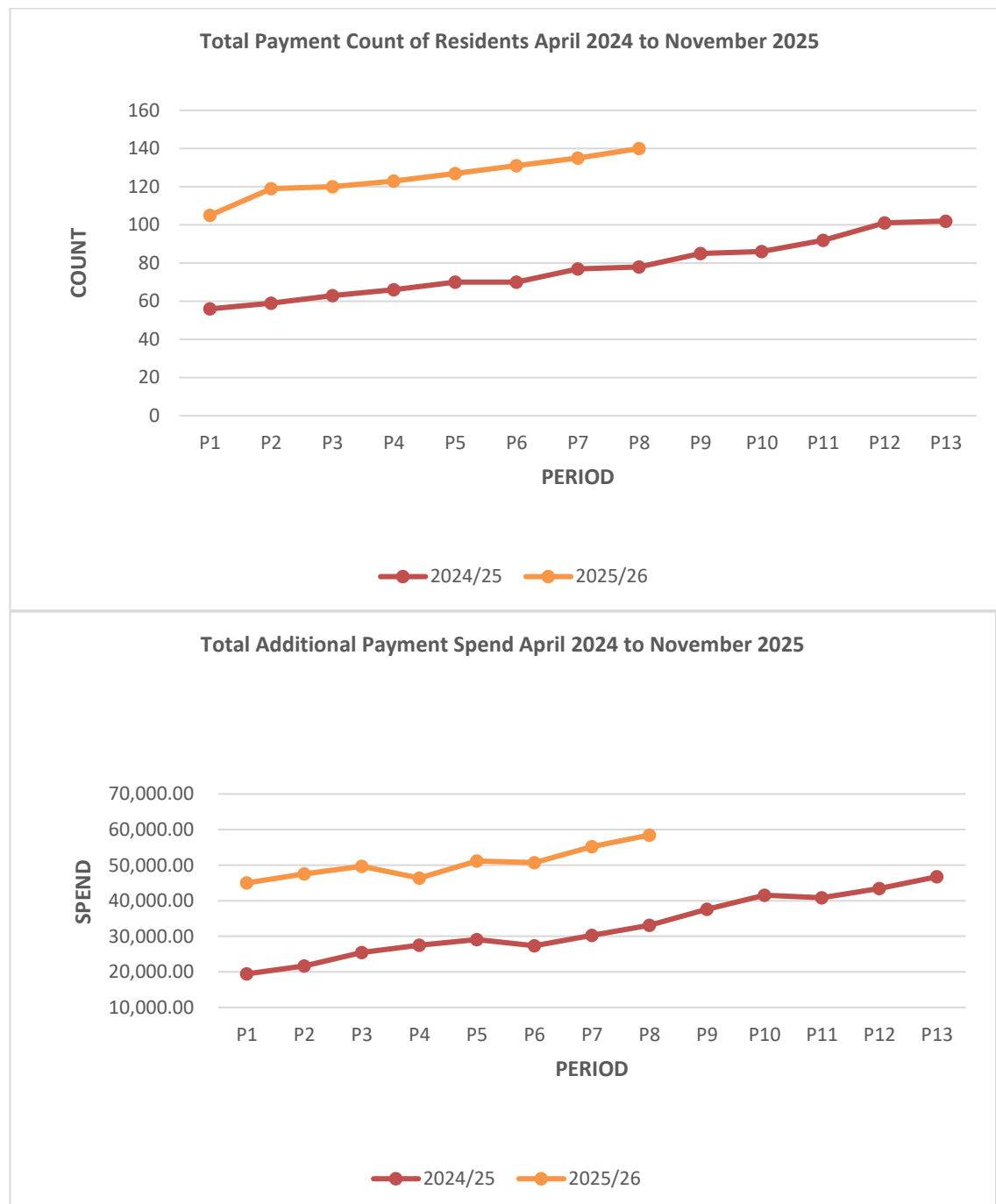
## Appendix 2: Financial Statements

### Additional Payments 2025/26

Additional payments to providers rose sharply throughout the last financial year, both in and out of the borough. These are where the care home charges an additional amount on top of the contracted bed rate. The cost of this for 2024/25 was £0.424m.

The graphs below illustrate the count and spend of service users with an additional payment by period.

This clearly shows a steady increase in numbers and costs for 2025/26, the spend up to November is £0.405m. If numbers and costs remain the same, the forecast spend for the year will be approximately £0.696m.



## Appendix 2: Financial Statements

### High Cost Packages

The number of permanent packages of care over £1k per week are tabled below:

| Weekly Cost<br>£           | No of Permanent PoCs |            |            |            |            |            |            |            |
|----------------------------|----------------------|------------|------------|------------|------------|------------|------------|------------|
|                            | PERIOD 1             | PERIOD 2   | PERIOD 3   | PERIOD 4   | PERIOD 5   | PERIOD 6   | PERIOD 7   | PERIOD 8   |
| 1000-1999                  | 60                   | 61         | 61         | 57         | 55         | 55         | 61         | 58         |
| 2000-2999                  | 23                   | 28         | 25         | 27         | 31         | 31         | 32         | 32         |
| 3000-3999                  | 6                    | 6          | 6          | 6          | 7          | 7          | 7          | 8          |
| 4000-4999                  | 9                    | 8          | 8          | 8          | 8          | 8          | 8          | 9          |
| 5000-5999                  | 5                    | 5          | 5          | 5          | 6          | 6          | 6          | 5          |
| 6000-6999                  | 2                    | 2          | 3          | 3          | 3          | 4          | 3          | 2          |
| 7000-7999                  |                      |            | 1          | 1          | 1          | 1          |            | 1          |
| 8000-8999                  | 1                    | 1          | 1          |            |            |            |            |            |
| >10,000                    |                      |            |            |            |            |            |            |            |
| <b>Total</b>               | <b>106</b>           | <b>111</b> | <b>110</b> | <b>107</b> | <b>111</b> | <b>112</b> | <b>117</b> | <b>115</b> |
|                            |                      |            |            |            |            |            |            |            |
| Over £1,000 Out of Borough | 76                   | 80         | 81         | 78         | 79         | 83         | 87         | 84         |
|                            |                      |            |            |            |            |            |            |            |
| Over £1,000 Joint Funded   | 47                   | 48         | 51         | 51         | 52         | 54         | 56         | 45         |

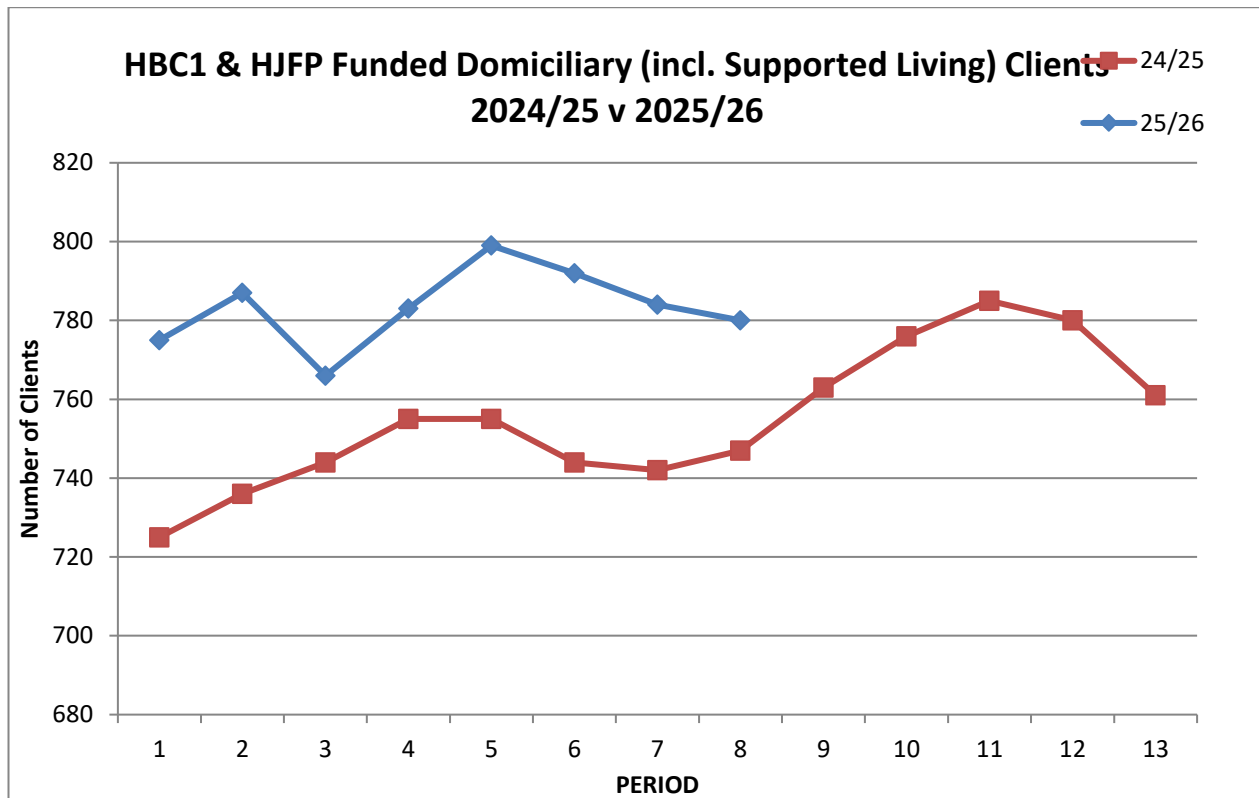
Since the beginning of the financial year the number of permanent packages over £1k has increased from 106 to 115. Out of borough placements over £1k have increased by 10.5% from 76 to 84. Joint funded packages of care over £1k has reduced by 4.2% from 47 to 45. The weekly care charge has increased from £0.250m in April to £0.283m in November, an increase of 13.2%

### Domiciliary Care & Supported Living

As at November there are 780 service users receiving a package of care at home, compared to the average in 2024/25 of 754, an increase of 3.4%. The average cost of a package of care is currently £537.15 compared with the average of £450.64 in 2024/25 an increase of 19.19%.

The graph below illustrates the demand for the service from April 2024 to November 2025.

## Appendix 2: Financial Statements

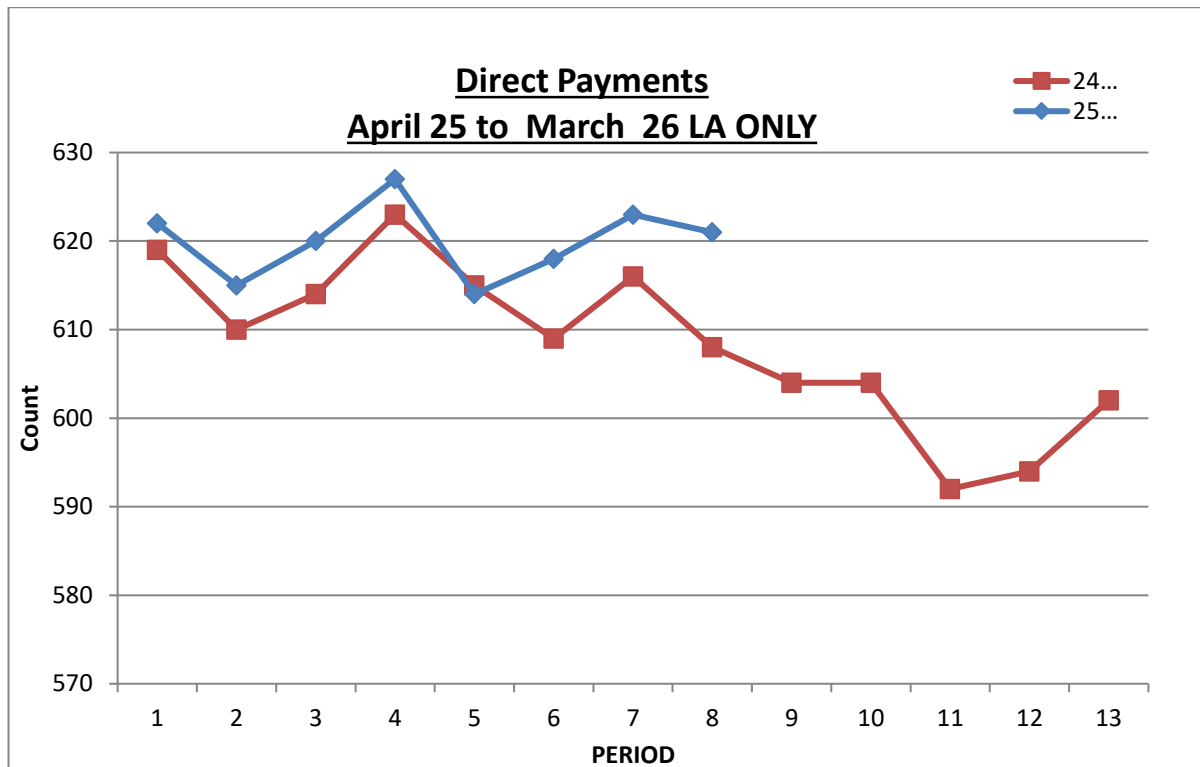


### Direct Payments

The average number of clients who received a Direct Payment (DP) in November was 621 compared with 622 in April, a small decrease. The average cost of a package of care has also decreased from £571.26 to £491.76, a reduction of 13.9%. The financial impact of this is a reduction in spend of approximately £200k per month.

The graph below shows movement throughout the year.

## Appendix 2: Financial Statements



The Community Care budget as a whole is very volatile by nature as it is demand driven, with many influential factors. It will continue to be closely monitored and scrutinised in year to quantify pressures on the financial performance. The Community Care budget recovery group continues to meet regularly to identify savings and cost avoidance actions to try to mitigate some of the risk of overspend against this budget.

|                                         |
|-----------------------------------------|
| <b>Appendix 2: Financial Statements</b> |
|-----------------------------------------|

**CARE HOMES DIVISION****Revenue Budget as at 30<sup>th</sup> November 2025**

|                                             | Annual<br>Budget | Budget to<br>Date | Actual<br>Spend | Variance<br>(Overspend) | Forecast<br>Outturn |
|---------------------------------------------|------------------|-------------------|-----------------|-------------------------|---------------------|
|                                             | £'000            | £'000             | £'000           | £'000                   | £'000               |
| <b>Expenditure</b>                          |                  |                   |                 |                         |                     |
| <b><u>Madeline Mckenna</u></b>              |                  |                   |                 |                         |                     |
| Employees                                   | 783              | 521               | 464             | 57                      | 85                  |
| Agency - covering vacancies                 | 0                | 0                 | 69              | (69)                    | (92)                |
| Premises                                    | 90               | 51                | 49              | 2                       | 9                   |
| Supplies & Services                         | 25               | 14                | 16              | (2)                     | 1                   |
| Food Provison                               | 51               | 29                | 36              | (7)                     | (3)                 |
| Private Client and Out Of Borough Income    | -127             | -79               | -73             | (6)                     | (11)                |
| Reimbursements & other Grant Income         | -34              | -21               | -21             | 0                       | 0                   |
| <b>Total Madeline Mckenna Expenditure</b>   | <b>788</b>       | <b>515</b>        | <b>540</b>      | <b>(25)</b>             | <b>(11)</b>         |
| <b><u>Millbrow</u></b>                      |                  |                   |                 |                         |                     |
| Employees                                   | 2,172            | 1,455             | 836             | 619                     | 959                 |
| Agency - covering vacancies                 | 0                | 0                 | 665             | (665)                   | (1,177)             |
| Premises                                    | 117              | 72                | 95              | (23)                    | (33)                |
| Supplies & Services                         | 72               | 39                | 36              | 3                       | 14                  |
| Food Provison                               | 81               | 47                | 53              | (6)                     | 1                   |
| Private Client and Out Of Borough Income    | -13              | -4                | 0               | (4)                     | (21)                |
| Reimbursements & other Grant Income         | -635             | -375              | -421            | 46                      | 70                  |
| <b>Total Millbrow Expenditure</b>           | <b>1,794</b>     | <b>1,234</b>      | <b>1,264</b>    | <b>(30)</b>             | <b>(187)</b>        |
| <b><u>St Luke's</u></b>                     |                  |                   |                 |                         |                     |
| Employees                                   | 4,096            | 2,757             | 1,609           | 1,148                   | 1,732               |
| Agency - covering vacancies                 | 62               | 62                | 1,101           | (1,039)                 | (1,742)             |
| Premises                                    | 156              | 94                | 127             | (33)                    | (50)                |
| Supplies & Services                         | 68               | 39                | 53              | (14)                    | (15)                |
| Food Provison                               | 128              | 64                | 84              | (20)                    | (34)                |
| Private Client and Out Of Borough Income    | -153             | -82               | -21             | (61)                    | (24)                |
| Reimbursements & other Grant Income         | -1,497           | -905              | -895            | (10)                    | (18)                |
| <b>Total St Luke's Expenditure</b>          | <b>2,860</b>     | <b>2,029</b>      | <b>2,058</b>    | <b>(29)</b>             | <b>(151)</b>        |
| <b><u>St Patrick's</u></b>                  |                  |                   |                 |                         |                     |
| Employees                                   | 2,212            | 1,474             | 884             | 590                     | 865                 |
| Agency - covering vacancies                 | 0                | 0                 | 617             | (617)                   | (918)               |
| Premises                                    | 144              | 88                | 89              | (1)                     | 2                   |
| Supplies & Services                         | 67               | 41                | 45              | (4)                     | 0                   |
| Food Provison                               | 127              | 83                | 57              | 26                      | 12                  |
| Private Client and Out Of Borough Income    | -99              | -61               | -5              | (56)                    | (93)                |
| Reimbursements & other Grant Income         | -866             | -439              | -409            | (30)                    | (40)                |
| <b>Total St Patrick's Expenditure</b>       | <b>1,585</b>     | <b>1,186</b>      | <b>1,278</b>    | <b>(92)</b>             | <b>(172)</b>        |
| <b><u>Care Homes Divison Management</u></b> |                  |                   |                 |                         |                     |
| Employees                                   | 322              | 215               | 123             | 92                      | 136                 |
| <b>Care Home Divison Management</b>         | <b>322</b>       | <b>215</b>        | <b>123</b>      | <b>92</b>               | <b>136</b>          |
| <b>Net Operational Expenditure</b>          | <b>7,349</b>     | <b>5,179</b>      | <b>5,263</b>    | <b>(84)</b>             | <b>(385)</b>        |
| <b>Recharges</b>                            |                  |                   |                 |                         |                     |
| Premises Support                            | 65               | 43                | 43              | 0                       | 0                   |
| Transport Support                           | 0                | 0                 | 0               | 0                       | 0                   |
| Central Support                             | 663              | 442               | 442             | 0                       | 0                   |
| Asset Rental Support                        | 0                | 0                 | 0               | 0                       | 0                   |
| Recharge Income                             | 0                | 0                 | 0               | 0                       | 0                   |
| <b>Net Total Recharges</b>                  | <b>728</b>       | <b>485</b>        | <b>485</b>      | <b>0</b>                | <b>0</b>            |
| <b>Net Departmental Expenditure</b>         | <b>8,077</b>     | <b>5,664</b>      | <b>5,748</b>    | <b>(84)</b>             | <b>(385)</b>        |

**Comments on the above figures****Financial Position**

The care home division is made up of the following cost centres, Divisional Management Care Homes, Madeline Mckenna, Millbrow, St Luke's and St Patrick's.

## Appendix 2: Financial Statements

Spend for the first nine months of the 2025/26 Financial Year to 30 November is £0.084M above profile, with an estimated spend above budget for the year of £0.385M. This primarily relates to unbudgeted agency staffing costs, and a current shortfall against target of client finance and out of borough income.

The projected outturn compares favourably to the previous report based on spend until the end of September, when a net overspend of £0.603M was projected for the full year.

Agency spend has reduced considerably as a result of the ongoing review of sickness absence, and it is possible that the projected current overspend will reduce further during the remaining 4 months of the financial year.

### **Supporting Information**

#### **Employee Related expenditure**

Employee related expenditure is anticipated to be above budget at the end of financial year by £0.152M. Projections take into account agency spending patterns over the previous 3 financial years, but also with reference to the recent decrease in agency expenditure, as referenced above.

Despite the cost reductions being achieved through absence management, the recruitment of staff is a continued pressure across the care homes. There remains a high number of staff vacancies across the care homes. A proactive rolling recruitment exercise is ongoing within the care homes and is supported by HR.

#### **Premises Related Expenditure**

Premises related expenditure is over budget profile at the end of November by £0.055M and is forecast as an estimated overspend at the end of the financial year 2025/26 of £0.072M.

Repairs and maintenance continue to be a budget pressure across all the care homes. The recruitment of a facilities manager would help to reduce these costs. Budget for this post has been made available but the recruitment to this position has so far been unsuccessful.

#### **Income**

Income Targets include those for privately funded residents, out of borough placements, and reimbursements from the ICB in respect Of Continuing Health Care, Funded Nursing Care, and Joint Funded placements. Income across all headings is currently projected to be under-achieved by £0.131M for the full year, although income can be volatile depending on the changing nature of resident's funding. The draft budget for 2026/27 has been amended to reflect these pressures, with a reduction to the income target.

#### **Approved 2025/26 Savings**

There are no approved savings for the care home division in financial year 2025/26.

#### **Risks/Opportunities**

The demand for agency staff within the care homes has been significantly high for several years.

Currently agency staff are being used for a variety of different reasons, to cover vacant posts, maternity leave and sickness absence.

## Appendix 2: Financial Statements

The forecasts for agency staff are continuously reviewed to account for fluctuations in demand, however, the difficulty in the recruitment of new staff and the inability to retain existing staff has resulted in continued reliance on agency staff. The expectation is that the use for agency staff will be an ongoing issue.

### **BETTER CARE POOLED BUDGET**

#### **Revenue Budget as at 30<sup>th</sup> November 2025**

|                                          | Annual<br>Budget<br>£'000 | Budget to<br>Date<br>£'000 | Actual<br>Spend<br>£'000 | Variance<br>(Overspend)<br>£'000 | Forecast<br>Outturn<br>£'000 |
|------------------------------------------|---------------------------|----------------------------|--------------------------|----------------------------------|------------------------------|
| <b>Expenditure</b>                       |                           |                            |                          |                                  |                              |
| Intermediate Care Services               | 6,425                     | 3,736                      | 3,461                    | 275                              | 414                          |
| Oakmeadow                                | 2,040                     | 1,315                      | 1,284                    | 31                               | 46                           |
| Community Home Care First                | 1,838                     | 610                        | 198                      | 412                              | 617                          |
| Joint Equipment Store                    | 880                       | 367                        | 367                      | 0                                | 0                            |
| Contracts & SLA's                        | 3,330                     | -7                         | -7                       | 0                                | 0                            |
| Inglenook                                | 137                       | 80                         | 62                       | 18                               | 27                           |
| HICaFs                                   | 3,729                     | 1,578                      | 1,383                    | 195                              | 292                          |
| Carers Breaks                            | 445                       | 240                        | 240                      | 0                                | 0                            |
| Carers centre                            | 365                       | -15                        | -15                      | 0                                | 0                            |
| Residential Care                         | 7,236                     | 4,524                      | 4,524                    | 0                                | 0                            |
| Domiciliary Care & Supported Living      | 4,336                     | 2,890                      | 2,890                    | 0                                | 0                            |
| Pathway 3/Discharge Access               | 426                       | 286                        | 286                      | 0                                | 0                            |
| HBC Contracts                            | 72                        | 65                         | 65                       | 0                                | 0                            |
| Healthy at Home                          | 28                        | -28                        | -28                      | 0                                | 0                            |
| Capacity                                 | 30                        | 21                         | 13                       | 8                                | 12                           |
| <b>Total Expenditure</b>                 | <b>31,317</b>             | <b>15,662</b>              | <b>14,723</b>            | <b>939</b>                       | <b>1,408</b>                 |
| <b>Income</b>                            |                           |                            |                          |                                  |                              |
| BCF                                      | -15,032                   | -10,022                    | -10,022                  | 0                                | 0                            |
| CCG Contribution to Pool                 | -3,034                    | -1,973                     | -1,973                   | 0                                | 0                            |
| Oakmeadow Income                         | -2                        | 0                          | 0                        | 0                                | (1)                          |
| <b>Total Income</b>                      | <b>-18,068</b>            | <b>-11,995</b>             | <b>-11,995</b>           | <b>0</b>                         | <b>(1)</b>                   |
| <b>ICB Contribution Share of Surplus</b> | <b>0</b>                  | <b>0</b>                   | <b>0</b>                 | <b>0</b>                         | <b>(704)</b>                 |
| <b>Net Operational Expenditure</b>       | <b>13,249</b>             | <b>3,667</b>               | <b>2,728</b>             | <b>939</b>                       | <b>703</b>                   |

#### **Comments on the above figures**

The financial performance as at 30<sup>th</sup> November 2025 shows a significant underspend for the Complex Care Pool which is currently forecast to be the case through to the end of the financial year.

Intermediate Care Services is under budget to date by £0.275m, with an underperformance of £0.414m expected at the end of the financial year. This position is more favourable than Period 6 due to a reduction in spend on agency staff. However, the forecasts for unbudgeted spend on general supplies and services in Reablement has also been reduced following further analysis of the contracts.

Oakmeadow is currently under budget by £0.031m with an expected year end underperformance of £0.046m. This is due to a lower than anticipated expenditure on staffing, with spend on agency staff lower than expected for the first part of the year, but gradually increasing since period 5. The underspend on HICaFS is primarily due to an underperformance on the Warrington HICaFS contract. Based on current expenditure it is anticipated there will be a £0.367m underspend on this contract, with the Bridgewater HICaFS contract expected to spend to target. Performance on the contracts in this financial year will reduce the budget pressure on this service.



## Appendix 2: Financial Statements

Community Home Care First is currently indicating a £0.617m underperformance. The forecasts since earlier in the financial year have been revised to reflect actual spend to date and current contractual agreements with providers. Costs have notably reduced, due to significantly lower payments to providers for agency staff cover. This is a demand led budget and spend can fluctuate throughout the year, however current forecasting adopts a prudent approach, including additional estimates for winter pressures. It is expected that spend for the year will be considerably lower than previous years for this service.

Inglenook is expected to be £0.027m under budget by the end of the financial year. At present there are two clients using the service; however one client is funded by Continuing Health Care, which minimises the expenditure on this budget.

Carer's Breaks is expected to spend in line with allocated budget, indicating a slight increase in spend since period 6 due to an increased uptake in this service.

Pathway 3 is currently forecast to spend to target at the end of the financial year, however, as this is a demand led budget it carries the risk that the spend will increase further, potentially resulting in a more unfavourable position.

There is a slight underspend on the Capacity contract for improving residential care. This is due to majority of the contract costs being incurred during 24/25, leaving a surplus of £0.012m in this financial year.

The forecast outturn for year end is currently showing a substantial underspend. However, in accordance with the section 75 agreement any unallocated underspends at year end will be shared between the partners. The Halton Borough Council allocation will be used to contribute towards the pressures within community care.

### **Pooled Budget Capital Projects as at 30<sup>th</sup> November 2025**

| Scheme Detail                                | 2025/26<br>Original<br>Allocation<br>£000 | 2025/26<br>Revised<br>Allocation<br>£000 | Cumulative<br>Spend to 30<br>Nov 2025<br>£000 | Cumulative<br>Forecast<br>Spend to 31<br>Jan 2026<br>£000 | Cumulative<br>Forecast<br>Spend to 31<br>March 2026<br>£000 | Allocation<br>remaining<br>£000 |
|----------------------------------------------|-------------------------------------------|------------------------------------------|-----------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------|---------------------------------|
| Grants - Disabled Facilities                 | 2,200.0                                   | 2,000.0                                  | 999.0                                         | 1,400.0                                                   | 2,000.0                                                     | 0.0                             |
| Stair Lifts                                  | 400.0                                     | 650.0                                    | 355.0                                         | 450.0                                                     | 650.0                                                       | 0.0                             |
| Joint Funding RSL Adaptations                | 300.0                                     | 250.0                                    | 187.0                                         | 220.0                                                     | 250.0                                                       | 0.0                             |
| Madeline McKenna Residential Home            | 300.0                                     | 200.0                                    | 43.0                                          | 100.0                                                     | 200.0                                                       | 0.0                             |
| Millbrow Care Home                           | 200.0                                     | 200.0                                    | 54.0                                          | 100.0                                                     | 200.0                                                       | 0.0                             |
| St Lukes                                     | 50.0                                      | 200.0                                    | 115.0                                         | 150.0                                                     | 200.0                                                       | 0.0                             |
| St Patricks                                  | 200.0                                     | 200.0                                    | 63.0                                          | 100.0                                                     | 200.0                                                       | 0.0                             |
| Care Home Refurbishment                      | 0.0                                       | 0.0                                      | 0.0                                           | 0.0                                                       | 0.0                                                         | 0.0                             |
| Telehealthcare Digital Switchover            | 135.0                                     | 135.0                                    | 0.0                                           | 0.0                                                       | 135.0                                                       | 0.0                             |
| Oakmeadow and Peelhouse Network Improvements | 40.0                                      | 40.0                                     | 0.0                                           | 0.0                                                       | 40.0                                                        | 0.0                             |
| Crow Wood Lane Specialist Housing            | 250.0                                     | 250.0                                    | 250.0                                         | 250.0                                                     | 250.0                                                       | 0.0                             |
| <b>Adults Directorate Total</b>              | <b>4,075.0</b>                            | <b>4,125.0</b>                           | <b>2,066.0</b>                                | <b>2,770.0</b>                                            | <b>4,125.0</b>                                              | <b>0.0</b>                      |

### **Comments on the above figures**

Allocations for Disabled Facilities Grants/Stair Lifts and RSL adaptations are marginally below the capital allocation overall. Minor adjustments to the capital allocations have been made from the original allocations to reflect spending patterns within the 3 schemes, although the total allocation across the 3 schemes remains unchanged.

The £0.400m Telehealth care Digital Switchover scheme was approved by Executive Board on 15 July 2021. Significant capital investment is required to ensure a functional telehealth care IT system is in place

**Appendix 2: Financial Statements**

prior to the switch-off of existing copper cable based systems. Procurement commenced in 2022/23 with an initial purchase to the value of £0.100m. It is anticipated that the scheme will be completed in the latter stages of the current financial year, fully funded from the residual capital allocation of £0.135m.

The Crow Wood Specialist Housing scheme represents a capital grant allocated to Halton Housing as a contribution to a new development at Crow Wood Lane in Widnes. The development consists of 10 one bed apartments, and three one bed bungalows, to be used solely for meeting the Borough's housing need. The grant was paid in full in October 2025.

Adult Social Care Commissioning have been working with Halton Housing to develop the service to be provided within the proposed accommodation to meet the Borough's identified needs. The use of accommodation and services provided will be governed by an Agreement between the Council and Halton Housing. This is similar to existing arrangements in place in respect of Barkla Fields also managed by Halton Housing.

The scheme is designed to support reducing the need for out of Borough placements and also reduce voids within out-dated provision within the Borough.

On 16<sup>th</sup> June 2022 Executive Board approved a £4.2M refurbishment programme in respect of the four Council owned care homes, initially to be completed withing a three year timescale. Spend to 31 March 2024 amounted to £0.947m, leaving available funding of £3.253M at the start of the current financial year.

At present, detailed costing proposals are in development, with further revisions to the capital allocations to be submitted at a later date. The 2025-26 capital allocations against each home therefore just reflect ongoing minor refurbishment costs. The allocations have been revised slightly since the originals to reflect projected spend across the 4 homes, although total funding across all 4 homes remains unchanged.

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| <b>Appendix 2: Financial Statements</b> |
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**ADULT SOCIAL CARE****Revenue Operational Budget as at 30<sup>th</sup> November 2025**

|                                               | Annual<br>Budget<br>£'000 | Budget to<br>Date<br>£'000 | Actual<br>Spend<br>£'000 | Variance<br>(Overspend)<br>£'000 | Forecast<br>Outturn<br>£'000 |
|-----------------------------------------------|---------------------------|----------------------------|--------------------------|----------------------------------|------------------------------|
| <b>Expenditure</b>                            |                           |                            |                          |                                  |                              |
| Employees                                     | 18,815                    | 12,544                     | 11,645                   | 899                              | 1,052                        |
| Agency- Covering Vacancies                    | 0                         | 0                          | 1,180                    | (1,180)                          | (1,441)                      |
| Premises                                      | 498                       | 353                        | 327                      | 26                               | 67                           |
| Supplies & Services                           | 698                       | 628                        | 768                      | (140)                            | (199)                        |
| Aids & Adaptations                            | 37                        | 24                         | 28                       | (4)                              | 2                            |
| Transport                                     | 341                       | 227                        | 239                      | (12)                             | (22)                         |
| Food & Drink Provisions                       | 228                       | 152                        | 94                       | 58                               | 128                          |
| Supported Accommodation and Services          | 1,408                     | 939                        | 737                      | 202                              | 301                          |
| Emergency Duty Team                           | 157                       | 78                         | 70                       | 8                                | (20)                         |
| Transfer To Reserves                          | 290                       | 13                         | 13                       | 0                                | 0                            |
| Contracts & SLAs                              | 1,043                     | 619                        | 606                      | 13                               | 16                           |
| <u>Housing Solutions Grant Funded Schemes</u> |                           |                            |                          |                                  |                              |
| Homelessness Prevention                       | 548                       | 397                        | 275                      | 122                              | 0                            |
| Rough Sleepers Initiative                     | 167                       | 111                        | 106                      | 5                                | 0                            |
| Trailblazer                                   | 75                        | 50                         | 38                       | 12                               | 0                            |
| <b>Total Expenditure</b>                      | <b>24,305</b>             | <b>16,135</b>              | <b>16,126</b>            | <b>9</b>                         | <b>(116)</b>                 |
| <b>Income</b>                                 |                           |                            |                          |                                  |                              |
| Fees & Charges                                | -1,044                    | -696                       | -447                     | (249)                            | (314)                        |
| Sales & Rents Income                          | -538                      | -407                       | -351                     | (56)                             | (53)                         |
| Reimbursements & Grant Income                 | -2,203                    | -1,240                     | -937                     | (303)                            | (301)                        |
| Capital Salaries                              | -699                      | -640                       | -640                     | 0                                | 0                            |
| Housing Schemes Income                        | -783                      | -746                       | -727                     | (19)                             | 0                            |
| <b>Total Income</b>                           | <b>-5,267</b>             | <b>-3,729</b>              | <b>-3,102</b>            | <b>(627)</b>                     | <b>(668)</b>                 |
| <b>Net Operational Expenditure</b>            | <b>19,038</b>             | <b>12,406</b>              | <b>13,024</b>            | <b>(618)</b>                     | <b>(784)</b>                 |
| <b>Recharges</b>                              |                           |                            |                          |                                  |                              |
| Premises Support                              | 789                       | 526                        | 526                      | 0                                | 0                            |
| Transport                                     | 792                       | 528                        | 519                      | 9                                | 16                           |
| Central Support                               | 4,039                     | 2,693                      | 2,693                    | 0                                | 0                            |
| Asset Rental Support                          | 13                        | 0                          | 0                        | 0                                | 0                            |
| HBC Support Costs Income                      | -112                      | -56                        | -56                      | 0                                | 0                            |
| <b>Net Total Recharges</b>                    | <b>5,521</b>              | <b>3,691</b>               | <b>3,682</b>             | <b>9</b>                         | <b>16</b>                    |
| <b>Net Departmental Expenditure</b>           | <b>24,559</b>             | <b>16,097</b>              | <b>16,706</b>            | <b>(609)</b>                     | <b>(768)</b>                 |

**Comments on the above figures**

The above information relates to Adult Social Care, excluding Community Care and Care Homes.

Net Department Expenditure is currently £0.609m over budget profile at the end of the sixth period of the financial year. Current expenditure projections indicate an overspend for the full financial year in the region of £0.768m.

## Appendix 2: Financial Statements

### **Comparison to previous year outturn and period 6 forecasted outturn**

The outturn position for financial year 2024/25 was £0.545m over budget. Based on the estimated outturn position for 2025/26, there is an expectation that the estimated outturn overspend will be £0.223m higher than the last financial year.

The outturn position for period 6 was £0.751m over budget. Based on the estimated outturn position for period 8, there is an expectation that the estimated outturn overspend will be £0.017m higher than period 6.

### **Employee related spend**

The projected full-year cost is above the annual budget by £0.389m. This is a reduction of £0.082m from the projected full year over budget spend as at period 6.

Factors relating to the projected overspend include;

Unbudgeted agency costs are in respect of covering vacant posts, particularly in terms of front line Care Management and Mental Health Team posts. However, there continues to be a reduction in agency use across these divisions due to filling of vacancies. The reduction of use of agency staff members has been reflected in the forecasted spend until the end of the financial year. Agency spend across the division as a whole at the end of November 2025 stood at £1.180m, with a full year spend of £1.441m projected. This is partially offset by a forecasted underspend on the staffing budget of £1.052m.

Within period 4 reports, it was reported of an unbudgeted Market Supplement which has been awarded to social workers across the division. To assist with easing budgetary pressures, the budget to cover the market supplement has been provided on a temporary basis, initially for 12 months, resulting in an increase in budget of £0.391m. This increased budget is reflected within the figures above and has assisted in the reduction of the full-year forecasted over budget spend. As part of previous savings targets the budget for Care Arranger posts was removed. However, this has not been addressed within the actual staffing structure, resulting in a projected unbudgeted spend of £0.096m during the 2025/26 financial year.

### **Supplies and Services related spend**

The projected £0.199m forecasted full-year spend above budget relates to an increased volume of caseload with respect to Deprivation of Liberty Standards (DoLS) assessments. Spend to November 2025 was £0.132m, with a total spend for this financial year forecast at £0.217m. Demand for this service has increased significantly over the last few years, with this trend continuing throughout the current financial year.

### **Transport related spend**

The transport and transport recharge budgets were substantially increased for 2025/26 financial year. Due to this, the forecasted spend is broadly to budget.

### **Housing Strategy related spend**

Housing strategy initiatives included within the report include the Rough Sleeping Initiative and the Homelessness Prevention Scheme. The Homelessness Prevention Scheme is an amalgamation of the previous Flexible Homelessness Support and Homelessness Reduction Schemes, and is wholly grant funded. It is assumed that unspent funding is carried forward to the following financial year.

### **Income**

**Appendix 2: Financial Statements**

Income for the Department as a whole is under the budgeted income target by £0.627m with a projected under achieved target at the end of the financial year being £0.668m. The main areas making up the under achievement of target income are Community Meals, Telehealthcare, Transport, Positive Behaviour Service and the Day Services Trading areas.

Within the projected income figures for the remainder of the financial year is a further reduction of income for Community Meals in the run up to the end of the service in March 2026.

Unachieved income targets forecast within the Positive Behaviour Service relate to historical contacts in place, which do not have an agreement within them to increase prices on an annual basis. This is therefore adding additional pressure to this budget. A number of contracts are due to end next financial year and this issue will be addressed when re-negotiating these contracts.

**2025/26 Savings**

Savings targets including in the budgets for Positive Behaviour Service of £0.250m and Telehealthcare of £0.280m are unlikely to be achieved.

Progress against 2025/26 approved savings for the Adult Social Care Directorate are included at Appendix A.

## Appendix 2: Financial Statements

### 2025/26 Adult Social Care Directorate Savings

| Service Area                       | Net Budget £'000 | Description of Saving Proposal                                                                                                                                                                                                                                                                             | Savings Value                               |                                          | Current Progress                                                                      | Comments                                                        |
|------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------|
|                                    |                  |                                                                                                                                                                                                                                                                                                            | 25/26 Agreed Council 01 February 2023 £'000 | 25/26 Agreed Council 05 March 2025 £'000 |                                                                                       |                                                                 |
| Housing Solutions                  | 474              | Remodel the current service based on good practice evidence from other areas.                                                                                                                                                                                                                              | 125                                         | 0                                        |    | Currently Under Review                                          |
| Voluntary Sector Support           | N/A              | Review the support provided by Adult Social Care and all other Council Departments, to voluntary sector organisations. This would include assisting them to secure alternative funding in order to reduce their dependence upon Council funding. A target saving phased over two years has been estimated. | 100                                         | 0                                        |    | Achieved                                                        |
| Community Wardens/Telecare Service |                  | Community Wardens/Telecare Service – a review will be undertaken of the various options available for the future delivery of these services, with support from the Transformation Delivery Unit.                                                                                                           | 0                                           | 280                                      |  | Unlikely to be achieved – currently forecast overspend position |

## Appendix 2: Financial Statements

|                                          |  |                                                                                                                                                                                                                                                            |            |              |                                                                                     |                                                                                                                                                                       |
|------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Care Management<br>Community Care Budget |  | Community Care – continuation of the work being undertaken to review care provided through the Community Care budget, in order to reduce the current overspend and ongoing costs.                                                                          | 0          | 1,000        |  | Unlikely to be achieved to be achieved on a longer term basis. Interim measures in place to support the current year position includes use of surplus capital grants. |
| Various                                  |  | Review of Service Delivery Options – reviews will be undertaken of the various service delivery options available for a number of areas including; Day Services, Halton Supported Housing Network, In-House Care Homes, Reablement Service and Oak Meadow. | 0          | 375          |  | Unlikely to be achieved by financial year-end.                                                                                                                        |
| <b>Total ASC Directorate</b>             |  |                                                                                                                                                                                                                                                            | <b>225</b> | <b>1,655</b> |                                                                                     |                                                                                                                                                                       |

## Appendix 2: Financial Statements

### **PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT**

#### **Revenue Budget as at 30th November 2025**

|                                     | Annual<br>Budget<br>£'000 | Budget to<br>Date<br>£'000 | Actual<br>Spend<br>£'000 | Variance<br>(Overspend)<br>£'000 | Forecast<br>Outturn<br>£'000 |
|-------------------------------------|---------------------------|----------------------------|--------------------------|----------------------------------|------------------------------|
| <b>Expenditure</b>                  |                           |                            |                          |                                  |                              |
| Employees                           | 5,631                     | 3,410                      | 3,318                    | 92                               | 109                          |
| Other Premises                      | 6                         | 4                          | 0                        | 4                                | 6                            |
| Supplies & Services                 | 439                       | 168                        | 228                      | (60)                             | (90)                         |
| Contracts                           | 6,918                     | 3,910                      | 4,075                    | (165)                            | 0                            |
| SLA's                               | 372                       | 115                        | 77                       | 38                               | 0                            |
| Transport                           | 4                         | 2                          | 2                        | 0                                | 1                            |
| Transfer to Reserves                | 660                       | 0                          | 0                        | 0                                | (150)                        |
| Grants to Voluntary Organisations   | 20                        | 2                          | 2                        | 0                                | 0                            |
| Other Agency                        | 24                        | 24                         | 24                       | 0                                | 0                            |
| <b>Total Expenditure</b>            | <b>14,074</b>             | <b>7,635</b>               | <b>7,726</b>             | <b>(91)</b>                      | <b>(124)</b>                 |
| <b>Income</b>                       |                           |                            |                          |                                  |                              |
| Fees & Charges                      | -122                      | -57                        | -86                      | 29                               | 43                           |
| Reimbursements & Grant Income       | -647                      | -737                       | -795                     | 58                               | 88                           |
| Transfer from Reserves              | -428                      | -348                       | -357                     | 9                                | 13                           |
| Government Grant Income             | -12,478                   | -9,285                     | -9,294                   | 9                                | 13                           |
| <b>Total Income</b>                 | <b>-13,675</b>            | <b>-10,427</b>             | <b>-10,532</b>           | <b>105</b>                       | <b>157</b>                   |
| <b>Net Operational Expenditure</b>  | <b>399</b>                | <b>-2,792</b>              | <b>-2,806</b>            | <b>14</b>                        | <b>33</b>                    |
| <b>Recharges</b>                    |                           |                            |                          |                                  |                              |
| Premises Support                    | 209                       | 139                        | 139                      | 0                                | 0                            |
| Transport Support                   | 24                        | 16                         | 17                       | (1)                              | (2)                          |
| Central Support                     | 1,937                     | 1,304                      | 1,304                    | 0                                | 0                            |
| Asset Rental Support                | 0                         | 0                          | 0                        | 0                                | 0                            |
| Recharge Income                     | -669                      | -446                       | -446                     | 0                                | 0                            |
| <b>Net Total Recharges</b>          | <b>1,501</b>              | <b>1,013</b>               | <b>1,014</b>             | <b>(1)</b>                       | <b>(2)</b>                   |
| <b>Net Departmental Expenditure</b> | <b>1,900</b>              | <b>-1,779</b>              | <b>-1,792</b>            | <b>13</b>                        | <b>31</b>                    |

#### **Comments on the above figures**

##### **Financial Position**

The current financial position shows the net spend for the department is £0.013m under the budget profile. The estimated department outturn position excluding the ring fenced public health grant for 2025/26 is £0.031m net spend under available budget.

Employee costs are expected to be £0.109m under budget profile. This is due to a number of vacancies and some reduced hours within the main Public Health department and the Health Improvement Team. Budget pressures to be aware of are supplies and services which are currently forecasting a £0.090m overspend and contracts which whilst currently forecast to balance to budget, however, there are a number of contracts which are due for renewal and in the current financial climate are likely to increase significantly. £0.254m has been used from Public Health grant reserves to balance the current year budget. This leaves a forecast balance of £1.147m in the Public Health grant reserve, excluding any underspend from current year.

The department is proactive and work is currently being done to identify any areas where savings can be made as the use of reserves from previous years will not be available to balance future budgets.



## Appendix 2: Financial Statements

### APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

| Progress |                                                                                     | <b><u>Objective</u></b>                                                                                                                                             | <b><u>Performance Indicator</u></b>                                                                                                   |
|----------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Green    |    | Indicates that the <u>objective</u> is <u>on course to be achieved</u> within the appropriate timeframe.                                                            | <i>Indicates that the annual target <u>is on course to be achieved</u>.</i>                                                           |
| Amber    |    | Indicates that it is <u>uncertain</u> or <u>too early to say at this stage</u> , whether the milestone/objective will be achieved within the appropriate timeframe. | <i>Indicates that it is <u>uncertain or too early to say at this stage</u> whether the annual target is on course to be achieved.</i> |
| Red      |  | Indicates that it is <u>highly likely or certain</u> that the objective will not be achieved within the appropriate timeframe.                                      | <i>Indicates that the target <u>will not be achieved</u> unless there is an intervention or remedial action taken.</i>                |

#### Direction of Travel Indicator

Where possible performance measures will also identify a direction of travel using the following convention

|       |                                                                                     |                                                                                         |
|-------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Green |  | Indicates that <b>performance is better</b> as compared to the same period last year.   |
| Amber |  | Indicates that <b>performance is the same</b> as compared to the same period last year. |
| Red   |  | Indicates that <b>performance is worse</b> as compared to the same period last year.    |
| N/A   |                                                                                     | Indicates that the measure cannot be compared to the same period last year.             |

**REPORT TO:** Health and Social Care Policy and Performance Board

**DATE:** 10 February 2026

**REPORTING OFFICER:** Finance Director

**PORTFOLIO:** Corporate Services

**SUBJECT:** Councilwide Spending as at 30 November 2025

**WARD(S):** Borough-wide

**1.0 PURPOSE OF REPORT**

- 1.1 To report the Council's overall revenue spending position as at 30 November 2025, together with the latest year-end outturn forecast.

**2.0 RECOMMENDED: That;**

- (i) **The Council's overall spending position as at 30 November 2025 outlined in the Appendix, be noted.**

**3.0 SUPPORTING INFORMATION**

- 3.1 On 15 January 2026 the Executive Board received the report shown in the Appendix. This presented details of Councilwide revenue spending by each Department as at 30 November 2025 along with forecasts to year-end, and outlines the reasons for key variances between spending and budget.
- 3.2 Given the scale of the Council's current financial challenges, Executive Board requested that a copy of the report be shared with each Policy and Performance Board for information.
- 3.3 A Councilwide monitoring report is presented to Executive Board every two months and the attached report covers the period 1 April 2024 to 30 November 2025 in terms of revenue and capital spending.
- 3.4 Within the report, Appendix 1 provides a Councilwide summary of revenue spending, while Appendix 2 presents details relating to each Department. In addition to spending as at 30 November 2025, the latest year-end forecasts of variances between revenue spending and budget are provided.
- 3.5 Appendix 3 outlines the forecast deficit on the schools high needs budget.
- 3.6 Appendix 4 indicates progress with implementation of previously approved budget savings for 2024/25 and 2025/26. Appendix 4 presents an update of the budget risk register.
- 3.7 Appendix 5 presents spending to date against the capital programme.

#### **4.0 POLICY IMPLICATIONS**

4.1 None.

#### **5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

5.1 **Improving Health, Promoting Wellbeing and Supporting Greater Independence**

5.2 **Building a Strong, Sustainable Local Economy**

5.3 **Supporting Children, Young People and Families**

5.4 **Tackling Inequality and Helping Those Who Are Most In Need**

5.5 **Working Towards a Greener Future**

5.6 **Valuing and Appreciating Halton and Our Community**

There are no direct implications, however, the revenue budget and capital programme support the delivery and achievement of all the Council's priorities.

#### **6.0 RISK ANALYSIS**

6.1 There are a number of financial risks within the budget. However, the Council has internal controls and processes in place to ensure that spending remains in line with budget as far as possible.

6.2 A budget risk register of significant financial risks is maintained and is included at Appendix 6 of the attached report.

#### **7.0 EQUALITY AND DIVERSITY ISSUES**

7.1 None.

#### **8.0 CLIMATE CHANGE IMPLICATIONS**

8.1 None

#### **9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1072**

9.1 There are no background papers under the meaning of the Act

**APPENDIX**

**REPORT TO:** Executive Board

**DATE:** 15 January 2026

**REPORTING OFFICER:** Director of Finance

**PORTFOLIO:** Corporate Services

**SUBJECT:** 2025/26 Councilwide Spending as at 30 November 2025

**WARD(S):** Borough-wide

**1.0 PURPOSE OF REPORT**

- 1.2 To report the Council's overall revenue net spend position as at 30 November 2025 together with a 2025/26 forecast outturn position.

**3.0 RECOMMENDED: That;**

- (ii) Executive Directors continue to implement the approved 2025/26 saving proposals as detailed in Appendix 4;
- (iii) Executive Directors continue to identify areas where they can further reduce their directorate's spending or generate income, in order to ensure the council wide forecast outturn overspend position for the year remains within budget.
- (iv) This report be shared with each Policy and Performance Board, in order to ensure they have a full appreciation of the councilwide financial position, in addition to their specific areas of responsibility.
- (v) Council be asked to approve the revisions to the capital programme set-out in paragraph 3.31 and incorporated within Appendix 5;
- (vi) The forecast position for High Needs set-out in Para 3.19 to 3.24 and Appendix 3, be noted.

**3.0 SUPPORTING INFORMATION****Revenue Spending**

- 3.1 Appendix 1 presents a summary of spending against the operational revenue budget up to 30 November 2025 (period 8) and Appendix 2 provides detailed figures for each individual Department. In overall terms, net Council spending as at 30 November 2025 is £0.294m over budget. The outturn forecast for the year estimates that net spending will be over

budget by £1.281m if no further corrective action is taken. This is a much improved position from that reported at the end of September 2025 (period 6) where forecast spend for the year was estimated to be £4.672m over budget.

3.2 The improved position on the forecast outturn from that reported at the end of September 2025 can be linked across a number of areas, including:

- Adult Social Care Directorate – The forecast outturn position for Community Care is £0.683m at the end of November, compared to a forecast outturn of £2.315m from two months prior. The position has improved due to more flexible utilisation of the Disabled Facility Grant (DFG) through the capitalisation of qualifying staffing and equipment costs against the grant, which it is intended to continue for future years.
- Care Homes - The overspending forecast against the Council's in-house care homes has decreased by a further £0.218m as a result of a lower forecast of agency spend, stemming from the ongoing review of sickness absence. Overall the Adult Social Care forecast outturn position has improved by £1.723m.
- Children and Families Department – The outturn position for the Department has improved by £1.601m. Employee costs are forecast to be under budget profile by the end of financial year 2025/26 by £0.096m which is a reduction of £0.822m since last reported at 30 September 25. Residential care costs are forecast to be under budget profile by £0.513m which is a reduction of £0.571m since last reported on 30 September 25.
- Environment and Regeneration Directorate – The forecast outturn position for the Directorate has improved by £1.006m. This is largely as a result of revised forecasts of income generation within the Planning and Transportation department, related to planning fees and the number of approved utility permit applications.

3.3 Despite the reduction in forecast net costs for the year it remains vital the Council continue to limit expenditure through to the end of the financial year to achieve as a minimum, a balanced budget position. It should be remembered that in setting the current year budget the Council have planned to utilise £29.385m of Exceptional Financial Support.

3.4 As part of the action to ensure spend for the year remains within budget, recovery meetings have been put into action where directorate leads will provide action points on how they aim to keep net spend within the approved budget.

- 3.5 On 10 February 2025 Government issued a letter to the Council confirming it was minded to approve a capitalisation direction of a total not exceeding £52.8 million. The total is broken down by each financial year of the Council's request:
- £20.8 million in 2024-25.
  - £32 million in 2025-26.
- 3.6 Consistent with those councils that have previously sought Exceptional Financial Support, in order for Government to provide a final capitalisation direction, the council is required to undergo an external assurance review which will include, but will not be limited to, an assessment of the council's financial position and governance arrangements. There is uncertainty in when MHCLG will commission this review and therefore the Council has taken a proactive approach and commissioned CIPFA to support a review of the Council's financial resilience and financial management arrangements. The review is currently being undertaken on the same basis of the latest specification for such reviews required by MHCLG for councils requesting EFS.
- 3.7 Council approved the annual budget of £183.052m on 05 March 2025, in doing so they agreed to the use of EFS totalling £29.385m. As a minimum the Council must ensure that spend for the year remains within the approved budget to ensure the provisional capitalisation direction is not breached.
- 3.8 The cost of EFS is significant over the long term for the Council, for every £1m borrowing undertaken it is estimated will cost the Council approximately £100k over each of the next 20 years. It is imperative action is taken now to reduce the level of planned spend over the remainder of the year and that approved saving proposals are implemented with immediate effect.
- 3.9 Within the Corporate and Democracy table (included at Appendix B), current year costs relating to EFS have been included. It is forecast the cost of EFS interest will be £1.096m with repayment of the principal debt totalling £0.500m
- 3.10 The figures reflect a prudent yet realistic view of spend and income levels through to the end of the year. Work will continue to progress on updating the financial position as more information is made available.
- 3.11 In setting the 2025/26 budget Council approved significant levels of growth to ensure the budget was more relevant to the planned level of spend. Budget growth of £33.555m (22%) was added to the 2025/26 budget to bring the approved net budget to £183.052m.
- 3.12 There are continued demand pressures on the budget which are above growth levels provided in the 2025/26 budget, these are more notable against adults community care and home to school transport. Levels of demand covering children in care appear to be under control, although still

too high for an authority the size of Halton. Further information is provided within the report on the main budgetary pressure areas.

- 3.13 In setting the 2025/26 budget, inflation of 2% was provided for the pay award. The pay award has been agreed at 3.2%, therefore budgetary growth for the pay award is insufficient, the revised forecast of the additional cost of the 3.2% pay offer will add approximately £1.2m to the Council's running cost for the year. This additional cost is included within the reported forecast position for the year.
- 3.14 Another major factor in achieving a balanced budget position for the year is that all approved savings are fully achieved to the agreed levels. In total, savings of £7.225m were agreed for the current year, Appendix 4 provides detail on progress against the approved savings. As per Appendix 4, savings have been RAG rated to inform on progress, high level summary of this is provided below.

| Department                         | On-course to be achieved | Uncertain or too early to say | Highly likely or certain will not be achieved |
|------------------------------------|--------------------------|-------------------------------|-----------------------------------------------|
|                                    | £'000                    | £'000                         | £'000                                         |
| Adult Social Care                  | 100                      | 125                           | 1,655                                         |
| Finance                            | 0                        | 100                           | 90                                            |
| Legal                              | 6                        | 0                             | 0                                             |
| Children & Family Services         | 0                        | 1,900                         | 22                                            |
| Education, Inclusion and Provision | 0                        | 0                             | 300                                           |
| Community and Greenspaces          | 282                      | 0                             | 0                                             |
| Economy, Enterprise and Property * | 0                        | 0                             | 100                                           |
| Planning & Transportation *        | 0                        | 0                             | 100                                           |
| Public Health                      | 45                       | 0                             | 0                                             |
| Corporate                          | 100                      | 500                           | 1900                                          |
| <b>Totals</b>                      | <b>533</b>               | <b>2,125</b>                  | <b>4,667</b>                                  |

\*note alternative one-off savings have been identified for the current year.

- 3.15 The use and cost of agency staff continues to be one of the main contributing factors to the overspend position for the year. This is mostly evident within the Children & Families Department and the Council's in-house Care Homes. Initiatives and support from the Transformation Programme are ongoing to reduce reliance upon agency staff.

- 3.16 Analysis of agency spend for the year to date, together with comparative analysis of 2024/25 costs, is included in the table below.

|                                   | 2025/26              |                       |                               |                              |                             | 2024/25                |
|-----------------------------------|----------------------|-----------------------|-------------------------------|------------------------------|-----------------------------|------------------------|
|                                   | As at 31<br>May 2025 | As at 31<br>July 2025 | As at 30<br>September<br>2025 | As at 30<br>November<br>2025 | Total<br>2025/26 To<br>Date | As at 31<br>March 2025 |
|                                   | £'000                | £'000                 | £'000                         |                              | £'000                       | £'000                  |
| Adult Social Care                 | 955                  | 1,687                 | 805                           | 573                          | 4,020                       | 6,035                  |
| Chief Executives Delivery Unit    | 130                  | 145                   | 146                           | 118                          | 539                         | 810                    |
| Children & Family Services        | 574                  | 739                   | 594                           | 564                          | 2,471                       | 5,220                  |
| Community & Greenspace            | 71                   | 59                    | 52                            | 53                           | 235                         | 447                    |
| Corporate & Democracy             | 0                    | 0                     | 0                             | 6                            | 6                           | 0                      |
| Economy, Enterprise & Property    | 60                   | 77                    | 86                            | 72                           | 295                         | 417                    |
| Education, Inclusion & Provision  | 54                   | 72                    | 48                            | 56                           | 230                         | 295                    |
| Finance                           | 3                    | 0                     | 1                             | 1                            | 5                           | 114                    |
| Legal & Democratic Services       | 63                   | 59                    | 43                            | 37                           | 202                         | 881                    |
| Planning & Transportation         | 2                    | 0                     | 0                             | 0                            | 2                           | 210                    |
| Public Health & Public Protection | 0                    | 0                     | 0                             | 0                            | 0                           | 22                     |
| <b>Total</b>                      | <b>1,912</b>         | <b>2,838</b>          | <b>1,775</b>                  | <b>1,480</b>                 | <b>8,005</b>                | <b>14,451</b>          |

### Revenue - Operational Spending

- 3.17 Operational net spending for the first eight months of the year is higher than the budget to date by £0.294m Based on current forecasts it is estimated net spend will be over budget for the year by £1.281m if no further corrective action is taken.
- 3.18 Within the overall budget forecast position for the period, the key budget pressure areas are as follows;

#### (i) Children and Families Department

The net departmental outturn position is estimated to be over budget profile at the end of financial year 2025/26 by £0.209m with the majority relating to Social Care Services. Since last reported at 30 September 25 there has been a reduction in forecast outturn for the department of £1.6m.

Employee costs are forecast to be under budget profile by the end of financial year 2025/26 by £0.096m which is a reduction of £0.822m since last reported at 30 September 25.

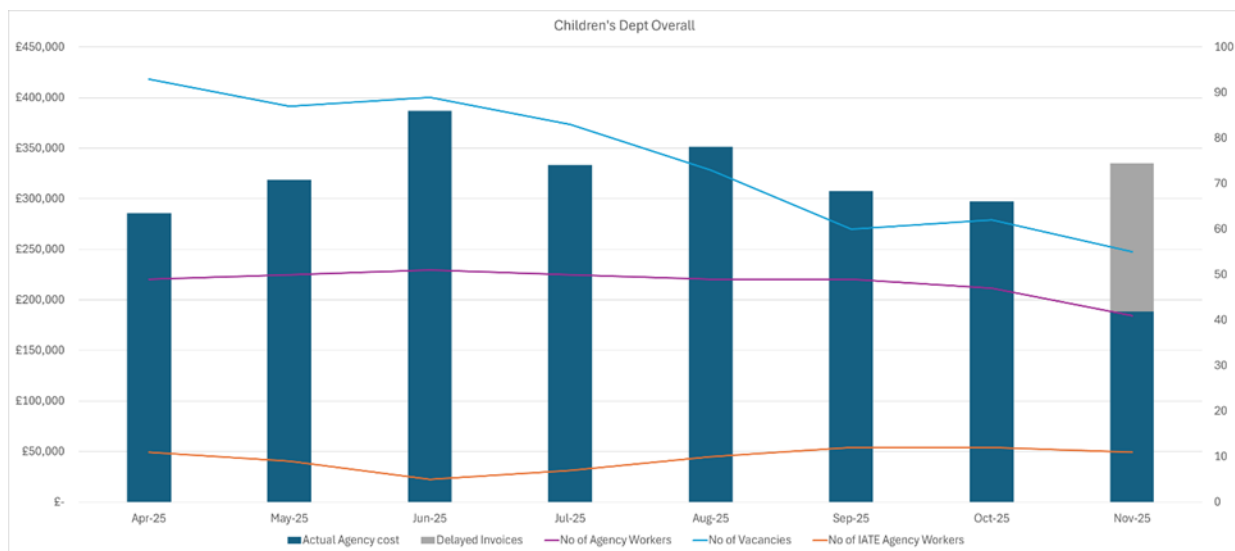
A large proportion of the reduction relates to the utilisation of a number of grants that are available to the service, this equates to £0.486m to 30 November 2025 and has supported the reduction in forecast overspend.

Since last reported on 30 September 25, a number of agency have converted to Council employment, with hopeful further planned conversions over the coming months. Forecasts will be updated as and when to reflect the changes in staffing.

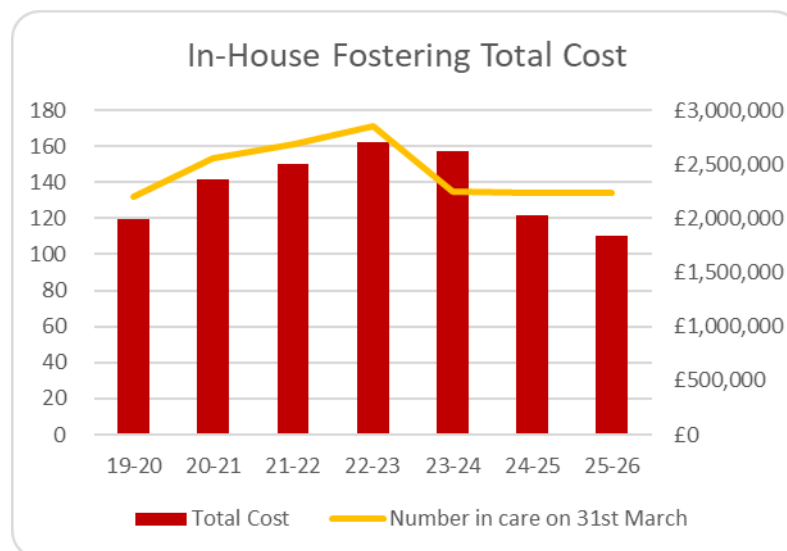


The chart below demonstrates the following information, for the period April to November 2025:

- Agency costs
- The number of agency staff that the Council have received an invoice for within each month
- The number of vacancies across the Children and Families Department
- The number of staff that are currently in addition to the establishment (IATE)

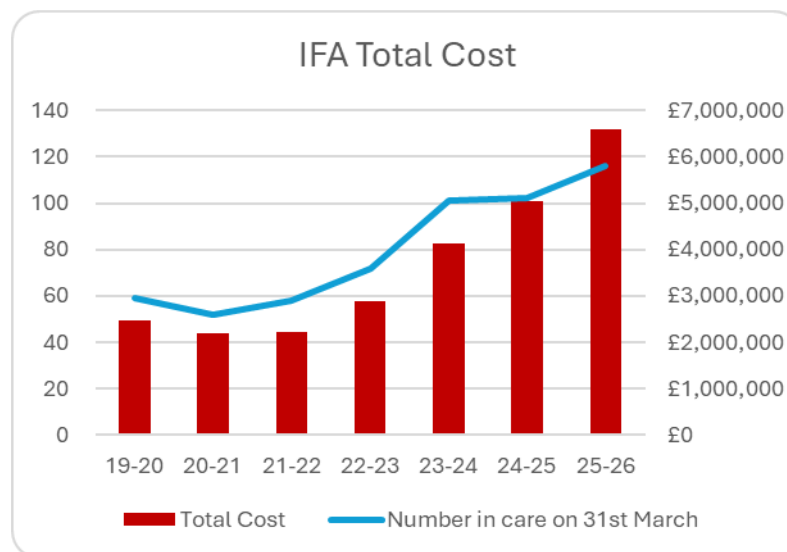


In-House fostering placements are estimated to be £0.548m under budget profile for financial year 2025/26.



Work continues to recruit and retain Halton's In-house foster carers, along with training to develop carers enabling them to accommodate more specialist placements. This therefore means that costs could increase. However, the ability to accommodate young people within in-house provision provides a substantial saving in comparison to Independent Fostering Agency (IFA) or residential care.

Increasing numbers of children in care and insufficient in-house fostering provision has meant increased reliance on Independent Fostering Agencies (IFA). Higher numbers of children placed within IFA provision and increased IFA rates has resulted in an estimated forecast overspend for the end of 2025/26 of £1.114m.

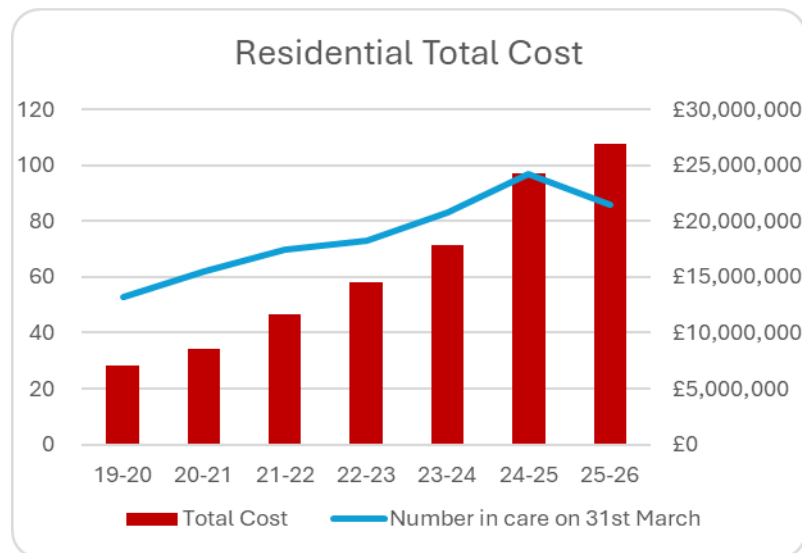


Out of Borough Residential Care continues to be a budget pressure for the Children and Families Department as the costs of residential care have continued to rise year on year. The numbers of young people in residential placements remains high and the cost of placements is rising significantly year-on-year.

Residential care costs are forecast to be under budget profile by £0.513m which is a reduction of £0.571m since last reported on 30 September 25.

A number of initiatives are taking place to help reduce residential spend, including a High Cost Placement Panel, Medium Cost Placement Panel and particular cohort focused projects. The panels have been created to ensure that an effective care plan is in place for all young people at the best available cost of placement this work is ongoing.

The graph below illustrates the rising costs of residential care, for consistency this does not include the costs of Unaccompanied Asylum-Seeking Children (UASC) as these costs were not included previous years.



## (ii) Adult Social Care Directorate

### Community Care

The net spend position for the community care budget at the end of November 2025 is currently £0.411m over the available budget and the year-end anticipated spend is forecast to be £0.683m over planned budget.

In September the expected year-end forecast was reduced from £2.627m to £2.315m due to the impact of the recovery plan. The forecast has since been reduced further to £0.683m by capitalising qualifying staffing and equipment costs against the Disabled Facility Grant (DFG) enabling revenue budget to be utilised against community care budget pressures. Additionally the pool budget has released £0.400m toward this budget's financial performance.

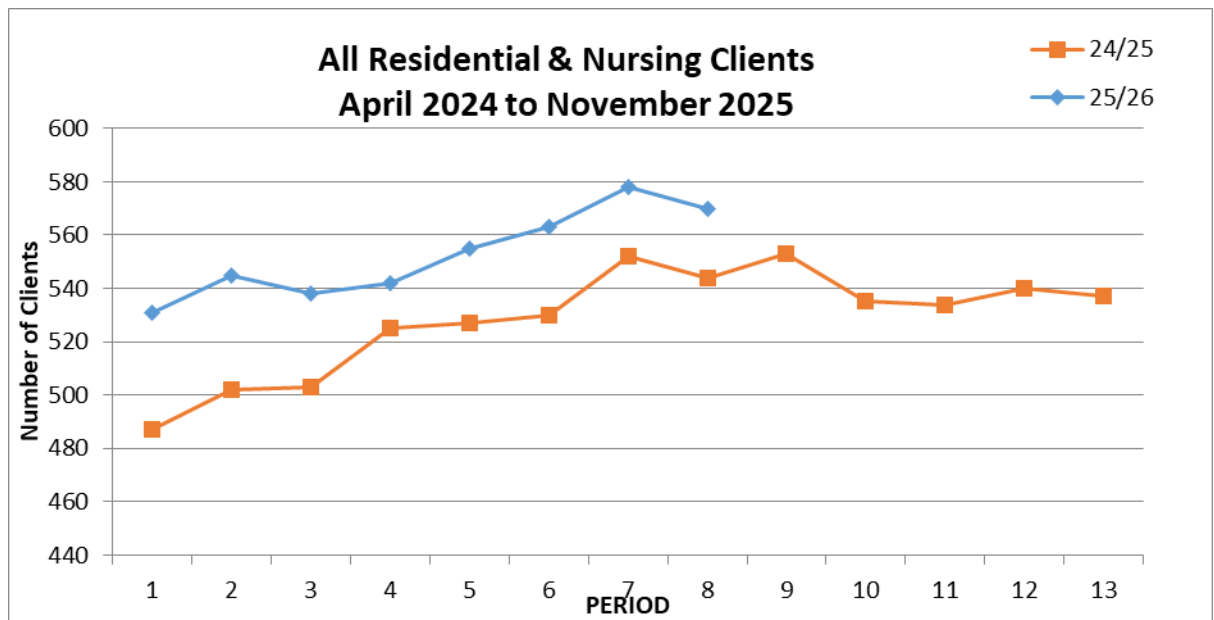
Recovery meetings continue and currently focus is on the following areas to try to reduce spend further:-

- Review 1 to 1 packages of care for appropriateness
- Identify and signpost new 15 minute packages of domiciliary care (medicine prompts) which should be commissioned and funded by health under the Care Act.
- Ensure assessments carried out on discharge from hospital are complete and appropriate
- Maximise internal care home capacity

### Residential Care

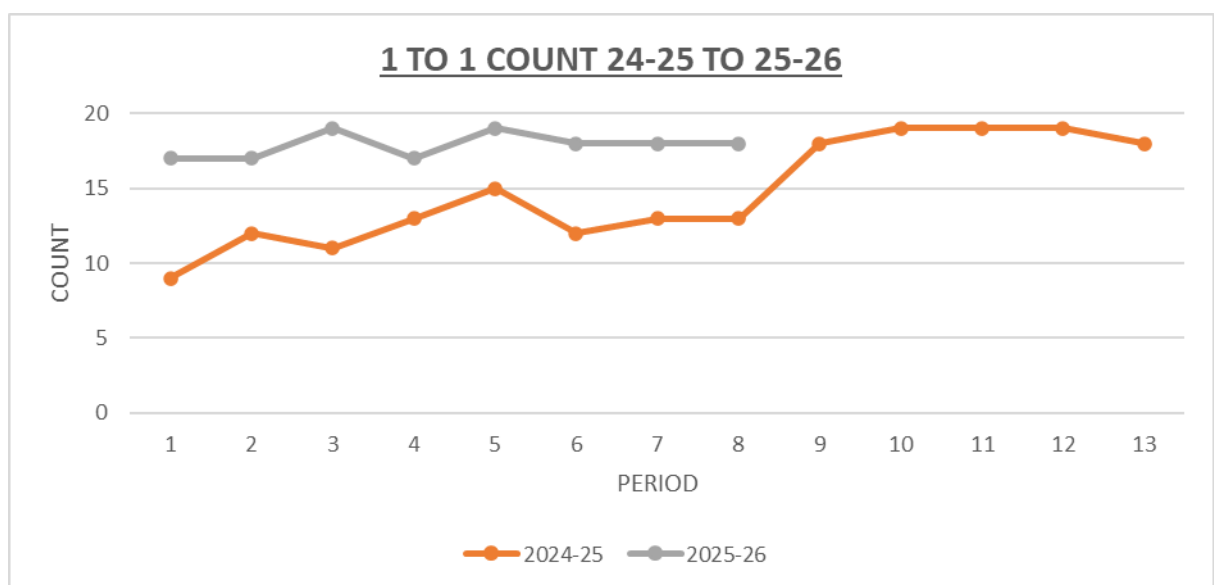
There are currently 570 residents in external residential/nursing care as at the end of November 2025. Compared to the 2024/25 average of 520 this is an increase of 9.6%. The average cost of a package of care is currently £949.76 compared to £850.24 at the end of 2024/25 an increase of 11.7%.

The graph below illustrates the demand for all residential and nursing placements.



Payments for 1 to 1 support continue to exert pressure on the budget. These are generally to mitigate the risk from falls particularly on discharge from hospital. The full year cost for 2024/25 was £837,882.

The graph below shows the count of service users receiving 1 to 1 care by period. Currently there are 18 compared to 13 at the same point last year. This is an increase of 38%. It is expected that these should reduce as packages continue to be reviewed, however commissioning of new packages with a 1:1 care element are resulting in numbers remaining high.

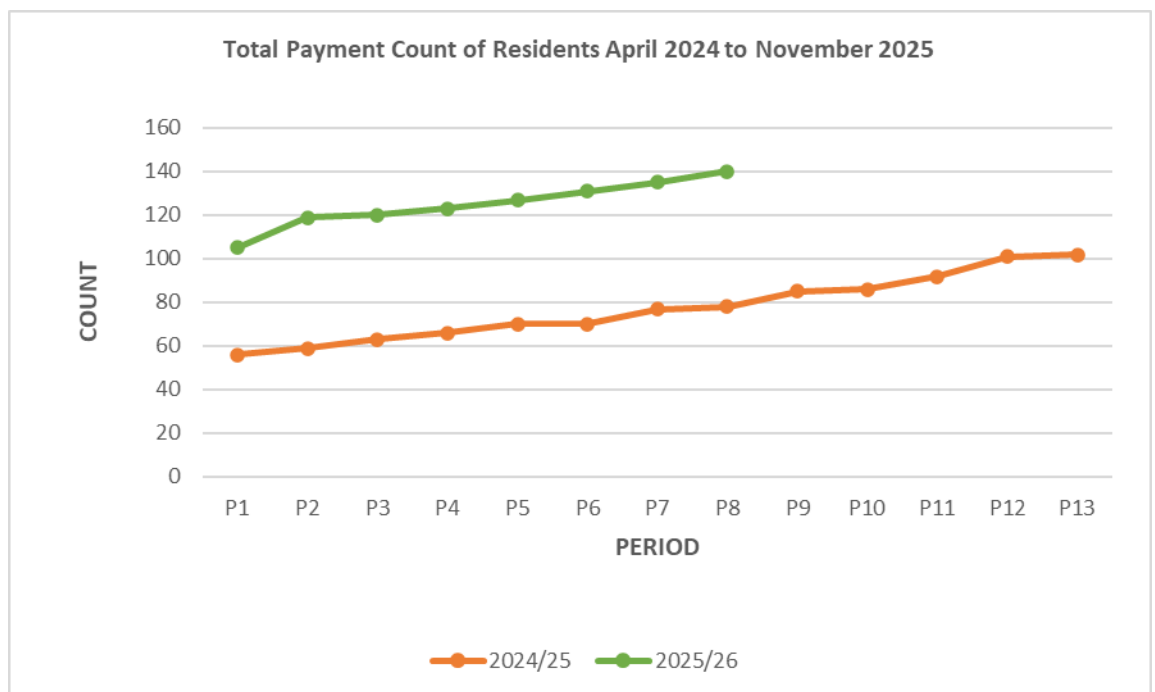


Additional Payments 2025/26

Additional payments to providers rose sharply throughout the last financial year, both in and out of the borough. These are where the care home charges an additional amount on top of the contracted bed rate. The cost of this for 2024/25 was £0.424m.

The graphs below illustrate the count and spend of service users with an additional payment by period.

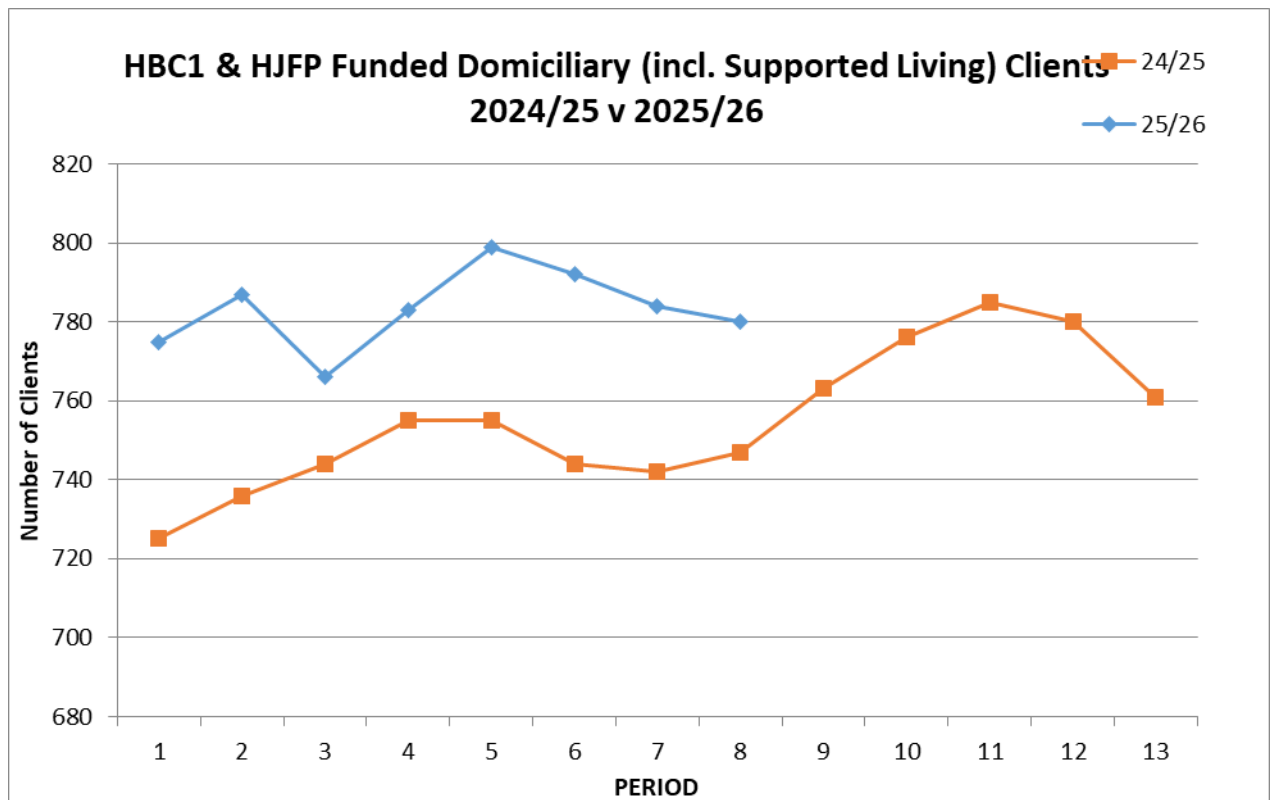
This clearly shows a steady increase in numbers and costs for 2025/26, the spend up to November is £0.405m. If numbers and costs remain the same, the forecast spend for the year will be approximately £0.696m.



### Domiciliary Care & Supported Living

As at November there are 780 service users receiving a package of care at home, compared to the average in 2024/25 of 754, an increase of 3.4%. The average cost of a package of care is currently £537.15 compared with the average of £450.64 in 2024/25 an increase of 19.19%.

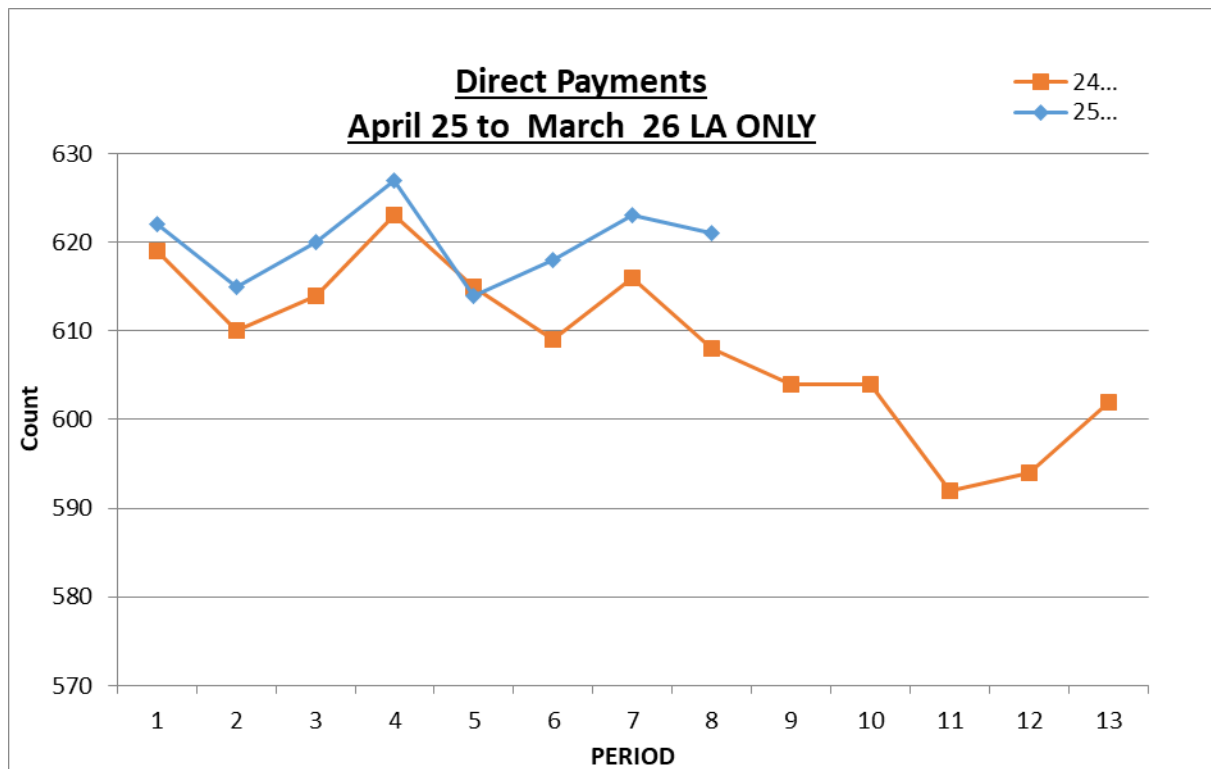
The graph below illustrates the demand for the service from April 2024 to November 2025.



### Direct Payments

The average number of clients who received a Direct Payment (DP) in November was 621 compared with 622 in April, a small decrease. The average cost of a package of care has also decreased from £571.26 to £491.76, a reduction of 13.9%. The financial impact of this is a reduction in spend of approximately £200k per month.

The graph below shows movement throughout the year.



### **Care Homes**

Spend for the first nine months of the 2025/26 Financial Year to 30 November is £0.084M above profile, with an estimated spend above budget for the year of £0.385M. This primarily relates to unbudgeted agency staffing costs, and a current shortfall against target of client finance and out of borough income.

Employee related expenditure is anticipated to be above budget at the end of financial year by £0.152M. Projections take into account agency spending patterns over the previous 3 financial years, but also with reference to the recent decrease in agency expenditure, this has dropped considerably from previously reported as a result of the ongoing review of sickness absence.

Income Targets include those for privately funded residents, out of borough placements, and reimbursements from the ICB in respect Of Continuing Health Care, Funded Nursing Care, and Joint Funded placements. Income across all headings is currently projected to be under-achieved by £0.131M for the full year.

### **Adult Social Care (excluding Care Homes and Community Care)**

Net Department Expenditure is currently £0.609m over budget profile at the end of the sixth period of the financial year. Current expenditure projections indicate an overspend for the full financial year in the region of £0.768m.

Factors relating to the projected overspend include;

Unbudgeted agency costs in respect of covering vacant posts, particularly in terms of front line Care Management and Mental Health Team posts. However, there continues to be a reduction in agency use across these divisions due to filling of vacancies.

A projected £0.199m forecasted full-year spend above supplies and services budget relates to an increased volume of caseload with respect to Deprivation of Liberty Standards (DoLs) assessments. Spend to November 2025 was £0.132m, with a total spend for this financial year forecast at £0.217m. Demand for this service has increased significantly over the last few years, with this trend continuing throughout the current financial year.

Income as a whole is under the budgeted income target by £0.627m with a projected under achieved target at the end of the financial year being £0.668m. The main areas making up the under achievement of targeted income are Community Meals, Telehealthcare, Transport, Positive Behaviour Service and the Day Services Trading areas.

### **(iii) Education, Inclusion and Provision**

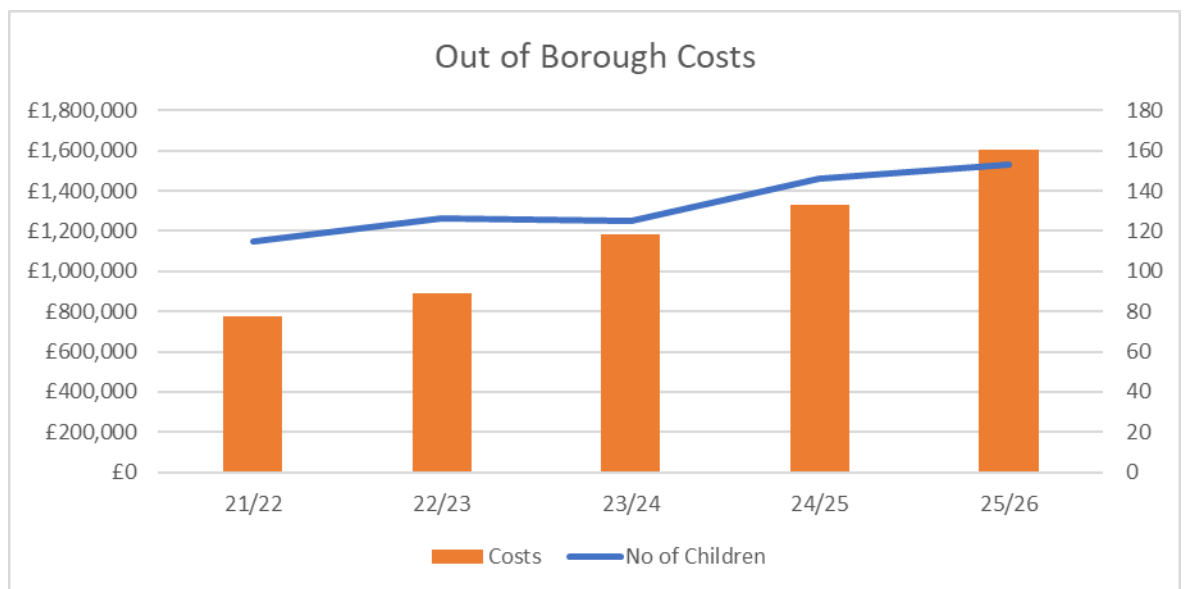
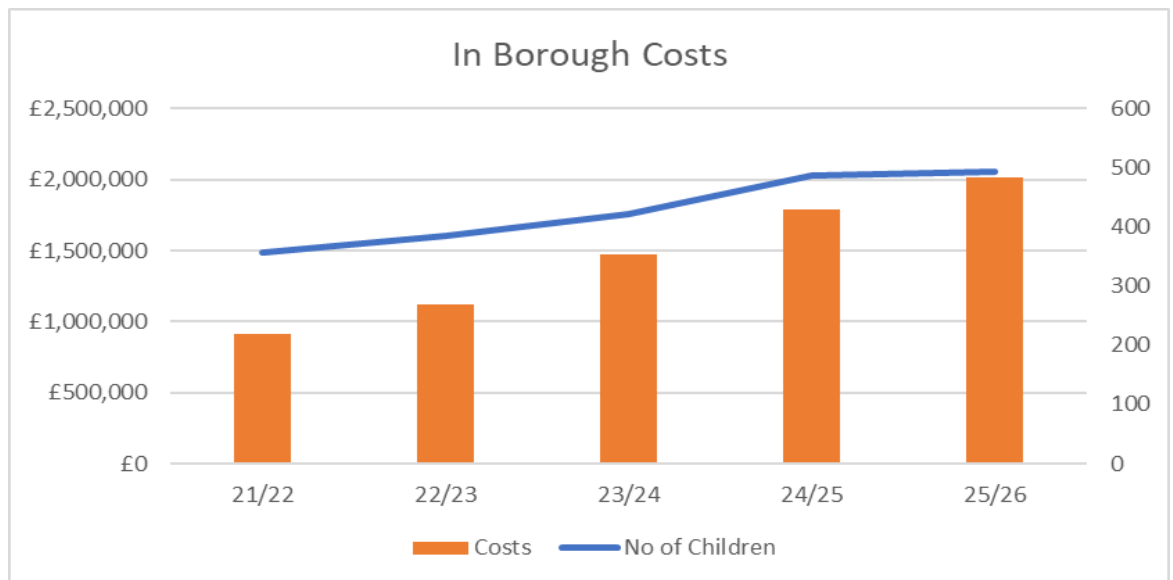
Net departmental expenditure is £0.593m over budget at the end of November, based on available information. The forecast outturn for 2025/26 is currently an overspend against budget of £1.034m. The main variances are school transport, Inter Authority Income and schools SLA income.

Schools Transport is the main budgetary demand pressure for Education, Inclusion and Provision. The Council has a statutory responsibility to provide Special Educational Needs (SEN) pupils with transport. This is split into two main areas of SEN pupils attending In Borough and out of Borough Schools.

The current records show 647 service users, the majority of which attend schools within the Borough. The Out of Borough overspend has decreased compared to the previous year's overspend of £0.799m due to £0.712m added to the budget in 2025/26 for growth. The demand for the School Transport service has increased by roughly 7% since the last report, for both in and out of borough transport, although average cost per user has reduced by 6%. The graphs below show the number of SEN children using this service.

The graphs below show the trend in the number of SEN children using this service and the associated costs.





#### (iv) Planning and Transportation

As of 30th November 2025 it is forecast net spend will be £1.390m under the approved 2025/26 budget. This is a significant increase of the underspend of £0.364m forecasted at the end of September 2025. This is largely due to revised forecasts around staffing and income.

There are a large number of vacancies across the department that have not yet been filled. The Highways restructure has been taken out of the projections from the last report to now, as it is unlikely that it will be in place before March 26. This has resulted in a forecast staffing underspend of £0.487m

Overall, it is forecast income for the department will be £1.050m over the budgeted income target.

Planning income is an ever-moving area and unlike earlier reports it is now expected to be over its income target. Following on from the 2024/25 financial year there is a downturn in the number of applications being received so there is some reliance on receiving planning applications from housing developers. This forecast is based on the income that has been received so far, this financial year and what is likely to be achieved going forward. Building control income is projected to not achieve its income target as in previous years.

Fees and charges income is projected to overachieve its income target, but this is constantly in flux as it is fully dependent on the amount of permit applications etc that is received. It is anticipated that the high level of permit income that was seen in previous years will eventually drop off but for now has been consistent for the past 8 months, due to the large number of housing developers requiring permission to install utilities. There are a number of reasons for the current over achievement of permit income, including:

- The number of permits being received has been higher than usual due to several companies carrying out fibre roll outs and upgrades. This seems to be coming to an end and the number of permits relating to fibre are most likely to severely decrease for the remainder of the year.
- As a result of the increased amount of works, this also increases potential for FPNs, S74 charges and defect charges to be issued against permits. As the number of works decreases, so will the associated charges.
- There is higher than usual income associated to traffic management due to the amount of works taking place since April.
- There are more inspections now than in previous years, which has increased income.

### **Dedicated Schools Grant**

- 3.19 As at 31 March 2025 the Council had a deficit on the Dedicated Schools Grant (DSG) reserve of £14.469m. This is as an impact of the increasing demand and costs of High Needs.
- 3.20 The DSG deficit currently has no impact on the Council's General Fund as Government have in place an override which allows the Council to carry the deficit on its balance sheet. The override is due to end at 31 March 2028 at which point the accrued DSG deficit will have to be funded from Council resources. This is a significant pressure for a large number of local authorities with Government due to report on plans to mitigate the impact at 31 March 2028 and future funding of High Need demands.
- 3.21 Forecast 2025/26 costs for all anticipated demands on High Needs funding are estimated to be £42.508m, which is a substantial amount in excess of the budgeted High Needs allocation of £29.760m. After applying a 2% across-the-board increase to High Needs funding rates, the Council began

the financial year anticipating a DSG shortfall of £9.4m, the first 8 months of 2025-26 have seen that increase by £3.35m.

- 3.22 The projected overspend is in the main due to significant expansions in numbers and specifications of resource bases, increasing numbers and costs of high-cost specialist placements in or out of Borough, and increases in numbers and value of EHCP (Education & Health Care Plan) assessments.
- 3.23 There is a cost to the General Fund in managing the DSG deficit, this relates to the cashflow impact of a deficit position. The deficit position results in more borrowing costs for the Council which can not be allocated against DSG and therefore are coded against the General Fund. Interest costs in the current year are estimated at £0.891m
- 3.24 Appendix 3 provides detail on the High Needs 2025/26 forecast outturn position

### **Collection Fund**

- 3.25 The council tax collection rate through to the end of November 2025 is 71.34% which is 0.09% lower than the collection rate at the same point last year.

Debt relating to previous years continues to be collected, and the Council utilises powers through charging orders and attachment to earnings/benefits to secure debts. £1.992m has so far been collected this year in relation to previous years' debt.

- 3.26 Business rate collection through to the end of November 2025 is 75.01% which is 1.02% lower than the collection rate at the same point last year.

£0.945m has so far been collected this year in relation to previous years' debt.

### **Review of Reserves**

- 3.27 As at 30 November 2025 the Council's General Reserve is unchanged from the previous period at £5.149m, which represents 2.81% of the Council's 2025/26 net budget. This level of General Reserve is considered to be insufficient and provides little to cover unforeseen costs. Within the Medium Term Financial Strategy, growth to reserves will be included at a rate of £2m per year.
- 3.28 There is a regular review of earmarked reserves undertaken to determine whether they can be released in part or in full to assist with funding the Council's current financial challenges, recognising that this only provides one-year funding solutions.

### **Reserves Summary**

- 3.29 A summary breakdown of the Council's reserves is presented in the table below, showing the balance of reserves as at 30 November 2025.

| <b>Summary of General and Earmarked Reserves</b> |                      |
|--------------------------------------------------|----------------------|
| <b>Reserve</b>                                   | <b>Reserve Value</b> |
|                                                  | <b>£m</b>            |
| <b>Corporate:</b>                                |                      |
| General Fund                                     | 5.149                |
| Capital Reserve                                  | 0.398                |
| Insurance Reserve                                | 0.849                |
|                                                  |                      |
| <b>Specific Projects:</b>                        |                      |
| Adult Social Care                                | 0.711                |
| Fleet Replacement                                | 0.454                |
| Highways Feasibility Costs                       | 0.102                |
| Local Development Framework                      | 0.544                |
| Community & Environment                          | 0.542                |
| Mersey Valley Golf Club                          | 0.480                |
| Mersey Gateway                                   | 33.542               |
| CCLA Property Fund                               | 0.263                |
| Various Other                                    | 0.159                |
|                                                  |                      |
| <b>Grants:</b>                                   |                      |
| Building Schools for the Future                  | 6.529                |
| Public Health                                    | 1.147                |
| Supporting Families Performance Payments         | 0.204                |
| Children's & Education                           | 1.257                |
| Domestic Abuse                                   | 0.915                |
| Enterprise & Employment                          | 0.777                |
| Food Waste Collection                            | 0.237                |
| Mersey Gateway Environmental Trust               | 0.492                |
| Various Other                                    | 0.154                |
|                                                  |                      |
| <b>Total Earmarked Reserves</b>                  | <b>54.903</b>        |

- 3.30 The above table shows the diminishing level of reserves available to assist with funding any future budget overspends and balancing future budgets. Only the £5.149m of the General Fund could now be used for these purposes, as all remaining reserves are committed for specific purposes.

### **Capital Spending**

- 3.31 Council approved the 2025/26 Capital Programme on 5 March 2025. Since then the capital programme has been revised to reflect a number of changes in spending profiles and funding as schemes have developed. Appendix 5 brings all the separate elements together and report on the Council's total planned capital programme expenditure. The schemes which have been revised within the programme are as follows:

- i. Sci-tech Daresbury Project Violet
- ii. Astmoor Masterplan
- iii. Sci-tech Daresbury – CPO
- iv. Runcorn Town Centre Management
- v. Widnes Town Centre Framework
- vi. East Runcorn Connectivity
- vii. Mersey Gateway Crossings Board

3.32 Capital spending at 30 November 2025 totalled £28.258m, which represents 53% of the total Capital Programme of £53.064m (which assumes a 20% slippage between years).

3.33 Capital receipts available to fund the programme are expected to be fully utilised by the end of the financial year. If planned use of receipts is to allocation there is risk to £0.375 of these costs falling on the General Fund position. Provision has been included within Corporate and Democracy to cover the event of this happening.

#### **4.0 CONCLUSIONS**

4.1 As at 30 November 2025, net revenue spend is forecast to be £1.281m over the budget to date despite significant levels of growth being included within the budget.

4.2 Urgent corrective should be taken as soon as possible across all Council services to identify spend reductions and ensure that agreed savings are fully implemented in a timely manner.

4.3 Departments should ensure that all spending continues to be limited to what is absolutely essential throughout the remainder of the year, to ensure that the forecast outturn overspend is minimised as far as possible and future spending is brought in line with budget.

#### **5.0 POLICY AND OTHER IMPLICATIONS**

5.1 None.

#### **6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Improving Health, Promoting Wellbeing and Supporting Greater Independence**

6.2 **Building a Strong, Sustainable Local Economy**

6.3 **Supporting Children, Young People and Families**

6.4 **Tackling Inequality and Helping Those Who Are Most In Need**

6.5 **Working Towards a Greener Future**

**6.6 Valuing and Appreciating Halton and Our Community**

There are no direct implications, however, the revenue budget and capital programme support the delivery and achievement of all the Council's priorities above.

**7.0 RISK ANALYSIS**

7.1 There are a number of financial risks within the budget. The Council has internal controls and processes in place to ensure that spending remains in line with budget as far as possible.

7.2 A budget risk register of significant financial risks has been prepared and is included at Appendix 6.

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 None.

**9.0 CLIMATE CHANGE IMPLICATIONS**

9.1 None

**10.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1072**

10.1 There are no background papers under the meaning of the Act



# Summary of Revenue Spending to 30 November 2025

## APPENDIX 1

| Directorate / Department                          | Annual Budget<br>£'000 | Budget To Date<br>£'000 | Actual To Date<br>£'000 | Variance (Overspend)<br>£'000 | November 2025 Forecast Outturn (o'spend) £'000 |
|---------------------------------------------------|------------------------|-------------------------|-------------------------|-------------------------------|------------------------------------------------|
| Adult Social Care                                 | 24,559                 | 16,097                  | 16,706                  | (609)                         | (768)                                          |
| Care Homes`                                       | 8,077                  | 5,664                   | 5,748                   | (84)                          | (385)                                          |
| Community Care                                    | 28,404                 | 18,203                  | 18,614                  | (411)                         | (683)                                          |
| Complex Care Pool                                 | 13,249                 | 3,667                   | 3,128                   | 539                           | 303                                            |
| <b>Adults Directorate</b>                         | <b>74,289</b>          | <b>43,631</b>           | <b>44,196</b>           | <b>(565)</b>                  | <b>(1,533)</b>                                 |
|                                                   |                        |                         |                         |                               |                                                |
| Finance                                           | 5,662                  | 4,318                   | 3,984                   | 334                           | 432                                            |
| Legal & Democratic Services                       | 323                    | 150                     | 10                      | 140                           | 102                                            |
| ICT & Support Services                            | 269                    | 170                     | 125                     | 45                            | 68                                             |
| Chief Executives Delivery Unit                    | 1,157                  | 577                     | 616                     | (39)                          | (108)                                          |
| <b>Chief Executives Directorate</b>               | <b>7,411</b>           | <b>5,215</b>            | <b>4,735</b>            | <b>480</b>                    | <b>494</b>                                     |
|                                                   |                        |                         |                         |                               |                                                |
| Children & Families                               | 55,584                 | 31,144                  | 31,799                  | (655)                         | (209)                                          |
| Education, Inclusion & Provision                  | 12,142                 | 7,978                   | 8,571                   | (593)                         | (1,034)                                        |
| <b>Children's Directorate</b>                     | <b>67,726</b>          | <b>39,122</b>           | <b>40,370</b>           | <b>(1,248)</b>                | <b>(1,243)</b>                                 |
|                                                   |                        |                         |                         |                               |                                                |
| Community & Greenspace                            | 23,899                 | 14,934                  | 14,879                  | 55                            | 88                                             |
| Economy, Enterprise & Property                    | 2,523                  | 1,758                   | 1,726                   | 32                            | 127                                            |
| Planning & Transportation                         | 9,329                  | 4,325                   | 3,397                   | 928                           | 1,390                                          |
| <b>Environment &amp; Regeneration Directorate</b> | <b>35,751</b>          | <b>21,017</b>           | <b>20,002</b>           | <b>1,015</b>                  | <b>1,605</b>                                   |
|                                                   |                        |                         |                         |                               |                                                |
| Corporate & Democracy                             | -4,025                 | -763                    | -774                    | 11                            | (635)                                          |
| Public Health Directorate                         | 1,900                  | -1,779                  | -1,792                  | 13                            | 31                                             |
| <b>Total Operational Net Spend</b>                | <b>183,052</b>         | <b>106,443</b>          | <b>106,737</b>          | <b>(294)</b>                  | <b>(1,281)</b>                                 |





## Adult Social Care

## APPENDIX 2

|                                               | Annual<br>Budget<br>£'000 | Budget to<br>Date<br>£'000 | Actual<br>Spend<br>£'000 | Variance<br>(Overspend)<br>£'000 | Forecast<br>Outturn<br>£'000 |
|-----------------------------------------------|---------------------------|----------------------------|--------------------------|----------------------------------|------------------------------|
| <b>Expenditure</b>                            |                           |                            |                          |                                  |                              |
| Employees                                     | 18,815                    | 12,544                     | 11,645                   | 899                              | 1,052                        |
| Agency- Covering Vacancies                    | 0                         | 0                          | 1,180                    | (1,180)                          | (1,441)                      |
| Premises                                      | 498                       | 353                        | 327                      | 26                               | 67                           |
| Supplies & Services                           | 698                       | 628                        | 768                      | (140)                            | (199)                        |
| Aids & Adaptations                            | 37                        | 24                         | 28                       | (4)                              | 2                            |
| Transport                                     | 341                       | 227                        | 239                      | (12)                             | (22)                         |
| Food & Drink Provisions                       | 228                       | 152                        | 94                       | 58                               | 128                          |
| Supported Accommodation and Services          | 1,408                     | 939                        | 737                      | 202                              | 301                          |
| Emergency Duty Team                           | 157                       | 78                         | 70                       | 8                                | (20)                         |
| Transfer To Reserves                          | 290                       | 13                         | 13                       | 0                                | 0                            |
| Contracts & SLAs                              | 1,043                     | 619                        | 606                      | 13                               | 16                           |
| <u>Housing Solutions Grant Funded Schemes</u> |                           |                            |                          |                                  |                              |
| Homelessness Prevention                       | 548                       | 397                        | 275                      | 122                              | 0                            |
| Rough Sleepers Initiative                     | 167                       | 111                        | 106                      | 5                                | 0                            |
| Trailblazer                                   | 75                        | 50                         | 38                       | 12                               | 0                            |
| <b>Total Expenditure</b>                      | <b>24,305</b>             | <b>16,135</b>              | <b>16,126</b>            | <b>9</b>                         | <b>(116)</b>                 |
| <b>Income</b>                                 |                           |                            |                          |                                  |                              |
| Fees & Charges                                | -1,044                    | -696                       | -447                     | (249)                            | (314)                        |
| Sales & Rents Income                          | -538                      | -407                       | -351                     | (56)                             | (53)                         |
| Reimbursements & Grant Income                 | -2,203                    | -1,240                     | -937                     | (303)                            | (301)                        |
| Capital Salaries                              | -699                      | -640                       | -640                     | 0                                | 0                            |
| Housing Schemes Income                        | -783                      | -746                       | -727                     | (19)                             | 0                            |
| <b>Total Income</b>                           | <b>-5,267</b>             | <b>-3,729</b>              | <b>-3,102</b>            | <b>(627)</b>                     | <b>(668)</b>                 |
| <b>Net Operational Expenditure</b>            | <b>19,038</b>             | <b>12,406</b>              | <b>13,024</b>            | <b>(618)</b>                     | <b>(784)</b>                 |
| <b>Recharges</b>                              |                           |                            |                          |                                  |                              |
| Premises Support                              | 789                       | 526                        | 526                      | 0                                | 0                            |
| Transport                                     | 792                       | 528                        | 519                      | 9                                | 16                           |
| Central Support                               | 4,039                     | 2,693                      | 2,693                    | 0                                | 0                            |
| Asset Rental Support                          | 13                        | 0                          | 0                        | 0                                | 0                            |
| HBC Support Costs Income                      | -112                      | -56                        | -56                      | 0                                | 0                            |
| <b>Net Total Recharges</b>                    | <b>5,521</b>              | <b>3,691</b>               | <b>3,682</b>             | <b>9</b>                         | <b>16</b>                    |
| <b>Net Departmental Expenditure</b>           | <b>24,559</b>             | <b>16,097</b>              | <b>16,706</b>            | <b>(609)</b>                     | <b>(768)</b>                 |

## Care Homes

|                                             | Annual<br>Budget<br>£'000 | Budget to<br>Date<br>£'000 | Actual<br>Spend<br>£'000 | Variance<br>(Overspend)<br>£'000 | Forecast<br>Outturn<br>£'000 |
|---------------------------------------------|---------------------------|----------------------------|--------------------------|----------------------------------|------------------------------|
| <b>Expenditure</b>                          |                           |                            |                          |                                  |                              |
| <b><u>Madeline McKenna</u></b>              |                           |                            |                          |                                  |                              |
| Employees                                   | 783                       | 521                        | 464                      | 57                               | 85                           |
| Agency - covering vacancies                 | 0                         | 0                          | 69                       | (69)                             | (92)                         |
| Premises                                    | 90                        | 51                         | 49                       | 2                                | 9                            |
| Supplies & Services                         | 25                        | 14                         | 16                       | (2)                              | 1                            |
| Food Provison                               | 51                        | 29                         | 36                       | (7)                              | (3)                          |
| Private Client and Out Of Borough Income    | -127                      | -79                        | -73                      | (6)                              | (11)                         |
| Reimbursements & other Grant Income         | -34                       | -21                        | -21                      | 0                                | 0                            |
| <b>Total Madeline McKenna Expenditure</b>   | <b>788</b>                | <b>515</b>                 | <b>540</b>               | <b>(25)</b>                      | <b>(11)</b>                  |
| <b><u>Millbrow</u></b>                      |                           |                            |                          |                                  |                              |
| Employees                                   | 2,172                     | 1,455                      | 836                      | 619                              | 959                          |
| Agency - covering vacancies                 | 0                         | 0                          | 665                      | (665)                            | (1,177)                      |
| Premises                                    | 117                       | 72                         | 95                       | (23)                             | (33)                         |
| Supplies & Services                         | 72                        | 39                         | 36                       | 3                                | 14                           |
| Food Provison                               | 81                        | 47                         | 53                       | (6)                              | 1                            |
| Private Client and Out Of Borough Income    | -13                       | -4                         | 0                        | (4)                              | (21)                         |
| Reimbursements & other Grant Income         | -635                      | -375                       | -421                     | 46                               | 70                           |
| <b>Total Millbrow Expenditure</b>           | <b>1,794</b>              | <b>1,234</b>               | <b>1,264</b>             | <b>(30)</b>                      | <b>(187)</b>                 |
| <b><u>St Luke's</u></b>                     |                           |                            |                          |                                  |                              |
| Employees                                   | 4,096                     | 2,757                      | 1,609                    | 1,148                            | 1,732                        |
| Agency - covering vacancies                 | 62                        | 62                         | 1,101                    | (1,039)                          | (1,742)                      |
| Premises                                    | 156                       | 94                         | 127                      | (33)                             | (50)                         |
| Supplies & Services                         | 68                        | 39                         | 53                       | (14)                             | (15)                         |
| Food Provison                               | 128                       | 64                         | 84                       | (20)                             | (34)                         |
| Private Client and Out Of Borough Income    | -153                      | -82                        | -21                      | (61)                             | (24)                         |
| Reimbursements & other Grant Income         | -1,497                    | -905                       | -895                     | (10)                             | (18)                         |
| <b>Total St Luke's Expenditure</b>          | <b>2,860</b>              | <b>2,029</b>               | <b>2,058</b>             | <b>(29)</b>                      | <b>(151)</b>                 |
| <b><u>St Patrick's</u></b>                  |                           |                            |                          |                                  |                              |
| Employees                                   | 2,212                     | 1,474                      | 884                      | 590                              | 865                          |
| Agency - covering vacancies                 | 0                         | 0                          | 617                      | (617)                            | (918)                        |
| Premises                                    | 144                       | 88                         | 89                       | (1)                              | 2                            |
| Supplies & Services                         | 67                        | 41                         | 45                       | (4)                              | 0                            |
| Food Provison                               | 127                       | 83                         | 57                       | 26                               | 12                           |
| Private Client and Out Of Borough Income    | -99                       | -61                        | -5                       | (56)                             | (93)                         |
| Reimbursements & other Grant Income         | -866                      | -439                       | -409                     | (30)                             | (40)                         |
| <b>Total St Patrick's Expenditure</b>       | <b>1,585</b>              | <b>1,186</b>               | <b>1,278</b>             | <b>(92)</b>                      | <b>(172)</b>                 |
| <b><u>Care Homes Divison Management</u></b> |                           |                            |                          |                                  |                              |
| Employees                                   | 322                       | 215                        | 123                      | 92                               | 136                          |
| <b>Care Home Divison Management</b>         | <b>322</b>                | <b>215</b>                 | <b>123</b>               | <b>92</b>                        | <b>136</b>                   |
| <b>Net Operational Expenditure</b>          | <b>7,349</b>              | <b>5,179</b>               | <b>5,263</b>             | <b>(84)</b>                      | <b>(385)</b>                 |
| <b><u>Recharges</u></b>                     |                           |                            |                          |                                  |                              |
| Premises Support                            | 65                        | 43                         | 43                       | 0                                | 0                            |
| Transport Support                           | 0                         | 0                          | 0                        | 0                                | 0                            |
| Central Support                             | 663                       | 442                        | 442                      | 0                                | 0                            |
| Asset Rental Support                        | 0                         | 0                          | 0                        | 0                                | 0                            |
| Recharge Income                             | 0                         | 0                          | 0                        | 0                                | 0                            |
| <b>Net Total Recharges</b>                  | <b>728</b>                | <b>485</b>                 | <b>485</b>               | <b>0</b>                         | <b>0</b>                     |
| <b>Net Departmental Expenditure</b>         | <b>8,077</b>              | <b>5,664</b>               | <b>5,748</b>             | <b>(84)</b>                      | <b>(385)</b>                 |

## Community Care

|                                           | Annual<br>Budget<br>£'000 | Budget to<br>Date<br>£'000 | Actual<br>Spend<br>£'000 | Variance<br>(Overspend)<br>£'000 | Forecast<br>Outturn<br>£'000 |
|-------------------------------------------|---------------------------|----------------------------|--------------------------|----------------------------------|------------------------------|
| <b>Expenditure</b>                        |                           |                            |                          |                                  |                              |
| Residential & Nursing                     | 21,977                    | 12,809                     | 12,885                   | (76)                             | (169)                        |
| Domiciliary Care & Supported living       | 16,703                    | 10,487                     | 10,792                   | (305)                            | (488)                        |
| Direct Payments                           | 15,665                    | 10,528                     | 10,608                   | (80)                             | (115)                        |
| Day Care                                  | 712                       | 438                        | 406                      | 32                               | 52                           |
| <b>Total Expenditure</b>                  | <b>55,057</b>             | <b>34,262</b>              | <b>34,691</b>            | <b>(429)</b>                     | <b>(720)</b>                 |
| <b>Income</b>                             |                           |                            |                          |                                  |                              |
| Residential & Nursing Income              | -13,081                   | -7,610                     | -7,620                   | 10                               | 14                           |
| Community Care Income                     | -3,115                    | -1,747                     | -1,659                   | (88)                             | (140)                        |
| Direct Payments Income                    | -1,034                    | -540                       | -636                     | 96                               | 163                          |
| Income from other CCGs                    | -471                      | -230                       | -230                     | 0                                | 0                            |
| Market sustainability & Improvement Grant | -2,796                    | -1,864                     | -1,864                   | 0                                | 0                            |
| Adult Social Care Support Grant           | -6,102                    | -4,068                     | -4,068                   | 0                                | 0                            |
| War Pension Disregard Grant               | -54                       | 0                          | 0                        | 0                                | 0                            |
| <b>Total Income</b>                       | <b>-26,653</b>            | <b>-16,059</b>             | <b>-16,077</b>           | <b>18</b>                        | <b>37</b>                    |
| <b>Net Operational Expenditure</b>        | <b>28,404</b>             | <b>18,203</b>              | <b>18,614</b>            | <b>(411)</b>                     | <b>(683)</b>                 |

**Complex Care Pool**

|                                       | <b>Annual<br/>Budget<br/>£'000</b> | <b>Budget to<br/>Date<br/>£'000</b> | <b>Actual<br/>Spend<br/>£'000</b> | <b>Variance<br/>(Overspend)<br/>£'000</b> | <b>Forecast<br/>Outturn<br/>£'000</b> |
|---------------------------------------|------------------------------------|-------------------------------------|-----------------------------------|-------------------------------------------|---------------------------------------|
| <b>Expenditure</b>                    |                                    |                                     |                                   |                                           |                                       |
| Intermediate Care Services            | 6,425                              | 3,736                               | 3,461                             | 275                                       | 414                                   |
| Oakmeadow                             | 2,040                              | 1,315                               | 1,284                             | 31                                        | 46                                    |
| Community Home Care First             | 1,838                              | 610                                 | 198                               | 412                                       | 617                                   |
| Joint Equipment Store                 | 880                                | 367                                 | 367                               | 0                                         | 0                                     |
| Contracts & SLA's                     | 3,330                              | -7                                  | -7                                | 0                                         | 0                                     |
| Inglenook                             | 137                                | 80                                  | 62                                | 18                                        | 27                                    |
| HICafs                                | 3,729                              | 1,578                               | 1,383                             | 195                                       | 292                                   |
| Carers Breaks                         | 445                                | 240                                 | 240                               | 0                                         | 0                                     |
| Carers centre                         | 365                                | -15                                 | -15                               | 0                                         | 0                                     |
| Residential Care                      | 7,236                              | 4,524                               | 4,524                             | 0                                         | 0                                     |
| Domiciliary Care & Supported Living   | 4,336                              | 2,890                               | 2,890                             | 0                                         | 0                                     |
| Pathway 3/Discharge Access            | 426                                | 286                                 | 286                               | 0                                         | 0                                     |
| HBC Contracts                         | 72                                 | 65                                  | 65                                | 0                                         | 0                                     |
| Healthy at Home                       | 28                                 | -28                                 | -28                               | 0                                         | 0                                     |
| Capacity                              | 30                                 | 21                                  | 13                                | 8                                         | 12                                    |
| <b>Total Expenditure</b>              | <b>31,317</b>                      | <b>15,662</b>                       | <b>14,723</b>                     | <b>939</b>                                | <b>1,408</b>                          |
| <b>Income</b>                         |                                    |                                     |                                   |                                           |                                       |
| BCF                                   | -15,032                            | -10,022                             | -10,022                           | 0                                         | 0                                     |
| CCG Contribution to Pool              | -3,034                             | -1,973                              | -1,973                            | 0                                         | 0                                     |
| Oakmeadow Income                      | -2                                 | 0                                   | 0                                 | 0                                         | (1)                                   |
| <b>Total Income</b>                   | <b>-18,068</b>                     | <b>-11,995</b>                      | <b>-11,995</b>                    | <b>0</b>                                  | <b>(1)</b>                            |
| ICB Contribution Share of Surplus     | 0                                  | 0                                   | 0                                 | 0                                         | (704)                                 |
| HBC Transfer to Community Care Budget | 0                                  | 0                                   | 400                               | (400)                                     | (400)                                 |
| <b>Net Operational Expenditure</b>    | <b>13,249</b>                      | <b>3,667</b>                        | <b>3,128</b>                      | <b>539</b>                                | <b>303</b>                            |

## Finance Department

|                                     | Annual<br>Budget<br>£'000 | Budget to<br>Date<br>£'000 | Actual<br>Spend<br>£'000 | Variance<br>(Overspend)<br>£'000 | Forecast<br>Outturn<br>£'000 |
|-------------------------------------|---------------------------|----------------------------|--------------------------|----------------------------------|------------------------------|
| <b>Expenditure</b>                  |                           |                            |                          |                                  |                              |
| Employees                           | 7,461                     | 4,935                      | 4,764                    | 171                              | 257                          |
| Insurances                          | 1,048                     | 812                        | 636                      | 176                              | 264                          |
| Supplies & Services                 | 1,127                     | 577                        | 648                      | (71)                             | (107)                        |
| Rent Allowances                     | 31,500                    | 17,330                     | 17,330                   | 0                                | 0                            |
| Concessionary Travel                | 1,902                     | 1,116                      | 1,069                    | 47                               | 71                           |
| LCR Levy                            | 1,902                     | 0                          | 0                        | 0                                | 0                            |
| Bad Debt Provision                  | 223                       | 0                          | 0                        | 0                                | (65)                         |
| Non HRA Rent Rebates                | 70                        | 57                         | 16                       | 41                               | 61                           |
| Discretionary Social Fund           | 106                       | 68                         | 1                        | 67                               | 101                          |
| Discretionary Housing Payments      | 279                       | 145                        | 145                      | 0                                | 0                            |
| Household Support Fund Expenditure  | 1,207                     | 1,207                      | 1,207                    | 0                                | 0                            |
| <b>Total Expenditure</b>            | <b>46,825</b>             | <b>26,247</b>              | <b>25,816</b>            | <b>431</b>                       | <b>582</b>                   |
| <b>Income</b>                       |                           |                            |                          |                                  |                              |
| Fees & Charges                      | -361                      | -281                       | -316                     | 35                               | 53                           |
| Burdens Grant                       | -58                       | -55                        | -49                      | (6)                              | (9)                          |
| Dedicated Schools Grant             | -150                      | 0                          | 0                        | 0                                | 0                            |
| Council Tax Liability Order         | -670                      | -528                       | -528                     | 0                                | 0                            |
| Business Rates Admin Grant          | -157                      | 0                          | 0                        | 0                                | 1                            |
| Schools SLAs                        | -319                      | -309                       | -308                     | (1)                              | (1)                          |
| LCR Reimbursement                   | -1,902                    | 0                          | 0                        | 0                                | 0                            |
| HB Overpayment Debt Recovery        | -300                      | -205                       | -166                     | (39)                             | (58)                         |
| Rent Allowances                     | -30,700                   | -16,500                    | -16,219                  | (281)                            | (421)                        |
| Non HRA Rent Rebate                 | -70                       | -60                        | -27                      | (33)                             | (50)                         |
| Discretionary Housing Payment Grant | -279                      | -93                        | -93                      | 0                                | 0                            |
| Housing Benefits Admin Grant        | -453                      | -302                       | -302                     | 0                                | 0                            |
| Housing Benefits Award Accuracy     | 0                         | -7                         | -22                      | 15                               | 22                           |
| Universal Credits                   | -5                        | -3                         | -9                       | 6                                | 4                            |
| Household Support Fund Grant        | -1,207                    | -360                       | -360                     | 0                                | 0                            |
| CCG McMillan Reimbursement          | -89                       | -44                        | -44                      | 0                                | 0                            |
| Reimbursements & Grant Income       | -187                      | -180                       | -387                     | 207                              | 309                          |
| Transfer from Reserves              | -27                       | -13                        | -13                      | 0                                | 0                            |
| <b>Total Income</b>                 | <b>-36,934</b>            | <b>-18,940</b>             | <b>-18,843</b>           | <b>(97)</b>                      | <b>(150)</b>                 |
| <b>Net Operational Expenditure</b>  | <b>9,891</b>              | <b>7,307</b>               | <b>6,973</b>             | <b>334</b>                       | <b>432</b>                   |
| <b>Recharges</b>                    |                           |                            |                          |                                  |                              |
| Premises Support                    | 493                       | 308                        | 308                      | 0                                | 0                            |
| Transport                           | 0                         | 0                          | 0                        | 0                                | 0                            |
| Central Support                     | 2,092                     | 1,246                      | 1,246                    | 0                                | 0                            |
| Asset Rental Support                | 0                         | 0                          | 0                        | 0                                | 0                            |
| HBC Support Costs Income            | -6,814                    | -4,543                     | -4,543                   | 0                                | 0                            |
| <b>Net Total Recharges</b>          | <b>-4,229</b>             | <b>-2,989</b>              | <b>-2,989</b>            | <b>0</b>                         | <b>0</b>                     |
| <b>Net Departmental Expenditure</b> | <b>5,662</b>              | <b>4,318</b>               | <b>3,984</b>             | <b>334</b>                       | <b>432</b>                   |

## Legal Services

|                                     | Annual<br>Budget<br>£'000 | Budget to<br>Date<br>£'000 | Actual<br>Spend<br>£'000 | Variance<br>(Overspend)<br>£'000 | Forecast<br>Outturn<br>£'000 |
|-------------------------------------|---------------------------|----------------------------|--------------------------|----------------------------------|------------------------------|
| <b>Expenditure</b>                  |                           |                            |                          |                                  |                              |
| Employees                           | 2,314                     | 1,525                      | 1,170                    | 355                              | 532                          |
| Agency Related Expenditure          | 79                        | 79                         | 202                      | (123)                            | (246)                        |
| Supplies & Services                 | 181                       | 151                        | 136                      | 15                               | 32                           |
| Civic Catering & Functions          | 21                        | 14                         | 11                       | 3                                | 5                            |
| Legal Expenses                      | 418                       | 105                        | 177                      | (72)                             | (144)                        |
| Transport Related Expenditure       | 8                         | 3                          | 3                        | 0                                | 0                            |
| Other Expenditure                   | 1                         | 1                          | 2                        | (1)                              | (2)                          |
| <b>Total Expenditure</b>            | <b>3,022</b>              | <b>1,878</b>               | <b>1,701</b>             | <b>177</b>                       | <b>177</b>                   |
| <b>Income</b>                       |                           |                            |                          |                                  |                              |
| Fees & Charges Income               | -75                       | -39                        | -21                      | (18)                             | (35)                         |
| School SLA's                        | -100                      | -88                        | -77                      | (11)                             | (23)                         |
| Licence Income                      | -386                      | -177                       | -169                     | (8)                              | (17)                         |
| <b>Total Income</b>                 | <b>-561</b>               | <b>-304</b>                | <b>-267</b>              | <b>(37)</b>                      | <b>(75)</b>                  |
| <b>Net Operational Expenditure</b>  | <b>2,461</b>              | <b>1,574</b>               | <b>1,434</b>             | <b>140</b>                       | <b>102</b>                   |
| <b>Recharges</b>                    |                           |                            |                          |                                  |                              |
| Premises Support                    | 62                        | 42                         | 42                       | 0                                | 0                            |
| Transport Recharges                 | 0                         | 0                          | 0                        | 0                                | 0                            |
| Central Support Recharges           | 275                       | 184                        | 184                      | 0                                | 0                            |
| Asset Rental Support                | 0                         | 0                          | 0                        | 0                                | 0                            |
| Support Recharge Income             | -2,475                    | -1,650                     | -1,650                   | 0                                | 0                            |
| <b>Net Total Recharges</b>          | <b>-2,138</b>             | <b>-1,424</b>              | <b>-1,424</b>            | <b>0</b>                         | <b>0</b>                     |
| <b>Net Departmental Expenditure</b> | <b>323</b>                | <b>150</b>                 | <b>10</b>                | <b>140</b>                       | <b>102</b>                   |

## ICT &amp; Support Services Department

|                                     | Annual<br>Budget<br>£'000 | Budget to<br>Date<br>£'000 | Actual<br>Spend<br>£'000 | Variance<br>(Overspend)<br>£'000 | Forecast<br>Outturn<br>£'000 |
|-------------------------------------|---------------------------|----------------------------|--------------------------|----------------------------------|------------------------------|
| <b>Expenditure</b>                  |                           |                            |                          |                                  |                              |
| Employees                           | 5,899                     | 3,873                      | 3,736                    | 137                              | 205                          |
| Supplies & Services                 | 1,063                     | 807                        | 736                      | 71                               | 107                          |
| Capital Finance                     | 496                       | 287                        | 249                      | 38                               | 57                           |
| Computer Repairs & Software         | 1,724                     | 1,966                      | 1,987                    | (21)                             | (30)                         |
| Communication Costs                 | 138                       | 84                         | 104                      | (20)                             | (31)                         |
| Premises                            | 139                       | 87                         | 83                       | 4                                | 10                           |
| Transport                           | 3                         | 2                          | 1                        | 1                                | 1                            |
| Other                               | 4                         | 1                          | 4                        | (3)                              | (5)                          |
| <b>Total Expenditure</b>            | <b>9,466</b>              | <b>7,107</b>               | <b>6,900</b>             | <b>207</b>                       | <b>314</b>                   |
| <b>Income</b>                       |                           |                            |                          |                                  |                              |
| Fees & Charges                      | -849                      | -255                       | -283                     | 28                               | 42                           |
| Schools SLA Income                  | -659                      | -561                       | -364                     | (197)                            | (295)                        |
| Transfer from Reserves              | 0                         | 0                          | -7                       | 7                                | 7                            |
| <b>Total Income</b>                 | <b>-1,508</b>             | <b>-816</b>                | <b>-654</b>              | <b>(162)</b>                     | <b>(246)</b>                 |
| <b>Net Operational Expenditure</b>  | <b>7,958</b>              | <b>6,291</b>               | <b>6,246</b>             | <b>45</b>                        | <b>68</b>                    |
| <b>Recharges</b>                    |                           |                            |                          |                                  |                              |
| Premises Support                    | 373                       | 249                        | 249                      | 0                                | 0                            |
| Transport                           | 22                        | 15                         | 15                       | 0                                | 0                            |
| Central Support                     | 1,391                     | 928                        | 928                      | 0                                | 0                            |
| Asset Rental Support                | 1,494                     | 0                          | 0                        | 0                                | 0                            |
| HBC Support Costs Income            | -10,969                   | -7,313                     | -7,313                   | 0                                | 0                            |
| <b>Net Total Recharges</b>          | <b>-7,689</b>             | <b>-6,121</b>              | <b>-6,121</b>            | <b>0</b>                         | <b>0</b>                     |
| <b>Net Departmental Expenditure</b> | <b>269</b>                | <b>170</b>                 | <b>125</b>               | <b>45</b>                        | <b>68</b>                    |



## Chief Executives Delivery Unit

|                                     | Annual<br>Budget<br>£'000 | Budget to<br>Date<br>£'000 | Actual<br>Spend<br>£'000 | Variance<br>(Overspend)<br>£'000 | Forecast<br>Outturn<br>£'000 |
|-------------------------------------|---------------------------|----------------------------|--------------------------|----------------------------------|------------------------------|
| <b>Expenditure</b>                  |                           |                            |                          |                                  |                              |
| Employees                           | 3,569                     | 2,339                      | 2,313                    | 26                               | 40                           |
| Employees Training                  | 99                        | 67                         | 60                       | 7                                | 11                           |
| Apprenticeship Levy                 | 330                       | 176                        | 215                      | (39)                             | (59)                         |
| Supplies & Services                 | 412                       | 341                        | 384                      | (43)                             | (65)                         |
| Agency                              | 3                         | 3                          | 3                        | 0                                | 0                            |
| <b>Total Expenditure</b>            | <b>4,413</b>              | <b>2,926</b>               | <b>2,975</b>             | <b>-49</b>                       | <b>-73</b>                   |
| <b>Income</b>                       |                           |                            |                          |                                  |                              |
| Fees & Charges                      | -241                      | -176                       | -206                     | 30                               | 46                           |
| Schools SLA Income                  | -580                      | -550                       | -495                     | (55)                             | (81)                         |
| <b>Total Income</b>                 | <b>-821</b>               | <b>-726</b>                | <b>-701</b>              | <b>(25)</b>                      | <b>(35)</b>                  |
| <b>Net Operational Expenditure</b>  | <b>3,592</b>              | <b>2,200</b>               | <b>2,274</b>             | <b>(74)</b>                      | <b>(108)</b>                 |
| <b>Recharges</b>                    |                           |                            |                          |                                  |                              |
| Premises Support                    | 157                       | 105                        | 105                      | 0                                | 0                            |
| Transport Support                   | 0                         | 0                          | 0                        | 0                                | 0                            |
| Central Support                     | 1,008                     | 672                        | 672                      | 0                                | 0                            |
| Asset Rental Support                | 53                        | 35                         | 0                        | 35                               | 0                            |
| Recharge Income                     | -3,653                    | -2,435                     | -2,435                   | 0                                | 0                            |
| <b>Net Total Recharges</b>          | <b>-2,435</b>             | <b>-1,623</b>              | <b>-1,658</b>            | <b>35</b>                        | <b>0</b>                     |
| <b>Net Departmental Expenditure</b> | <b>1,157</b>              | <b>577</b>                 | <b>616</b>               | <b>(39)</b>                      | <b>(108)</b>                 |

## Children &amp; Families

|                                     | Annual<br>Budget<br>£'000 | Budget to<br>Date<br>£'000 | Actual<br>Spend<br>£'000 | Variance<br>(Overspend)<br>£'000 | Forecast<br>Outturn<br>£'000 |
|-------------------------------------|---------------------------|----------------------------|--------------------------|----------------------------------|------------------------------|
| <b>Expenditure</b>                  |                           |                            |                          |                                  |                              |
| Employees                           | 20,973                    | 13,328                     | 13,192                   | 136                              | 96                           |
| Other Premises                      | 392                       | 222                        | 214                      | 8                                | 11                           |
| Supplies & Services                 | 1,729                     | 1,210                      | 1,631                    | (421)                            | (522)                        |
| Transport                           | 367                       | 211                        | 161                      | 50                               | 76                           |
| Direct Payments                     | 1,220                     | 803                        | 708                      | 95                               | 141                          |
| Commissioned services to Vol Orgs   | 232                       | 119                        | 119                      | 0                                | 0                            |
| Residential Care                    | 27,751                    | 15,759                     | 15,933                   | (174)                            | 513                          |
| Out of Borough Adoption             | 97                        | 49                         | 5                        | 44                               | 92                           |
| Out of Borough Fostering            | 5,605                     | 3,047                      | 3,772                    | (725)                            | (1,114)                      |
| In House Adoption                   | 557                       | 177                        | 161                      | 16                               | 23                           |
| Special Guardianship Order          | 2,604                     | 1,615                      | 1,535                    | 80                               | 119                          |
| In House Foster Carer Placements    | 2,766                     | 1,706                      | 1,341                    | 365                              | 548                          |
| Lavender House Contract Costs       | 279                       | 163                        | 160                      | 3                                | 4                            |
| Home Support & Respite              | 496                       | 385                        | 316                      | 69                               | 103                          |
| Care Leavers                        | 434                       | 257                        | 248                      | 9                                | 15                           |
| Family Support                      | 81                        | 44                         | 15                       | 29                               | 41                           |
| Contracted services                 | 3                         | 2                          | 2                        | 0                                | 0                            |
| Emergency Duty                      | 184                       | 33                         | 33                       | 0                                | 0                            |
| Youth Offending Services            | 461                       | 32                         | 127                      | (95)                             | (143)                        |
| <b>Total Expenditure</b>            | <b>66,231</b>             | <b>39,162</b>              | <b>39,673</b>            | <b>(511)</b>                     | <b>3</b>                     |
| <b>Income</b>                       |                           |                            |                          |                                  |                              |
| Fees & Charges                      | -49                       | -36                        | -27                      | (9)                              | (14)                         |
| Sales Income                        | -1                        | -1                         | -1                       | 0                                | 0                            |
| Rents                               | -82                       | -50                        | -50                      | 0                                | 0                            |
| Reimbursement & other Grant Income  | -512                      | -566                       | -423                     | (143)                            | (212)                        |
| Transfer from reserve               | -16                       | 8                          | -1                       | 9                                | 14                           |
| Dedicated Schools Grant             | -50                       | 0                          | 0                        | 0                                | 0                            |
| Government Grants                   | -13,838                   | -9,960                     | -9,960                   | 0                                | 0                            |
| <b>Total Income</b>                 | <b>-14,548</b>            | <b>-10,605</b>             | <b>-10,462</b>           | <b>(143)</b>                     | <b>(212)</b>                 |
| <b>Net Operational Expenditure</b>  | <b>51,683</b>             | <b>28,557</b>              | <b>29,211</b>            | <b>(654)</b>                     | <b>(209)</b>                 |
| <b>Recharges</b>                    |                           |                            |                          |                                  |                              |
| Premises Support                    | 736                       | 490                        | 490                      | 0                                | 0                            |
| Transport                           | 10                        | 6                          | 7                        | (1)                              | 0                            |
| Central Support Recharges           | 3,331                     | 2,221                      | 2,221                    | 0                                | 0                            |
| Asset Rental Support                | 0                         | 0                          | 0                        | 0                                | 0                            |
| HBC Support Costs Income            | -176                      | -130                       | -130                     | 0                                | 0                            |
| <b>Net Total Recharges</b>          | <b>3,901</b>              | <b>2,587</b>               | <b>2,588</b>             | <b>(1)</b>                       | <b>0</b>                     |
| <b>Net Departmental Expenditure</b> | <b>55,584</b>             | <b>31,144</b>              | <b>31,799</b>            | <b>(655)</b>                     | <b>(209)</b>                 |

## Education, Inclusion &amp; Provision

|                                              | Annual<br>Budget<br>£'000 | Budget to<br>Date<br>£'000 | Actual<br>Spend<br>£'000 | Variance<br>(Overspend)<br>£'000 | Forecast<br>Outturn<br>£'000 |
|----------------------------------------------|---------------------------|----------------------------|--------------------------|----------------------------------|------------------------------|
| <b>Expenditure</b>                           |                           |                            |                          |                                  |                              |
| Employees                                    | 8,796                     | 5,550                      | 5,321                    | 229                              | 310                          |
| Agency - covering vacancies                  | 0                         | 0                          | 131                      | (131)                            | (204)                        |
| Agency - in addition to establishment        | 66                        | 72                         | 85                       | (13)                             | 6                            |
| Premises                                     | 15                        | 9                          | 1                        | 8                                | 2                            |
| Supplies & Services                          | 3,281                     | 1,799                      | 1,819                    | (21)                             | (34)                         |
| Independent School Fees                      | 10,155                    | 7,805                      | 7,805                    | 0                                | 0                            |
| Schools Contingency                          | 430                       | 168                        | 168                      | 0                                | 0                            |
| Transport                                    | 43                        | 27                         | 42                       | (15)                             | (26)                         |
| Schools Transport                            | 2,772                     | 1,293                      | 1,760                    | (466)                            | (777)                        |
| Early Years Payments including Pupil Premium | 15,805                    | 10,217                     | 10,217                   | 0                                | 0                            |
| Commissioned Services                        | 2,193                     | 1,251                      | 1,255                    | (4)                              | (7)                          |
| Inter Authority Special Needs                | 1,400                     | 1,282                      | 1,282                    | 0                                | 0                            |
| Grants to Voluntary Organisations            | 115                       | -21                        | 19                       | (40)                             | (67)                         |
| Capital Finance                              | 4,599                     | 2,844                      | 2,847                    | (2)                              | (4)                          |
| <b>Total Expenditure</b>                     | <b>49,670</b>             | <b>32,295</b>              | <b>32,752</b>            | <b>(456)</b>                     | <b>(800)</b>                 |
| <b>Income</b>                                |                           |                            |                          |                                  |                              |
| Fees & Charges Income                        | -338                      | -325                       | -349                     | 24                               | 41                           |
| Government Grant Income                      | -6,896                    | -4,193                     | -4,189                   | (4)                              | 0                            |
| Dedicated Schools Grant                      | -30,134                   | -20,088                    | -20,088                  | 0                                | 0                            |
| Inter Authority Income                       | -446                      | -366                       | -243                     | (124)                            | (206)                        |
| Reimbursements & Other Grant Income          | -1,767                    | -1,064                     | -1,061                   | (3)                              | (5)                          |
| Schools SLA Income                           | -538                      | -369                       | -334                     | (35)                             | (59)                         |
| Transfer From Reserves                       | -551                      | -134                       | -142                     | 8                                | 0                            |
| <b>Total Income</b>                          | <b>-40,670</b>            | <b>-26,540</b>             | <b>-26,407</b>           | <b>(133)</b>                     | <b>(229)</b>                 |
| <b>Net Operational Expenditure</b>           | <b>9,000</b>              | <b>5,756</b>               | <b>6,345</b>             | <b>(589)</b>                     | <b>(1,029)</b>               |
| <b>Recharges</b>                             |                           |                            |                          |                                  |                              |
| Premises Support                             | 405                       | 270                        | 270                      | 0                                | 0                            |
| Transport Support                            | 773                       | 654                        | 658                      | (3)                              | (5)                          |
| Central Support                              | 1,947                     | 1,298                      | 1,298                    | 0                                | 0                            |
| Asset Rental Support                         | 17                        | 0                          | 0                        | 0                                | 0                            |
| Recharge Income                              | 0                         | 0                          | 0                        | 0                                | 0                            |
| <b>Net Total Recharges</b>                   | <b>3,142</b>              | <b>2,222</b>               | <b>2,226</b>             | <b>(3)</b>                       | <b>(5)</b>                   |
| <b>Net Departmental Expenditure</b>          | <b>12,142</b>             | <b>7,978</b>               | <b>8,571</b>             | <b>(593)</b>                     | <b>(1,034)</b>               |

## Community &amp; Greenspaces

|                                       | Annual<br>Budget | Budget to<br>Date | Actual<br>Spend | Variance<br>(Overspend) | Forecast<br>Outturn |
|---------------------------------------|------------------|-------------------|-----------------|-------------------------|---------------------|
|                                       | £'000            | £'000             | £'000           | £'000                   | £'000               |
| <b>Expenditure</b>                    |                  |                   |                 |                         |                     |
| Employees                             | 15,639           | 10,403            | 9,996           | 407                     | 611                 |
| Agency - Covering vacancies           | 20               | 16                | 16              | 0                       | 0                   |
| Agency - In addition to establishment | 16               | 16                | 201             | (185)                   | (272)               |
| Premises                              | 3,304            | 1,973             | 1,995           | (22)                    | (32)                |
| Supplies & Services                   | 3,659            | 2,416             | 2,597           | (181)                   | (272)               |
| Transport                             | 117              | 72                | 91              | (19)                    | (28)                |
| Extended Producer Responsibility      | 500              | 30                | 30              | 0                       | 0                   |
| Other Agency Costs                    | 454              | 287               | 275             | 12                      | 17                  |
| Other Expenditure                     | 187              | 102               | 99              | 3                       | 4                   |
| Waste Disposal Contracts              | 7,121            | 2,867             | 2,906           | (39)                    | (57)                |
| Transfers to Reserves                 | 1,091            | 0                 | 0               | 0                       | 0                   |
| <b>Total Expenditure</b>              | <b>32,108</b>    | <b>18,182</b>     | <b>18,206</b>   | <b>(24)</b>             | <b>(29)</b>         |
| <b>Income</b>                         |                  |                   |                 |                         |                     |
| Sales Income                          | -1,359           | -931              | -916            | (15)                    | (23)                |
| Fees & Charges Income                 | -6,300           | -4,678            | -4,806          | 128                     | 192                 |
| Rental Income                         | -1,118           | -632              | -573            | (59)                    | (88)                |
| Government Grant Income               | -5,210           | -1,458            | -1,458          | 0                       | 0                   |
| Reimbursement & Other Grant Income    | -871             | -493              | -493            | 0                       | 0                   |
| SLA Income                            | -23              | 0                 | 0               | 0                       | 0                   |
| Internal Fees Income                  | -216             | -98               | -199            | 101                     | 152                 |
| Capital Salaries                      | -236             | -76               | -67             | (9)                     | (14)                |
| Transfers From Reserves               | -619             | -4                | -4              | 0                       | 0                   |
| <b>Total Income</b>                   | <b>-15,952</b>   | <b>-8,370</b>     | <b>-8,516</b>   | <b>146</b>              | <b>219</b>          |
| <b>Net Operational Expenditure</b>    | <b>16,156</b>    | <b>9,812</b>      | <b>9,690</b>    | <b>122</b>              | <b>190</b>          |
| <b>Recharges</b>                      |                  |                   |                 |                         |                     |
| Premises Support                      | 1,657            | 1,105             | 1,105           | 0                       | 0                   |
| Transport Support                     | 2,433            | 1,714             | 1,781           | (67)                    | (102)               |
| Central Support                       | 4,297            | 2,865             | 2,865           | 0                       | 0                   |
| Asset Rental Support                  | 199              | 0                 | 0               | 0                       | 0                   |
| Recharge Income                       | -843             | -562              | -562            | 0                       | 0                   |
| <b>Net Total Recharges</b>            | <b>7,743</b>     | <b>5,122</b>      | <b>5,189</b>    | <b>(67)</b>             | <b>(102)</b>        |
| <b>Net Departmental Expenditure</b>   | <b>23,899</b>    | <b>14,934</b>     | <b>14,879</b>   | <b>55</b>               | <b>88</b>           |

## Economy, Enterprise &amp; Property

|                                     | Annual<br>Budget | Budget to<br>Date | Actual<br>Spend | Variance<br>(Overspend) | Forecast<br>Outturn |
|-------------------------------------|------------------|-------------------|-----------------|-------------------------|---------------------|
|                                     | £'000            | £'000             | £'000           | £'000                   | £'000               |
| <b>Expenditure</b>                  |                  |                   |                 |                         |                     |
| Employees                           | 3,915            | 3,314             | 3,134           | 180                     | 250                 |
| Agency - covering vacancies         | 0                | 0                 | 206             | (206)                   | (270)               |
| Repairs & Mainenance                | 1,700            | 1,262             | 1,262           | 0                       | 0                   |
| Premises                            | 174              | 136               | 137             | (1)                     | (2)                 |
| Energy & Water Costs                | 1,075            | 560               | 506             | 54                      | 80                  |
| NNDR                                | 647              | 647               | 676             | (29)                    | (29)                |
| Rents                               | 157              | 118               | 117             | 1                       | 1                   |
| Economic Regeneration Activities    | 3                | 3                 | 8               | (5)                     | 0                   |
| Security                            | 508              | 257               | 256             | 1                       | 3                   |
| Supplies & Services                 | 578              | 317               | 317             | 0                       | (1)                 |
| Supplies & Services - Grant         | 1,040            | 485               | 485             | 0                       | 0                   |
| Grants to Voluntary Organisations   | 72               | 35                | 35              | 0                       | 0                   |
| Capital Finance                     | 22               | 0                 | 0               | 0                       | 0                   |
| <b>Total Expenditure</b>            | <b>9,891</b>     | <b>7,134</b>      | <b>7,139</b>    | <b>(5)</b>              | <b>32</b>           |
| <b>Income</b>                       |                  |                   |                 |                         |                     |
| Fees & Charges Income               | -398             | -272              | -308            | 36                      | 89                  |
| Rent - Commercial Properties        | -929             | -572              | -571            | (1)                     | 4                   |
| Rent - Investment Properties        | -38              | -26               | -25             | (1)                     | (1)                 |
| Government Grant                    | -1,118           | -1,119            | -1,119          | 0                       | 0                   |
| Reimbursements & Other Grant Income | -203             | -172              | -172            | 0                       | 0                   |
| Schools SLA Income                  | -55              | -55               | -58             | 3                       | 3                   |
| Recharges to Capital                | -367             | -158              | -158            | 0                       | 0                   |
| Transfer from Reserves              | -564             | -535              | -535            | 0                       | 0                   |
| <b>Total Income</b>                 | <b>-3,672</b>    | <b>-2,909</b>     | <b>-2,946</b>   | <b>37</b>               | <b>95</b>           |
| <b>Net Operational Expenditure</b>  | <b>6,219</b>     | <b>4,225</b>      | <b>4,193</b>    | <b>32</b>               | <b>127</b>          |
| <b>Recharges</b>                    |                  |                   |                 |                         |                     |
| Premises Support                    | 2,738            | 1,826             | 1,826           | 0                       | 0                   |
| Transport                           | 26               | 17                | 17              | 0                       | 0                   |
| Central Support                     | 2,878            | 1,918             | 1,918           | 0                       | 0                   |
| Asset Rental Support                | 4                | 0                 | 0               | 0                       | 0                   |
| HBC Support Costs Income            | -9,342           | -6,228            | -6,228          | 0                       | 0                   |
| <b>Net Total Recharges</b>          | <b>-3,696</b>    | <b>-2,467</b>     | <b>-2,467</b>   | <b>0</b>                | <b>0</b>            |
| <b>Net Departmental Expenditure</b> | <b>2,523</b>     | <b>1,758</b>      | <b>1,726</b>    | <b>32</b>               | <b>127</b>          |

## Planning &amp; Transportation Department

|                                           | Annual<br>Budget<br>£'000 | Budget to<br>Date<br>£'000 | Actual<br>Spend<br>£'000 | Variance<br>(Overspend)<br>£'000 | Forecast<br>Outturn<br>£'000 |
|-------------------------------------------|---------------------------|----------------------------|--------------------------|----------------------------------|------------------------------|
| <b>Expenditure</b>                        |                           |                            |                          |                                  |                              |
| Employees                                 | 5,957                     | 3,961                      | 3,570                    | 391                              | 587                          |
| Efficiency Savings                        | -100                      | -66                        | 0                        | (66)                             | (100)                        |
| Premises                                  | 188                       | 122                        | 100                      | 22                               | 34                           |
| Hired & Contracted Services               | 415                       | 98                         | 103                      | (5)                              | (8)                          |
| Supplies & Services                       | 142                       | 203                        | 350                      | (147)                            | (220)                        |
| Street Lighting                           | 1,643                     | 479                        | 527                      | (48)                             | (72)                         |
| Highways Maintenance - Routine & Reactive | 1,803                     | 781                        | 1,142                    | (361)                            | (542)                        |
| Highways Maintenance - Programmed Works   | 812                       | 574                        | 153                      | 421                              | 632                          |
| Fleet Transport                           | 1,467                     | 921                        | 927                      | (6)                              | (10)                         |
| Bus Support - Halton Hopper Tickets       | 14                        | 9                          | 4                        | 5                                | 8                            |
| Bus Support                               | 506                       | 587                        | 587                      | 0                                | 0                            |
| Agency Related Expenditure                | 8                         | 6                          | 141                      | (135)                            | (202)                        |
| Grants to Voluntary Organisations         | 31                        | 31                         | 31                       | 0                                | 0                            |
| NRA Levy                                  | 75                        | 74                         | 74                       | 0                                | 1                            |
| LCR Levy                                  | 1,553                     | 1,164                      | 1,164                    | 0                                | 0                            |
| Contribution to Reserves                  | 359                       | 0                          | 0                        | 0                                | 0                            |
| <b>Total Expenditure</b>                  | <b>14,873</b>             | <b>8,944</b>               | <b>8,873</b>             | <b>71</b>                        | <b>108</b>                   |
| <b>Income</b>                             |                           |                            |                          |                                  |                              |
| Sales & Rents Income                      | -97                       | -72                        | -64                      | (8)                              | (12)                         |
| Planning Fees                             | -798                      | -534                       | -750                     | 216                              | 324                          |
| Building Control Fees                     | -251                      | -167                       | -131                     | (36)                             | (55)                         |
| Other Fees & Charges                      | -971                      | -634                       | -1,166                   | 532                              | 798                          |
| Reimbursements & Grant Income             | -174                      | -160                       | -160                     | 0                                | 0                            |
| Government Grant Income                   | -57                       | -57                        | -57                      | 0                                | 0                            |
| Halton Hopper Income                      | -15                       | -10                        | -7                       | (3)                              | (5)                          |
| Recharge to Capital                       | -119                      | 0                          | 0                        | 0                                | 0                            |
| LCR Levy Reimbursement                    | -1,553                    | -1,164                     | -1,164                   | 0                                | 0                            |
| Contribution from Reserves                | -132                      | -157                       | -157                     | 0                                | 0                            |
| <b>Total Income</b>                       | <b>-4,167</b>             | <b>-2,955</b>              | <b>-3,656</b>            | <b>701</b>                       | <b>1,050</b>                 |
| <b>Net Operational Expenditure</b>        | <b>10,706</b>             | <b>5,989</b>               | <b>5,217</b>             | <b>772</b>                       | <b>1,158</b>                 |
| <b>Recharges</b>                          |                           |                            |                          |                                  |                              |
| Premises Recharges                        | 739                       | 493                        | 493                      | 0                                | 0                            |
| Transport Recharges                       | 808                       | 517                        | 517                      | 0                                | (2)                          |
| Central Recharges                         | 2,505                     | 1,672                      | 1,672                    | 0                                | 0                            |
| Asset Charges                             | 918                       | 0                          | 0                        | 0                                | 0                            |
| HBC Support Costs Income                  | -6,347                    | -4,346                     | -4,502                   | 156                              | 234                          |
| <b>Net Total Recharges</b>                | <b>-1,377</b>             | <b>-1,664</b>              | <b>-1,820</b>            | <b>156</b>                       | <b>232</b>                   |
| <b>Net Departmental Expenditure</b>       | <b>9,329</b>              | <b>4,325</b>               | <b>3,397</b>             | <b>928</b>                       | <b>1,390</b>                 |

## Corporate &amp; Democracy

|                                               | Annual<br>Budget<br>£'000 | Budget to<br>Date<br>£'000 | Actual<br>Spend<br>£'000 | Variance<br>(Overspend)<br>£'000 | Forecast<br>Outturn<br>£'000 |
|-----------------------------------------------|---------------------------|----------------------------|--------------------------|----------------------------------|------------------------------|
| <b>Expenditure</b>                            |                           |                            |                          |                                  |                              |
| Employees                                     | 432                       | 275                        | 316                      | (41)                             | (40)                         |
| Contracted Services                           | 12                        | 6                          | 0                        | 6                                | 0                            |
| Supplies & Services                           | 102                       | 89                         | -79                      | 168                              | 42                           |
| Premises Expenditure                          | 24                        | 18                         | 17                       | 1                                | 0                            |
| Transport Costs                               | 1                         | 0                          | 40                       | (40)                             | 0                            |
| Members Allowances                            | 994                       | 663                        | 703                      | (40)                             | 0                            |
| Contingency                                   | 674                       | 447                        | 0                        | 447                              | 670                          |
| Contribution to Reserves                      | 300                       | 300                        | 263                      | 37                               | (647)                        |
| Debt Management Expenses                      | 20                        | 13                         | 63                       | (50)                             | (13)                         |
| Precepts & Levies                             | 244                       | 244                        | 244                      | 0                                | 0                            |
| Interest Payable - Treasury Management        | 2,303                     | 1,538                      | 1,298                    | 240                              | 360                          |
| Interest Payable - Other                      | 215                       | 143                        | 143                      | 0                                | 0                            |
| Capital Financing (Minimum Revenue Provision) | 3,004                     | 3,004                      | 2,966                    | 38                               | 38                           |
| <b>Cost of Exceptional Financial Support</b>  |                           |                            |                          |                                  |                              |
| Interest Payable                              | 1,225                     | 817                        | 731                      | 86                               | 129                          |
| Capital Financing (Minimum Revenue Provision) | 500                       | 500                        | 500                      | 0                                | 0                            |
| <b>Cost of Dedicated School Grant Deficit</b> |                           |                            |                          |                                  |                              |
| Interest Payable                              | 725                       | 483                        | 594                      | (111)                            | (166)                        |
| <b>Efficiency Savings:</b>                    |                           |                            |                          |                                  |                              |
| Purchase of Additional Leave                  | -100                      | -67                        | -114                     | 47                               | 165                          |
| Voluntary Severance Scheme                    | -200                      | -133                       | 0                        | (133)                            | (200)                        |
| Apprenticeship First Model                    | -200                      | -133                       | -17                      | (116)                            | (174)                        |
| Agency Staff Reduction                        | -1,700                    | -1,133                     | 0                        | (1,133)                          | (1,700)                      |
| Accelerate the Lease or Sale of Surplus Land  | -100                      | -67                        | 0                        | (67)                             | (100)                        |
| Review of Debt Management                     | -100                      | -67                        | 0                        | (67)                             | (100)                        |
| Review Existing Contracts                     | -200                      | -134                       | 0                        | (134)                            | (200)                        |
| <b>Total Expenditure</b>                      | <b>8,175</b>              | <b>6,806</b>               | <b>7,668</b>             | <b>(862)</b>                     | <b>(1,936)</b>               |
| <b>Income</b>                                 |                           |                            |                          |                                  |                              |
| Interest Receivable - Treasury Management     | -3,045                    | -2,030                     | -2,914                   | 884                              | 1,270                        |
| Interest Receivable - Other                   | -19                       | -13                        | -13                      | 0                                | 57                           |
| Other Fees & Charges                          | -146                      | -91                        | -80                      | (11)                             | (26)                         |
| Grants & Reimbursements                       | -334                      | -223                       | -223                     | 0                                | 0                            |
| Government Grant Income                       | -6,272                    | -4,181                     | -4,181                   | 0                                | 0                            |
| <b>Total Income</b>                           | <b>-9,816</b>             | <b>-6,538</b>              | <b>-7,411</b>            | <b>873</b>                       | <b>1,301</b>                 |
| <b>Net Operational Expenditure</b>            | <b>-1,641</b>             | <b>268</b>                 | <b>257</b>               | <b>11</b>                        | <b>(635)</b>                 |
| <b>Recharges</b>                              |                           |                            |                          |                                  |                              |
| Premises Support                              | 22                        | 15                         | 15                       | 0                                | 0                            |
| Transport                                     | 0                         | 0                          | 0                        | 0                                | 0                            |
| Central Support                               | 898                       | 632                        | 632                      | 0                                | 0                            |
| Asset Rental Support                          | 0                         | 0                          | 0                        | 0                                | 0                            |
| HBC Support Costs Income                      | -3,304                    | -1,678                     | -1,678                   | 0                                | 0                            |
| <b>Net Total Recharges</b>                    | <b>-2,384</b>             | <b>-1,031</b>              | <b>-1,031</b>            | <b>0</b>                         | <b>0</b>                     |
| <b>Net Departmental Expenditure</b>           | <b>-4,025</b>             | <b>-763</b>                | <b>-774</b>              | <b>11</b>                        | <b>(635)</b>                 |

## Public Health

|                                     | Annual<br>Budget<br>£'000 | Budget to<br>Date<br>£'000 | Actual<br>Spend<br>£'000 | Variance<br>(Overspend)<br>£'000 | Forecast<br>Outturn<br>£'000 |
|-------------------------------------|---------------------------|----------------------------|--------------------------|----------------------------------|------------------------------|
| <b>Expenditure</b>                  |                           |                            |                          |                                  |                              |
| Employees                           | 5,631                     | 3,410                      | 3,318                    | 92                               | 109                          |
| Other Premises                      | 6                         | 4                          | 0                        | 4                                | 6                            |
| Supplies & Services                 | 439                       | 168                        | 228                      | (60)                             | (90)                         |
| Contracts                           | 6,918                     | 3,910                      | 4,075                    | (165)                            | 0                            |
| SLA's                               | 372                       | 115                        | 77                       | 38                               | 0                            |
| Transport                           | 4                         | 2                          | 2                        | 0                                | 1                            |
| Transfer to Reserves                | 660                       | 0                          | 0                        | 0                                | (150)                        |
| Grants to Voluntary Organisations   | 20                        | 2                          | 2                        | 0                                | 0                            |
| Other Agency                        | 24                        | 24                         | 24                       | 0                                | 0                            |
| <b>Total Expenditure</b>            | <b>14,074</b>             | <b>7,635</b>               | <b>7,726</b>             | <b>(91)</b>                      | <b>(124)</b>                 |
| <b>Income</b>                       |                           |                            |                          |                                  |                              |
| Fees & Charges                      | -122                      | -57                        | -86                      | 29                               | 43                           |
| Reimbursements & Grant Income       | -647                      | -737                       | -795                     | 58                               | 88                           |
| Transfer from Reserves              | -428                      | -348                       | -357                     | 9                                | 13                           |
| Government Grant Income             | -12,478                   | -9,285                     | -9,294                   | 9                                | 13                           |
| <b>Total Income</b>                 | <b>-13,675</b>            | <b>-10,427</b>             | <b>-10,532</b>           | <b>105</b>                       | <b>157</b>                   |
| <b>Net Operational Expenditure</b>  | <b>399</b>                | <b>-2,792</b>              | <b>-2,806</b>            | <b>14</b>                        | <b>33</b>                    |
| <b>Recharges</b>                    |                           |                            |                          |                                  |                              |
| Premises Support                    | 209                       | 139                        | 139                      | 0                                | 0                            |
| Transport Support                   | 24                        | 16                         | 17                       | (1)                              | (2)                          |
| Central Support                     | 1,937                     | 1,304                      | 1,304                    | 0                                | 0                            |
| Asset Rental Support                | 0                         | 0                          | 0                        | 0                                | 0                            |
| Recharge Income                     | -669                      | -446                       | -446                     | 0                                | 0                            |
| <b>Net Total Recharges</b>          | <b>1,501</b>              | <b>1,013</b>               | <b>1,014</b>             | <b>(1)</b>                       | <b>(2)</b>                   |
| <b>Net Departmental Expenditure</b> | <b>1,900</b>              | <b>-1,779</b>              | <b>-1,792</b>            | <b>13</b>                        | <b>31</b>                    |



## High Needs 2025/26 Forecast Spend Position

## Appendix 3

|                                                                  | Annual<br>Budget<br>£'000 | Forecast<br>Spend<br>£'000 | Forecast<br>Outturn<br>£'000 |
|------------------------------------------------------------------|---------------------------|----------------------------|------------------------------|
| <b>Expenditure</b>                                               |                           |                            |                              |
| High Needs Place Funding - Mainstream Units                      | 1,432                     | 2,047                      | (615)                        |
| High Needs Place Funding - Special Schools                       | 4,946                     | 7,365                      | (2,419)                      |
| High Needs Place Funding - PRU                                   | 996                       | 1,089                      | (93)                         |
| Top-Up Funding - Maintained Mainstream Schools                   | 2,728                     | 4,512                      | (1,784)                      |
| Top-Up Funding - Maintained Special Schools                      | 2,151                     | 2,845                      | (694)                        |
| Top-Up Funding - Maintained PRU                                  | 1,743                     | 1,739                      | 4                            |
| Top-Up Funding - Maintained Academies, Free Schools and Colleges | 2,029                     | 3,383                      | (1,354)                      |
| Top-Up Funding - Academies Special                               | 990                       | 3,336                      | (2,346)                      |
| Top-Up Funding - Non-Maintained and Independent Providers        | 7,272                     | 11,087                     | (3,815)                      |
| Top-Up Funding - Post 16 FE                                      | 2,796                     | 2,167                      | 629                          |
| SEN Support Services                                             | 2,280                     | 2,234                      | 46                           |
| Special Free School                                              | 331                       | 579                        | (248)                        |
| Exclusions                                                       | 0                         | 59                         | (59)                         |
| Support for Inclusion                                            | 45                        | 45                         | 0                            |
| Therapies and Other Health Related Services                      | 20                        | 20                         | 0                            |
| <b>Total Expenditure</b>                                         | <b>29,759</b>             | <b>42,507</b>              | <b>(12,748)</b>              |

## Progress Against Agreed Savings

## APPENDIX 4

### Adult Social Care

| Service Area                       | Net Budget<br>£'000 | Description of Saving Proposal                                                                                                                                                                                                                                                                             | Savings Value                                        |                                                   | Current Progress                                                                      | Comments                                                                                                                                                       |
|------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                    |                     |                                                                                                                                                                                                                                                                                                            | 25/26<br>Agreed Council<br>01 February 2023<br>£'000 | 25/26<br>Agreed Council<br>05 March 2025<br>£'000 |                                                                                       |                                                                                                                                                                |
| Housing Solutions                  | 474                 | Remodel the current service based on good practice evidence from other areas.                                                                                                                                                                                                                              | 125                                                  | 0                                                 |    | Currently Under Review                                                                                                                                         |
| Voluntary Sector Support           | N/A                 | Review the support provided by Adult Social Care and all other Council Departments, to voluntary sector organisations. This would include assisting them to secure alternative funding in order to reduce their dependence upon Council funding. A target saving phased over two years has been estimated. | 100                                                  | 0                                                 |    | Achieved                                                                                                                                                       |
| Community Wardens/Telecare Service |                     | Community Wardens/Telecare Service – a review will be undertaken of the various options available for the future delivery of these services, with support from the Transformation Delivery Unit.                                                                                                           | 0                                                    | 280                                               |  | Unlikely to be achieved – currently forecast overspend position. However, these services are currently being reviewed as part of the transformation programme. |

|                                          |  |                                                                                                                                                                                                                                                            |            |              |                                                                                     |                                                                                                                                                                                                                                                                                                              |
|------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Care Management<br>Community Care Budget |  | Community Care – continuation of the work being undertaken to review care provided through the Community Care budget, in order to reduce the current overspend and ongoing costs.                                                                          | 0          | 1,000        |  | Unlikely to be achieved to be achieved on a longer term basis. Interim measures in place to support the current year position includes use of surplus capital grants. While the current overspend is being reduced significantly, it is unlikely the required budget reduction will be achieved by year-end. |
| Various                                  |  | Review of Service Delivery Options – reviews will be undertaken of the various service delivery options available for a number of areas including; Day Services, Halton Supported Housing Network, In-House Care Homes, Reablement Service and Oak Meadow. | 0          | 375          |  | Unlikely to be achieved by financial year-end.                                                                                                                                                                                                                                                               |
| <b>Total ASC Directorate</b>             |  |                                                                                                                                                                                                                                                            | <b>225</b> | <b>1,655</b> |                                                                                     |                                                                                                                                                                                                                                                                                                              |

**Finance**

| Service Area                    | Net Budget<br>£'000 | Description of Saving Proposal                                                                                                                                                                                                                                                                         | Savings Value                                        |                                                   | Current Progress                                                                    | Comments                                                                                                                                    |
|---------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
|                                 |                     |                                                                                                                                                                                                                                                                                                        | 25/26<br>Agreed Council<br>01 February 2023<br>£'000 | 25/26<br>Agreed Council<br>05 March 2025<br>£'000 |                                                                                     |                                                                                                                                             |
| Internal Audit                  | 300                 | Restructure in light of potential retirements over the next two years within the Internal Audit Team.                                                                                                                                                                                                  | 50                                                   | 0                                                 |  | It appears unlikely that the proposed £50k budget saving will be fully realised this year, if at all                                        |
| Council Tax                     | 84                  | Increase the charges applied when a court summons is issued by 30% (£23), to achieve full cost recovery over the three year period.                                                                                                                                                                    | 40                                                   | 0                                                 |  | Look to increase costs in 2026/27 but this is pending a Government consultation on council tax of which summons charges are being reviewed. |
| Debt Management                 |                     | Debt Management – undertake a review of debt management policies and procedures, in order to implement a more robust approach to debt management and debt recovery, considering options such as seeking payment in advance wherever possible, to improve cashflow and reduce the risk of non-recovery. | 0                                                    | 100                                               |  | Currently part of workstream being undertaken by the Transformation Programme.                                                              |
| <b>Total Finance Department</b> |                     |                                                                                                                                                                                                                                                                                                        | <b>90</b>                                            | <b>100</b>                                        |                                                                                     |                                                                                                                                             |

## Legal and Democratic Services

| Service Area |  | Description of Saving Proposal | Savings Value | Current | Comments |
|--------------|--|--------------------------------|---------------|---------|----------|
|--------------|--|--------------------------------|---------------|---------|----------|

|                                            | Net<br>Budget<br>£'000 |                                                                                                            | 25/26<br>Agreed Council<br>01 February 2023<br>£'000 | 25/26<br>Agreed Council<br>05 March 2025<br>£'000 | Progress                                                                            |           |
|--------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------|-----------|
| Members                                    |                        | Deputy Mayor – cease provision of the Deputy Mayor's allowance, whilst retaining a nominated Deputy Mayor. | 0                                                    | 6                                                 |  | Achieved. |
| <b>Total Legal and Democratic Services</b> |                        |                                                                                                            | <b>0</b>                                             | <b>6</b>                                          |                                                                                     |           |

## Children and Families Department

| Service Area                | Net Budget<br>£'000 | Description of Saving Proposal                                                                                                                                                                                                                                             | Savings Value                                        |                                                   | Current Progress                                                                      | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                             |                     |                                                                                                                                                                                                                                                                            | 25/26<br>Agreed Council<br>01 February 2023<br>£'000 | 25/26<br>Agreed Council<br>05 March 2025<br>£'000 |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Children's Centres          | 1,293               | Review the operation of Windmill Hill Children's Centre, where there is the potential to save on premises and staffing costs.                                                                                                                                              | 22                                                   | 0                                                 |    | With the implementation of the family hubs the review of windmill hill will no longer be viable. The centre is located in an area of deprivation and the role of the centre as a family hub is a priority in the children's social care review and supporting families at an earlier level, improving access to services for the most vulnerable and ensure a positive start for all children. These priorities fit with the council priorities |
| Children's Residential Care |                     | Residential Placements – continuation of the work being undertaken to review residential placements, especially high cost placements, and identify opportunities to step-down placements or find alternatives, in order to reduce the current overspend and ongoing costs. | 0                                                    | 1,500                                             |  | <p>Whilst residential placement cost is currently forecast to be within budget, uncertainty continues on the saving being achieved given the risk of children entering into care during the remainder of the financial year.</p> <p>Residential placements were all reviewed in early 2024 with some reduction in costs established. As part of the longer term plan included in the sufficiency strategy, Halton has</p>                       |

|             |  |                                                                                                                                                                                                                                                                                   |   |     |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|             |  |                                                                                                                                                                                                                                                                                   |   |     |                                                                                       | partnered with a not for profit organisation, Juno, who are awaiting registration from OFSTED - this approach is part of the LCR approach working with NFP organisations. In addition significant changes have been made to reduce the numbers of children coming into care. Mocking bird constellation is in place and evidenced support has resulted in appropriate transition so the need for residential is mitigated. A property has been identified for care leavers and further properties identified for additional semi-independent provisions. Juno will focus on their second home after July |
| Fostering   |  | Independent Fostering Agencies and Out of Borough Fostering – continuation of the work being undertaken to review placements, to increase use of In-Borough foster carers wherever possible and thereby reduce costs, in order to reduce the current overspend and ongoing costs. | 0 | 200 |    | Recruitment campaign has been launched to attract in house foster carers so Council reliance on IFA's is reduced. Unfortunately there is a national shortage of foster carers and as a result the reliance on IFA's continues                                                                                                                                                                                                                                                                                                                                                                            |
| Legal Costs |  | Court Costs – implementation of measures in conjunction with Legal Services, to reduce the backlog and ongoing number of Children's cases going to court,                                                                                                                         | 0 | 200 |  | Progress has been made on reducing the cost of court with success in reducing the number of applications, the reduction in timeliness of proceedings, further work is currently                                                                                                                                                                                                                                                                                                                                                                                                                          |

|                                                 |  |                                                                                                                                     |           |              |  |                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                 |  | thereby reducing the timescales involved and cost of court proceedings, in order to reduce the current overspend and ongoing costs. |           |              |  | underway to reduce the number of C2 applications to court. PLO process is proving effective for some families in diverting away from legal proceedings and safely maintaining children with parents, further exploration is taking place on the use of in house psychologists to undertake assessments in the court arena to further reduce court costs |
| <b>Total Children &amp; Families Department</b> |  |                                                                                                                                     | <b>22</b> | <b>1,900</b> |  |                                                                                                                                                                                                                                                                                                                                                         |



## Education, Inclusion and Provision Department

| Service Area                | Net Budget<br>£'000 | Description of Saving Proposal                                                                                                                                                                                                                           | Savings Value                                        |                                                   | Current Progress                                                                    | Comments                                                                                                                                                                                                               |
|-----------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                             |                     |                                                                                                                                                                                                                                                          | 25/26<br>Agreed Council<br>01 February 2023<br>£'000 | 25/26<br>Agreed Council<br>05 March 2025<br>£'000 |                                                                                     |                                                                                                                                                                                                                        |
| Home to School Transport    |                     | Home to School Transport – undertake consultation with stakeholders and partners with regard to implementing a new Home to School and College Travel and Transport Policy for Children and Young People with Special Educational Needs and Disabilities. | 0                                                    | 300                                               |  | The consultation with stakeholders and partners has taken place. The results have been analysed and recommendations put to Executive Board for possible policy changes which will not be implemented until Autumn 2026 |
| <b>Total EIP Department</b> |                     |                                                                                                                                                                                                                                                          | <b>0</b>                                             | <b>300</b>                                        |                                                                                     |                                                                                                                                                                                                                        |

## Community and Greenspace Department

| Service Area                               | Net Budget<br>£'000 | Description of Saving Proposal                                                                                                                                                                                                                                                                                                                  | Savings Value                                        |                                                   | Current Progress                                                                      | Comments                                                              |
|--------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
|                                            |                     |                                                                                                                                                                                                                                                                                                                                                 | 25/26<br>Agreed Council<br>01 February 2023<br>£'000 | 25/26<br>Agreed Council<br>05 March 2025<br>£'000 |                                                                                       |                                                                       |
| Stadium & Catering Services – School Meals | 12                  | Cease to deliver the school meals service, which has made significant losses of over £200,000 for a number of years and is forecast to make a similar loss by year-end. Work would be undertaken with schools over the next two years to support them to secure an alternative means of delivery, whether in-house or via an external provider. | 12                                                   | 0                                                 |    | School meals service has ceased and is reflected in the 25/26 budget. |
| Green Waste                                |                     | Green Waste – increase green waste charges from £43 to £50 per annum, to bring Halton onto a comparable basis with charges levied by neighbouring councils.                                                                                                                                                                                     | 0                                                    | 100                                               |  | Green waste charges have been increased to £50.                       |
| Area Forums                                |                     | Area Forums – cease the funding for Area Forums.                                                                                                                                                                                                                                                                                                | 0                                                    | 170                                               |  | Area forum budgets have been removed in 25-26                         |

| Service Area                      | Net Budget<br>£'000 | Description of Saving Proposal | Savings Value                                        |                                                   | Current Progress | Comments |
|-----------------------------------|---------------------|--------------------------------|------------------------------------------------------|---------------------------------------------------|------------------|----------|
|                                   |                     |                                | 25/26<br>Agreed Council<br>01 February 2023<br>£'000 | 25/26<br>Agreed Council<br>05 March 2025<br>£'000 |                  |          |
| Total Community & Greenspace Dept |                     |                                | 12                                                   | 270                                               |                  |          |

## Economy, Enterprise and Property Department

| Service Area          | Net Budget<br>£'000 | Description of Saving Proposal                                                                                                                                                                                                                    | Savings Value                                        |                                                   | Current Progress | Comments                                                             |
|-----------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------|------------------|----------------------------------------------------------------------|
|                       |                     |                                                                                                                                                                                                                                                   | 25/26<br>Agreed Council<br>01 February 2023<br>£'000 | 25/26<br>Agreed Council<br>05 March 2025<br>£'000 |                  |                                                                      |
| Asset Management      |                     | Accelerate the lease or sale of surplus land, non-operational buildings, surplus space within building, etc. to either generate lease rentals or capital receipts to help fund capital schemes and thereby reduce future capital financing costs. | 0                                                    | 100                                               | U                | It is not expected this saving will materialise in the current year. |
| <b>Total EEP Dept</b> |                     |                                                                                                                                                                                                                                                   | <b>0</b>                                             | <b>100</b>                                        |                  |                                                                      |

## Policy, Planning and Transportation Department

| Service Area          | Net Budget<br>£'000 | Description of Saving Proposal                                                                                                                                                                                                                                                  | Savings Value  |                | Current Progress                                                                    | Comments                                                                                                                         |
|-----------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
|                       |                     |                                                                                                                                                                                                                                                                                 | 24/25<br>£'000 | 25/26<br>£'000 |                                                                                     |                                                                                                                                  |
| Highways              |                     | LED Advertising Screens – install LED advertising screens at appropriate locations within the Borough in order to generate advertising revenue. The estimated annual income is the Council's share of advertising revenue net of capital financing costs for the installations. | 0              | 100            |  | It is not anticipated that this income will be achieved this financial year as the LED screens are no closer to being installed. |
| <b>Total PPT Dept</b> |                     |                                                                                                                                                                                                                                                                                 | <b>0</b>       | <b>100</b>     |                                                                                     |                                                                                                                                  |

## Public Health Directorate Department

| Service Area                           | Net Budget<br>£'000 | Description of Saving Proposal                                                                                                                                            | Savings Value  |                | Current Progress                                                                    | Comments          |
|----------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|-------------------------------------------------------------------------------------|-------------------|
|                                        |                     |                                                                                                                                                                           | 24/25<br>£'000 | 25/26<br>£'000 |                                                                                     |                   |
| Environmental Health                   |                     | Pest Control – increase charges for pest control on the basis of benchmarking data, to bring Halton onto a comparable basis with charges levied by neighbouring councils. | 0              | 45             |  | Charges Increased |
| <b>Total Public Health Directorate</b> |                     |                                                                                                                                                                           | <b>0</b>       | <b>45</b>      |                                                                                     |                   |

## Corporate and Democracy

| Service Area                   | Net Budget<br>£'000 | Description of Saving Proposal                                                                                                                                                                                                                                                                                                                                                                                                                          | Savings Value  |                | Current Progress                                                                      | Comments                                                                                                                                                  |
|--------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 24/25<br>£'000 | 25/26<br>£'000 |                                                                                       |                                                                                                                                                           |
| Chief Executives Delivery Unit |                     | Purchase of Additional Leave – development of a voluntary scheme to enable staff to purchase additional annual leave.                                                                                                                                                                                                                                                                                                                                   | 0              | 100            |    | Scheme has been agreed and implemented. Prudent forecast of saving against the scheme is estimated to be in the region of £0.265m                         |
| Chief Executives Delivery Unit |                     | Voluntary Severance Scheme – development of a policy whereby staff may be offered voluntary severance in appropriate circumstances, but without creating a significant pension strain liability.                                                                                                                                                                                                                                                        | 0              | 200            |    | Scheme to be designed and approved. Uncertainty to timing and sign-up to the scheme. Unlikely to be in place for this financial year.                     |
| Chief Executives Delivery Unit |                     | Apprenticeships - implement an “Apprentice First” policy, with all appropriate vacant posts assessed initially to determine whether they might be suitable as an apprenticeship. This will build longer term resilience into the organisation’s workforce and provide short term cost savings by drawing down funding from the apprenticeship levy. The scheme will be co-ordinated by the newly appointed Apprenticeship Officer, funded and supported | 0              | 200            |  | Scheme being developed, uncertainty to take up of the scheme.<br><br>It is currently forecasts savings of £0.026m will be achieved by financial year-end. |

|              |  |                                                                                                                                                                                                                                                                                                                   |   |       |                                                                                       |                                                                                                                                                                                                                                                                                                                                              |
|--------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|              |  | by the Transformation Delivery Unit.                                                                                                                                                                                                                                                                              |   |       |                                                                                       |                                                                                                                                                                                                                                                                                                                                              |
| Council Wide |  | Agency Staff Reduction – continuation of the work being co-ordinated by the Transformation Delivery Unit to reduce the reliance upon agency workers across the Council, in particular within Adults and Children’s Social Care. Target net savings of £1.7m for 2025/26, £1.3m for 2026/27 and £1.1m for 2027/28. | 0 | 1,700 |    | <p>There is evidence of reduced agency usage within the Children’s directorate but targets have been built into directorate budget which duplicate what is included here.</p> <p>Uncertainty with regard to reductions across Adult Social Care.</p> <p>Highly unlikely the £1.7m saving will be achieved in the current financial year.</p> |
| Council Wide |  | Debt Management – undertake a review of debt management policies and procedures, in order to implement a more robust approach to debt management and debt recovery, considering options such as seeking payment in advance wherever possible, to improve cashflow and reduce the risk of non-recovery.            | 0 | 100   |    | Review of debt management particularly with Adult Social Care has commenced.                                                                                                                                                                                                                                                                 |
| Council Wide |  | Review all existing contracts across the Council to re-consider their requirements and performance on the basis of outputs achieved.                                                                                                                                                                              | 0 | 200   |  | Currently part of workstream being undertaken by the Transformation Programme.                                                                                                                                                                                                                                                               |



|                             |  |  |   |       |  |  |
|-----------------------------|--|--|---|-------|--|--|
|                             |  |  |   |       |  |  |
| Total Corporate & Democracy |  |  | 0 | 2,400 |  |  |

### Symbol

### Objective



Indicates that the objective is on course to be achieved within the appropriate timeframe.



Indicates that it is uncertain or too early to say at this stage whether the milestone/objective will be achieved within the appropriate timeframe.



Indicates that it is highly likely or certain that the objective will not be achieved within the appropriate timeframe.

## 2025/26 Capital Programme as at 30 November 2025

## APPENDIX 5

| Scheme Detail                      | 2025/26<br>Original<br>Allocation | 2025/26<br>Revised<br>Allocation | Cumulative<br>Spend to 30<br>Nov 2025 | Cumulative<br>Forecast<br>Spend to 31<br>Jan 2026 | Cumulative<br>Forecast<br>Spend to 31<br>March 2026 | Allocation<br>remaining | 2026/27<br>Forecast<br>Allocation |
|------------------------------------|-----------------------------------|----------------------------------|---------------------------------------|---------------------------------------------------|-----------------------------------------------------|-------------------------|-----------------------------------|
|                                    | £000                              | £000                             | £000                                  | £000                                              | £000                                                | £000                    | £000                              |
| <b>Childrens Directorate</b>       |                                   |                                  |                                       |                                                   |                                                     |                         |                                   |
| Capital Repairs                    | 882.1                             | 882.1                            | 700                                   | 700                                               | 754.0                                               | 128.1                   | 0.0                               |
| Asbestos Management                | 10.0                              | 10.0                             | 0.5                                   | 6                                                 | 10.0                                                | 0.0                     | 0.0                               |
| Schools Access Initiative          | 37.7                              | 37.7                             | 34                                    | 34                                                | 41.0                                                | -3.3                    | 0.0                               |
| Basic Need Projects                | 600.8                             | 600.8                            | 0                                     | 0                                                 | 100.0                                               | 500.8                   | 0.0                               |
| Small Capital Works                | 173.0                             | 173.0                            | 98                                    | 105                                               | 170.0                                               | 3.0                     | 0.0                               |
| SEND capital allocation            | 1,871.2                           | 1,871.2                          | 202                                   | 675                                               | 1,275.0                                             | 596.2                   | 45.0                              |
| SEND capital unallocated           | 1,775.5                           | 1,775.5                          | 0.0                                   | 0.0                                               | 0.0                                                 | 1,775.5                 | 0.0                               |
| SCA unallocated                    | 129.3                             | 129.3                            | 0.0                                   | 0.0                                               | 0.0                                                 | 129.3                   | 0.0                               |
| Family Hubs & Start for Life       | 63.0                              | 63.0                             | 11.0                                  | 11.0                                              | 63                                                  | 0.0                     | 65.0                              |
| Childcare Expansion                | 314.8                             | 314.8                            | 18                                    | 18                                                | 314.8                                               | 0.0                     | 0.0                               |
| AMP Data                           | 25.0                              | 25.0                             | 23                                    | 24                                                | 25.0                                                | 0.0                     | 0.0                               |
| <b>Childrens Directorate Total</b> | <b>5,882.4</b>                    | <b>5,882.4</b>                   | <b>1,086.6</b>                        | <b>1,573.1</b>                                    | <b>2,752.8</b>                                      | <b>3,129.6</b>          | <b>110.0</b>                      |

# 2025/26 Capital Programme as at 30 November 2025 continued

| Scheme Detail                                          | 2025/26<br>Original<br>Allocation | 2025/26<br>Revised<br>Allocation | Cumulative<br>Spend to 30<br>Nov 2025 | Cumulative<br>Forecast<br>Spend to 31<br>Jan 2026 | Cumulative<br>Forecast<br>Spend to 31<br>March 2026 | Allocation<br>remaining | 2026/27<br>Forecast<br>Allocation |
|--------------------------------------------------------|-----------------------------------|----------------------------------|---------------------------------------|---------------------------------------------------|-----------------------------------------------------|-------------------------|-----------------------------------|
|                                                        | £000                              | £000                             | £000                                  | £000                                              | £000                                                | £000                    | £000                              |
| <b>Adults Directorate</b>                              |                                   |                                  |                                       |                                                   |                                                     |                         |                                   |
| Grants - Disabled Facilities                           | 2,200.0                           | 2,000.0                          | 999.0                                 | 1,400.0                                           | 2,000.0                                             | 0.0                     | 700.0                             |
| Stair Lifts                                            | 400.0                             | 650.0                            | 355.0                                 | 450.0                                             | 650.0                                               | 0.0                     | 700.0                             |
| Joint Funding RSL Adaptations                          | 300.0                             | 250.0                            | 187.0                                 | 220.0                                             | 250.0                                               | 0.0                     | 300.0                             |
| Madeline McKenna Residential Home                      | 300.0                             | 200.0                            | 43.0                                  | 100.0                                             | 200.0                                               | 0.0                     | 0.0                               |
| Millbrow Care Home                                     | 200.0                             | 200.0                            | 54.0                                  | 100.0                                             | 200.0                                               | 0.0                     | 0.0                               |
| St Lukes                                               | 50.0                              | 200.0                            | 115.0                                 | 150.0                                             | 200.0                                               | 0.0                     | 0.0                               |
| St Patricks                                            | 200.0                             | 200.0                            | 63.0                                  | 100.0                                             | 200.0                                               | 0.0                     | 0.0                               |
| Care Home Refurbishment                                | 0.0                               | 0.0                              | 0.0                                   | 0.0                                               | 0.0                                                 | 0.0                     | 0.0                               |
| Telehealthcare Digital Switchover                      | 135.0                             | 135.0                            | 0.0                                   | 0.0                                               | 135.0                                               | 0.0                     | 0.0                               |
| Oakmeadow and Peelhouse Network Improvements           | 40.0                              | 40.0                             | 0.0                                   | 0.0                                               | 40.0                                                | 0.0                     | 0.0                               |
| Crow Wood Lane Specialist Housing                      | 250.0                             | 250.0                            | 250.0                                 | 250.0                                             | 250.0                                               | 0.0                     | 0.0                               |
| <b>Adults Directorate Total</b>                        | <b>4,075.0</b>                    | <b>4,125.0</b>                   | <b>2,066.0</b>                        | <b>2,770.0</b>                                    | <b>4,125.0</b>                                      | <b>0.0</b>              | <b>1,700.0</b>                    |
| <b>Public Health</b>                                   |                                   |                                  |                                       |                                                   |                                                     |                         |                                   |
| New database for Public Protection Regulatory Services | 0.0                               | 0.0                              | 0.0                                   | 0.0                                               | 0.0                                                 | 0.0                     | 200.0                             |
| <b>Public Health Directorate Total</b>                 | <b>0.0</b>                        | <b>0.0</b>                       | <b>0.0</b>                            | <b>0.0</b>                                        | <b>0.0</b>                                          | <b>0.0</b>              | <b>200.0</b>                      |

# 2025/26 Capital Programme as at 30 November 2025 continued

| Scheme Detail                                     | 2025/26<br>Original<br>Allocation | 2025/26<br>Revised<br>Allocation | Cumulative<br>Spend to 30<br>Nov 2025 | Cumulative<br>Forecast<br>Spend to 31<br>Jan 2026 | Cumulative<br>Forecast<br>Spend to 31<br>March 2026 | Allocation<br>remaining | 2026/27<br>Forecast<br>Allocation |
|---------------------------------------------------|-----------------------------------|----------------------------------|---------------------------------------|---------------------------------------------------|-----------------------------------------------------|-------------------------|-----------------------------------|
|                                                   | £000                              | £000                             | £000                                  | £000                                              | £000                                                | £000                    | £000                              |
| <b>Environment &amp; Regeneration Directorate</b> |                                   |                                  |                                       |                                                   |                                                     |                         |                                   |
| Stadium Minor Works                               | 22.1                              | 22.1                             | 24.6                                  | 24.6                                              | 24.6                                                | -2.5                    | 30.0                              |
| Halton Leisure Centre                             | 99.7                              | 99.7                             | 92.5                                  | 94.0                                              | 95.0                                                | 4.7                     | 0.0                               |
| Children's Playground Equipment                   | 67.8                              | 67.8                             | 52.5                                  | 60.5                                              | 65.0                                                | 2.8                     | 65.0                              |
| Landfill Tax Credit Schemes                       | 340.0                             | 0.0                              | 0.0                                   | 0.0                                               | 0.0                                                 | 0.0                     | 0.0                               |
| Upton Improvements                                | 13.0                              | 13.0                             | 0.0                                   | 0.0                                               | 13.0                                                | 0.0                     | 0.0                               |
| Crow Wood Park Play Area                          | 12.0                              | 12.0                             | 0.0                                   | 0.0                                               | 12.0                                                | 0.0                     | 0.0                               |
| Open Spaces Schemes                               | 600.0                             | 770.0                            | 650.9                                 | 700.0                                             | 770.0                                               | 0.0                     | 600.0                             |
| Runcorn Town Park                                 | 450.6                             | 450.6                            | 10.2                                  | 60.0                                              | 125.0                                               | 325.6                   | 280.0                             |
| Spike Island / Wigg Island                        | 1,841.6                           | 250.0                            | 173.4                                 | 180.0                                             | 250.0                                               | 0.0                     | 1,591.6                           |
| Pickerings Pasture Cafe                           | 469.2                             | 450.0                            | 301.2                                 | 360.0                                             | 450.0                                               | 0.0                     | 19.2                              |
| Cemetery Infrastructure work                      | 469.1                             | 469.1                            | 10.5                                  | 207.0                                             | 410.0                                               | 59.1                    | 683.0                             |
| Stadium Public Address System                     | 810.0                             | 346.0                            | 34.9                                  | 286.0                                             | 346.0                                               | 0.0                     | 379.0                             |
| Litter Bins                                       | 20.0                              | 20.0                             | 0.0                                   | 0.0                                               | 20.0                                                | 0.0                     | 20.0                              |
| *Replacement Cremator*                            | 0.0                               | 0.0                              | 0.0                                   | 0.0                                               | 0.0                                                 | 0.0                     | 20.0                              |
| Stadium Steelwork Repairs                         | 0.0                               | 0.0                              | 0.0                                   | 0.0                                               | 0.0                                                 | 0.0                     | 600.0                             |
| Brindley Lighting                                 | 0.0                               | 200.0                            | 0.0                                   | 100.0                                             | 200.0                                               | 0.0                     | 0.0                               |
| Homeless Accommodation Refurbishment              | 0.0                               | 52.0                             | 49.3                                  | 51.0                                              | 52.0                                                | 0.0                     | 948.0                             |
| CCTV Infrastructure Works                         | 0.0                               | 105.0                            | 1.2                                   | 50.0                                              | 105.0                                               | 0.0                     | 395.0                             |
| Equality Act Improvement Works                    | 303.5                             | 303.5                            | 17.7                                  | 150.0                                             | 303.5                                               | 0.0                     | 300.0                             |
| Foundary Lane Residential Area                    | 3,520.9                           | 3,520.9                          | 1,229.3                               | 1,850.0                                           | 3,520.9                                             | 0.0                     | 0.0                               |
| Property Improvements                             | 231.1                             | 231.1                            | 121.7                                 | 153.6                                             | 231.1                                               | 0.0                     | 200.0                             |
| Town Deal                                         | 21,823.1                          | 13,210.2                         | 6,294.6                               | 9,550.0                                           | 13,210.2                                            | 0.0                     | 8,612.9                           |
| UK Shared Prosperity Fund                         | 101.2                             | 101.2                            | 0.0                                   | 55.0                                              | 101.2                                               | 0.0                     | 0.0                               |
| Runcorn Waterfront Residential Development        | 82.0                              | 82.0                             | 4.2                                   | 35.0                                              | 82.0                                                | 0.0                     | 0.0                               |

**2025/26 Capital Programme as at 30 November 2025 continued**

| Scheme Detail                                           | 2025/26<br>Original<br>Allocation<br>£000 | 2025/26<br>Revised<br>Allocation<br>£000 | Cumulative<br>Spend to 30<br>Nov 2025<br>£000 | Cumulative<br>Forecast<br>Spend to 31<br>Jan 2026<br>£000 | Cumulative<br>Forecast<br>Spend to 31<br>March 2026<br>£000 | Allocation<br>remaining<br>£000 | 2026/27<br>Forecast<br>Allocation<br>£000 |
|---------------------------------------------------------|-------------------------------------------|------------------------------------------|-----------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------|---------------------------------|-------------------------------------------|
| Changing Places                                         | 17.0                                      | 17.0                                     | 0.0                                           | 0.0                                                       | 17.0                                                        | 0.0                             | 0.0                                       |
| Kingsway Centre Demolition                              | 708.0                                     | 708.0                                    | 438.3                                         | 488.0                                                     | 538.0                                                       | 170.0                           | 0.0                                       |
| Port of Weston                                          | 0.0                                       | 0.0                                      | 0.0                                           | 0.0                                                       | 0.0                                                         | 0.0                             | 0.0                                       |
| Sci-tech Daresbury Project Violet                       | 2,200.0                                   | 0.0                                      | 0.0                                           | 0.0                                                       | 0.0                                                         | 0.0                             | 2,200.0                                   |
| Astmoor Masterplan                                      | 81.6                                      | 902.6                                    | 902.6                                         | 902.6                                                     | 902.6                                                       | 0.0                             | 0.0                                       |
| Sci-tech Daresbury - CPO                                | 3,000.0                                   | 0.0                                      | 0.0                                           | 0.0                                                       | 0.0                                                         | 0.0                             | 3,000.0                                   |
| Warm Homes Plan                                         | 0.0                                       | 587.6                                    | 0.0                                           | 0.0                                                       | 587.6                                                       | 0.0                             | 587.6                                     |
| Runcorn Town Centre Management                          | 0.0                                       | 822.0                                    | 524.6                                         | 650.0                                                     | 822.0                                                       | 0.0                             | 0.0                                       |
| Widnes Town Centre Framework                            | 0.0                                       | 200.0                                    | 53.0                                          | 100.0                                                     | 200.0                                                       | 0.0                             | 0.0                                       |
| Bridge and Highway Maintenance                          | 839.2                                     | 839.2                                    | 181.2                                         | 510.2                                                     | 839.2                                                       | 0.0                             | 0.0                                       |
| Runcorn Busway                                          | 90.0                                      | 90.0                                     | 35.9                                          | 63.0                                                      | 90.0                                                        | 0.0                             | 0.0                                       |
| ATF3 Murdishaw to Whitehouse                            | 757.0                                     | 757.0                                    | 538.3                                         | 647.7                                                     | 757.0                                                       | 0.0                             | 0.0                                       |
| ATF4 - Widnes Town Centre Accessibility                 | 114.5                                     | 114.5                                    | 0.0                                           | 0.0                                                       | 0.0                                                         | 114.5                           | 0.0                                       |
| A56 Reconstruction                                      | 943.7                                     | 943.7                                    | 95.0                                          | 519.4                                                     | 943.7                                                       | 0.0                             | 0.0                                       |
| LCWIP phase 2 Daresbury                                 | 3,862                                     | 100                                      | 30.9                                          | 57.7                                                      | 84.5                                                        | 15.5                            | 0.0                                       |
| Pot Hole Funding                                        | 968                                       | 968                                      | 243.8                                         | 605.9                                                     | 968.0                                                       | 0.4                             | 0.0                                       |
| CRSTS                                                   | 4,405                                     | 4,405                                    | 2,709.9                                       | 3,557.5                                                   | 4,405.0                                                     | 0.0                             | 0.0                                       |
| Street Lighting - Structural Maintenance                | 1,025.1                                   | 1,025.1                                  | 0.0                                           | 100.0                                                     | 200.0                                                       | 825.1                           | 1,025.1                                   |
| Street Lighting - Upgrades                              | 728.4                                     | 728.4                                    | 0.0                                           | 50.0                                                      | 50.0                                                        | 678.4                           | 528.4                                     |
| East Runcorn Connectivity                               | 5,851.7                                   | 14,442.2                                 | 6,283.7                                       | 10,363.0                                                  | 14,442.2                                                    | 0.0                             | 0.0                                       |
| Risk Management                                         | 712.9                                     | 120.0                                    | 23.0                                          | 23.0                                                      | 23.0                                                        | 97.0                            | 120.0                                     |
| Widnes Loops                                            | 0.0                                       | 0.0                                      | 65.1                                          | 65.1                                                      | 65.1                                                        | -65.1                           | 0.0                                       |
| Fleet Replacements                                      | 4,482.0                                   | 2,500.0                                  | 1,070.1                                       | 1,785.0                                                   | 2,500.0                                                     | 0.0                             | 4,482.0                                   |
| Early Land Acquisition Mersey Gateway                   | 210.0                                     | 80.0                                     | 49.4                                          | 73.0                                                      | 80.0                                                        | 0.0                             | 80.0                                      |
| Mersey Gateway Crossings Board                          | 60.0                                      | -226.7                                   | -226.7                                        | -226.7                                                    | -226.7                                                      | 0.0                             | 60.0                                      |
| <b>Environment &amp; Regeneration Directorate Total</b> | <b>62,333.3</b>                           | <b>50,900.2</b>                          | <b>22,086.8</b>                               | <b>34,300.9</b>                                           | <b>48,674.7</b>                                             | <b>2,225.5</b>                  | <b>26,826.7</b>                           |

2025/26 Capital Programme as at 30 November 2025 continued

| Scheme Detail                             | 2025/26<br>Original<br>Allocation | 2025/26<br>Revised<br>Allocation | Cumulative<br>Spend to 30<br>Nov 2025 | Cumulative<br>Forecast<br>Spend to 31<br>Jan 2026 | Cumulative<br>Forecast<br>Spend to 31<br>March 2026 | Allocation<br>remaining | 2026/27<br>Forecast<br>Allocation |
|-------------------------------------------|-----------------------------------|----------------------------------|---------------------------------------|---------------------------------------------------|-----------------------------------------------------|-------------------------|-----------------------------------|
|                                           | £000                              | £000                             | £000                                  | £000                                              | £000                                                | £000                    | £000                              |
| <b>Chief Executives Directorate</b>       |                                   |                                  |                                       |                                                   |                                                     |                         |                                   |
| IT Rolling Programme                      | 805.6                             | 1,305.6                          | 1,022.0                               | 1,245.1                                           | 1,245.1                                             | 60.5                    | 1,200.0                           |
| Halton Smart Microgrid                    | 10,870.0                          | 1,000.0                          | 0.0                                   | 0.0                                               | 1,000.0                                             | 0.0                     | 9,870.0                           |
| Transformation Programme                  | 1,538.0                           | 2,465.7                          | 1,557.1                               | 1,928.9                                           | 2,195.6                                             | 270.1                   |                                   |
| Accelerated Growth                        | 0.0                               | 650.7                            | 440.0                                 | 546.9                                             | 643.9                                               | 6.8                     |                                   |
| <b>Chief Executives Directorate Total</b> | <b>13,213.6</b>                   | <b>5,422.0</b>                   | <b>3,019.1</b>                        | <b>3,720.9</b>                                    | <b>5,084.6</b>                                      | <b>337.4</b>            | <b>11,070.0</b>                   |
|                                           |                                   |                                  |                                       |                                                   |                                                     |                         |                                   |
| <b>Grand Total</b>                        | <b>85,504.4</b>                   | <b>66,329.6</b>                  | <b>28,258.5</b>                       | <b>42,364.9</b>                                   | <b>60,637.1</b>                                     | <b>5,692.5</b>          | <b>39,906.7</b>                   |

| Risk No | Risk Identified                                                                                                                                                                                               | Impact | Likelihood | Risk Score | Risk Control Measures                                                                                                                                                                                                                                                                                                                                                                                                  | Assessment of Residual Risk with Control Measures Implemented |            |            | Responsible Person | Timescale for Review | Progress Comments                                                                                                                                                                                                                                                                                                                                                                                    | Date Updated |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|------------|------------|--------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
|         |                                                                                                                                                                                                               |        |            |            |                                                                                                                                                                                                                                                                                                                                                                                                                        | Impact                                                        | Likelihood | Risk Score |                    |                      |                                                                                                                                                                                                                                                                                                                                                                                                      |              |
| 1       | <b>Pay costs</b> <ul style="list-style-type: none"> <li>Pay award</li> <li>Staff Turnover Saving Target</li> <li>Agency, casuals and overtime</li> <li>National Living Wage</li> <li>Pension Costs</li> </ul> | 4      | 4          | 16         | <ul style="list-style-type: none"> <li>Budget based upon individual staff members/vacancies</li> <li>Budget monitoring</li> <li>Contingency</li> <li>Balances</li> <li>Medium Term Forecast</li> <li>Engage with Cheshire Pension Scheme and pension actuary</li> <li>Market supplement paid in multiple service areas</li> <li>Employer of Choice Initiative</li> <li>Connect to Halton – Review of Scheme</li> </ul> | 3                                                             | 3          | 9          | ED/SB/Directors    | Monthly              | <p>2025/26 budget includes pay growth at forecast 2% pay award. Pay offer agreed at 3.2%, backdated pay actioned in August 2025. Actual cost of the pay award higher at £1.214m that then £1m figure previously estimated.</p> <p>Agency costs and usage remain high although clear evidence of reduction in numbers.</p> <p>Market Supplements being paid across increasing number of services.</p> | 30/11/25     |

|   |                                         |   |   |   |                                                                                                                                                                                                                                                                                                                           |   |   |   |       |           |                                                                                                                                                                                                                                                                                                                                        |          |
|---|-----------------------------------------|---|---|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|-------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
|   |                                         |   |   |   |                                                                                                                                                                                                                                                                                                                           |   |   |   |       |           | Connect to Halton scheme went live September 2024, agency and casual appointments to be covered by the scheme.                                                                                                                                                                                                                         |          |
| 2 | <b>Redundancy and Early Retirements</b> | 3 | 3 | 9 | <ul style="list-style-type: none"> <li>• Benefits Tracking Process</li> <li>• Future savings to take into account cost of redundancy and early retirements.</li> <li>• Seek Government approval to use capital receipts to fund transformation costs.</li> <li>• Develop policy for voluntary severance scheme</li> </ul> | 2 | 3 | 6 | ED/SB | Quarterly | <p>Tracker created to monitor redundancy costs in current year.</p> <p>Look to capitalise redundancy costs where possible where evidence exists it creates a longer term saving.</p> <p>£0.200m saving included in 25/26 budget for savings from voluntary severance scheme. Scheme unlikely to go live in current financial year.</p> | 30/11/25 |



|   |                             |   |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |   |    |                    |         |                                                                                                                                                                                                                                                               |          |
|---|-----------------------------|---|---|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|----|--------------------|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 3 | <b>Savings not achieved</b> | 4 | 3 | 12 | <ul style="list-style-type: none"> <li>• Budget monitoring</li> <li>• Contingency</li> <li>• Rigorous process in approving savings.</li> <li>• Review of savings at departmental and directorate level</li> <li>• Monthly budget monitoring</li> <li>• Medium Term Financial Forecast</li> <li>• RAG monitoring of savings included in bi-monthly monitoring reports.</li> <li>• Transformation saving targets reported monthly through Transformation Programme Board.</li> </ul> | 4 | 3 | 12 | RR/ED/SB/Directors | Monthly | <p>Savings for 2025/26 have been written into Directorate budgets.</p> <p>Budget savings monitored closely and if necessary offsetting savings sought.</p> <p>Transformation Programme Board meet on monthly basis to discuss progress against programme.</p> | 30/11/25 |
|---|-----------------------------|---|---|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|----|--------------------|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|

|   |                                                                                                                                                                                                                                              |   |   |    |                                                                                                                                                                                                                                                               |   |   |   |                |                    |                                                                                                                                                                                                                                                                                                                 |          |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|----------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 4 | <b>Price inflation</b>                                                                                                                                                                                                                       | 3 | 3 | 9  | <ul style="list-style-type: none"> <li>• Prudent budget provision</li> <li>• Latest forecast information used eg. utilities</li> <li>• Budget monitoring</li> <li>• Contingency</li> <li>• Balances</li> <li>• CPI/RPI monitoring</li> <li>• MTFS</li> </ul>  | 3 | 3 | 9 | ED/SB          | Monthly            | <p>CPI for November 2025 is 3.2% and RPI is 3.8%. Both running higher than inflation included in 2025.26 budget.</p> <p>Office of Budget Responsibility (OBR) forecast inflation is to remain above 3% for the remainder of 2025 and drop to 2.5% in 2026 and then hit the Government target of 2% in 2027.</p> | 30/11/25 |
| 5 | <b>Review of LG Finance</b> <ul style="list-style-type: none"> <li>• Business rates retention – 100% Pilot and Review</li> <li>• Fair Funding Review</li> <li>• National Public Spending Plans</li> <li>• Social Care Green Paper</li> </ul> | 4 | 4 | 16 | <ul style="list-style-type: none"> <li>• MPs</li> <li>• SIGOMA / LG Futures</li> <li>• Liverpool City Region &amp; Merseyside Treasurers Group</li> <li>• Medium Term Financial Strategy</li> <li>• Member of business rate retention pilot region</li> </ul> | 4 | 4 | 9 | ED/SB/NS/MW/MG | Weekly/<br>Monthly | <p>Business rate retention 100% scheme to continue over three year period 2026/27 to 2028/29.</p> <p>Provisional Local Government Finance Settlement issued 17 December 2025. Funding behind modelled levels from Fair Funding</p>                                                                              | 30/11/25 |

|   |                                                                                                                |   |   |   |                                                                                                                                                                               |   |   |   |          |                   |                                                                                                                                                                                                                                                                                                                                                                                                                               |          |
|---|----------------------------------------------------------------------------------------------------------------|---|---|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|----------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
|   |                                                                                                                |   |   |   | <ul style="list-style-type: none"> <li>• Dialogue with DCLG</li> <li>• Responding to reviews and consultations</li> </ul>                                                     |   |   |   |          |                   | <p>consultation (Summer 2025) and LG Finance policy Statement (Nov 25). Government have redirected funding towards greater levels of funding for temporary accommodation needs.</p> <p>Core Spending Power increase for 2026/27 will be set at the 'floor level' of 5% and 2.1% and 2.9% in the following two years. Increases for last two years based on Council increasing Council Tax by 4.99% in each of them years.</p> |          |
| 6 | <b>Treasury Management</b> <ul style="list-style-type: none"> <li>• Borrowing</li> <li>• Investment</li> </ul> | 2 | 3 | 6 | <ul style="list-style-type: none"> <li>• Treasury Management Strategy</li> <li>• Link Asset Services advice</li> <li>• Treasury Management planning and monitoring</li> </ul> | 1 | 3 | 3 | ED/SB/MG | Daily / Quarterly | <p>BoE base rate reduced to 3.75%.</p> <p>Impact of Exceptional Financial Support request to be assessed with regards to timing</p>                                                                                                                                                                                                                                                                                           | 30/11/25 |

|   |                                                                                                                                                                            |   |   |    |                                                                                                                                                                                                                                                                         |   |   |    |             |           |                                                                                                                                                                                                                                                                                                                     |          |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|----|-------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
|   |                                                                                                                                                                            |   |   |    | <ul style="list-style-type: none"> <li>Attendance at Networking and Benchmarking Groups</li> <li>Officer and Member Training</li> </ul>                                                                                                                                 |   |   |    |             |           | of future borrowing.                                                                                                                                                                                                                                                                                                |          |
| 7 | <b>Demand led budgets</b> <ul style="list-style-type: none"> <li>Children in Care</li> <li>Out of borough fostering</li> <li>Community Care</li> <li>High Needs</li> </ul> | 4 | 4 | 16 | <ul style="list-style-type: none"> <li>Budget monitoring</li> <li>Contingency</li> <li>Balances</li> <li>Review service demand</li> <li>Directorate recovery groups</li> <li>Monthly budget monitoring</li> <li>Children Improvement Plan Investment Funding</li> </ul> | 4 | 4 | 16 | ED/SB/NS/MW | Monthly   | <p>Numbers of children in care and with protection plans reviewed on a weekly basis.</p> <p>Community care costs and numbers on increase, reviewed on a regular basis.</p> <p>Investment in Children Services following OFSTED inspection to be monitored with regard to control and reduction of future costs.</p> | 30/11/25 |
| 8 | <b>Mersey Gateway Costs</b> <ul style="list-style-type: none"> <li>Costs</li> </ul>                                                                                        | 4 | 2 | 8  | <ul style="list-style-type: none"> <li>Regular monitoring with Crossing Board</li> </ul>                                                                                                                                                                                | 2 | 1 | 2  | ED/SB/MG    | Quarterly | Arrangements in place to monitor spend and                                                                                                                                                                                                                                                                          | 30/11/25 |

|   |                                                                                                                    |   |   |   |                                                                                                                                                                                                                                                                      |   |   |   |                       |         |                                                                                                                                                                                                                                                                                                                                                                                                                             |          |
|---|--------------------------------------------------------------------------------------------------------------------|---|---|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|-----------------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
|   | <ul style="list-style-type: none"> <li>• Toll Income</li> <li>• Funding</li> <li>• Accounting treatment</li> </ul> |   |   |   | <ul style="list-style-type: none"> <li>• Capital reserve</li> <li>• Government Grant</li> <li>• Liquidity Fund</li> </ul>                                                                                                                                            |   |   |   |                       |         | availability of liquidity fund.                                                                                                                                                                                                                                                                                                                                                                                             |          |
| 9 | <b>Council Tax Collection</b>                                                                                      | 3 | 3 | 9 | <ul style="list-style-type: none"> <li>• Council tax monitoring on monthly basis</li> <li>• Review of Collection Rate</li> <li>• Collection Fund Balance</li> <li>• Provision for bad debts</li> <li>• Review recovery procedures</li> <li>• Benchmarking</li> </ul> | 3 | 2 | 6 | ED/PG/SB/P<br>D/BH/MG | Monthly | <p>Council tax collection rate through to the end of November 2025 is 71.34% which is 0.09% lower than the collection rate at the same point last year.</p> <p>Debt relating to previous years continues to be collected, and the Council utilises powers through charging orders and attachment to earnings/benefits to secure debts. £1.992m has so far been collected this year in relation to previous years' debt.</p> | 30/11/25 |

|    |                                                                                                                                             |   |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                   |   |   |   |             |         |                                                                                                                                                                                                                                                  |          |
|----|---------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|-------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 10 | <b>Business Rates Retention Scheme</b>                                                                                                      | 3 | 3 | 9 | <ul style="list-style-type: none"> <li>Review and monitoring of latest business rates income to baseline and estimate for year.</li> <li>Prudent allowance for losses in collection</li> <li>Prudent provision set aside for losses from valuation appeals</li> <li>Regular monitoring of annual yield and baseline / budget position</li> <li>Benchmarking Groups</li> <li>Review recovery procedures</li> </ul> | 3 | 1 | 3 | ED/SB/LB/MG | Monthly | <p>Business rate collection through to the end of November 2025 is 75.01% which is 1.02% lower than the collection rate at the same point last year.</p> <p>£0.945m has so far been collected this year in relation to previous years' debt.</p> | 30/11/25 |
| 11 | <b>Income recovery</b> <ul style="list-style-type: none"> <li>Uncertainty to economy following cost of living and high inflation</li> </ul> | 3 | 3 | 9 | <ul style="list-style-type: none"> <li>Corporate charging policy</li> <li>Budget monitoring</li> <li>Contingency</li> <li>Balances</li> <li>Income benchmarking</li> </ul>                                                                                                                                                                                                                                        | 3 | 1 | 3 | ED/MM/SB    | Monthly | <p>Income shortfalls identified and cause of increased concern in certain areas are being closely monitored.</p> <p>Additional posts created within Adult Social Care Directorate, responsible for improving the</p>                             | 30/11/25 |

|    |                                                                                                                                                                                                                                                      |   |   |    |                                                                                                                                                                                                                                                                                                                               |   |   |   |                            |           |                                                                                                    |          |
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|    |                                                                                                                                                                                                                                                      |   |   |    |                                                                                                                                                                                                                                                                                                                               |   |   |   |                            |           | overall collection of social care debt.                                                            |          |
| 12 | <b>Capital Programme</b> <ul style="list-style-type: none"> <li>Costs</li> <li>Funding</li> <li>Key Major Projects</li> <li>Clawback of Grant</li> <li>Availability and timing of capital receipts</li> <li>Cashflow</li> <li>Contractors</li> </ul> | 4 | 3 | 12 | <ul style="list-style-type: none"> <li>Project Management</li> <li>Regular monitoring</li> <li>Detailed financial analysis of new schemes to ensure they are affordable</li> <li>Targets monitored to minimise clawback of grant.</li> <li>Contractor due diligence</li> <li>Dialogue with Government departments.</li> </ul> | 3 | 2 | 6 | Project Managers/ED /SB/LH | Quarterly | Capital receipts have been over committed therefore new capital schemes need to bring own funding. | 30/11/25 |
| 13 | <b>Academy Schools</b> <ul style="list-style-type: none"> <li>Impact of transfer upon Council budget</li> <li>Loss of income to Council Services</li> </ul>                                                                                          | 2 | 4 | 8  | <ul style="list-style-type: none"> <li>Early identification of school decisions</li> <li>DfE Regulations</li> <li>Prudent consideration of financial transactions to facilitate transfer</li> <li>Services continue to be offered to academies</li> <li>Transfer Protocol</li> </ul>                                          | 1 | 3 | 3 | ED/SB/NS                   | Monthly   | Consideration given in MTFS for loss of funding.                                                   | 30/11/25 |

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                               |   |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                |   |   |    |       |           |                                                                                                                                                                                                                                                                                                                                |          |
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| 14 | <b>Reserves</b> <ul style="list-style-type: none"> <li>Diminishing reserves, used to balance budget, fund overspend positions.</li> </ul>                                                                                                                                                                                                                                                                                                     | 3 | 4 | 12 | <ul style="list-style-type: none"> <li>Monitored on a bi-monthly basis, reported to Management Team and Exec Board</li> <li>Benchmarking</li> <li>Financial Forecast</li> <li>Programme to replenish reserves.</li> </ul>                                                                                                                                                                                                                      | 3 | 3 | 9  | ED/SB | Quarterly | <p>Monitored and reported on a regular basis. Council reserves at historic low levels.</p> <p>Reserves will need to be replenished within future budgets</p>                                                                                                                                                                   | 30/11/25 |
| 15 | <b>Budget Balancing</b> <ul style="list-style-type: none"> <li>Council has struggled to achieve a balanced budget position for a number of years.</li> <li>Forecast for current year is an overspend position of £19m.</li> <li>Reserves insufficient to balance current year budget.</li> <li>Council has been given approval in-principle for Exceptional Financial Support (day to day costs funded through capital borrowings)</li> </ul> | 4 | 4 | 16 | <ul style="list-style-type: none"> <li>Current year budgets monitored on a regular basis.</li> <li>Forward forecasting through to March 2029 reported on a prudent basis.</li> <li>Regular conversations with DHLUC re Council's financial position.</li> <li>LGA to undertake a financial assurance review.</li> <li>Transformation programme in place.</li> <li>Financial Recovery Plan required to better inform how the Council</li> </ul> | 4 | 4 | 16 | ED/SB | Ongoing   | <p>Council has received in-principle agreement to fund day to day costs through Exceptional Financial Support.</p> <p>EFS covers a total of £52.8m over two years, split:<br/>24/25 - £20.8m<br/>25/26 - £32.0m</p> <p>Council utilised £10m of EFS in 24/25, below the approved amount.</p> <p>Financial recovery plan to</p> | 30/11/25 |



|  |                             |  |  |  |                                             |  |  |  |  |  |                                                                                                      |  |
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|  | for 2024/25 and<br>2025/26. |  |  |  | will achieve future<br>sustainable budgets. |  |  |  |  |  | be put in place to<br>limit Council<br>exposure to EFS<br>and repayment of<br>borrowings to<br>date. |  |
|  |                             |  |  |  |                                             |  |  |  |  |  |                                                                                                      |  |