



**North Cheshire and Mersey  
Healthcare Partnership**

Integrating Bridgewater Community Healthcare  
and Warrington and Halton Teaching Hospitals

# 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**

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# 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

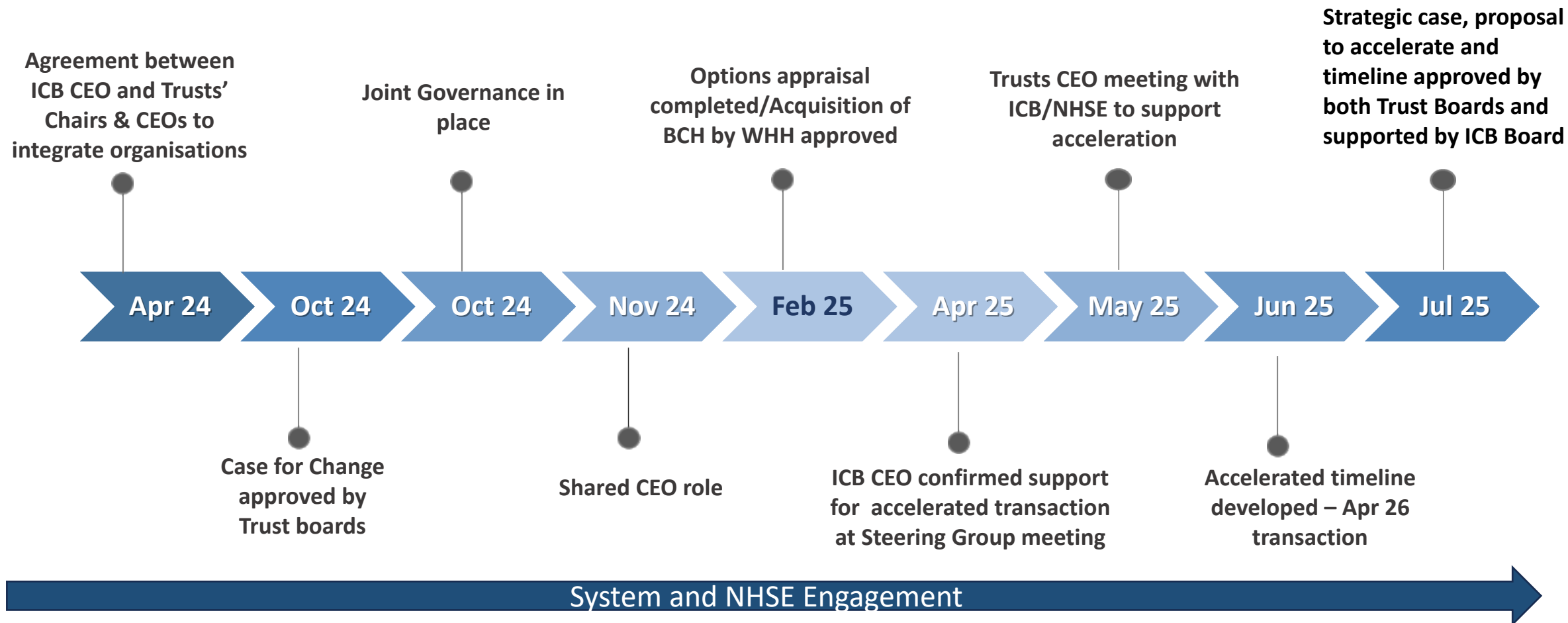
## Why is it so important?

- 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

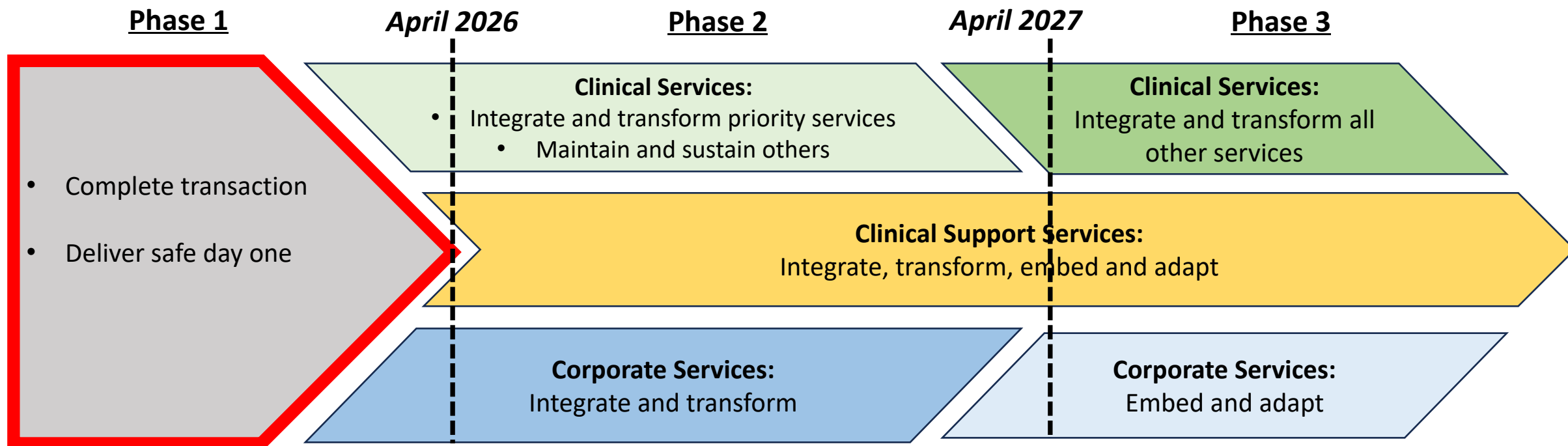


# Integration programme – a 3-phase approach



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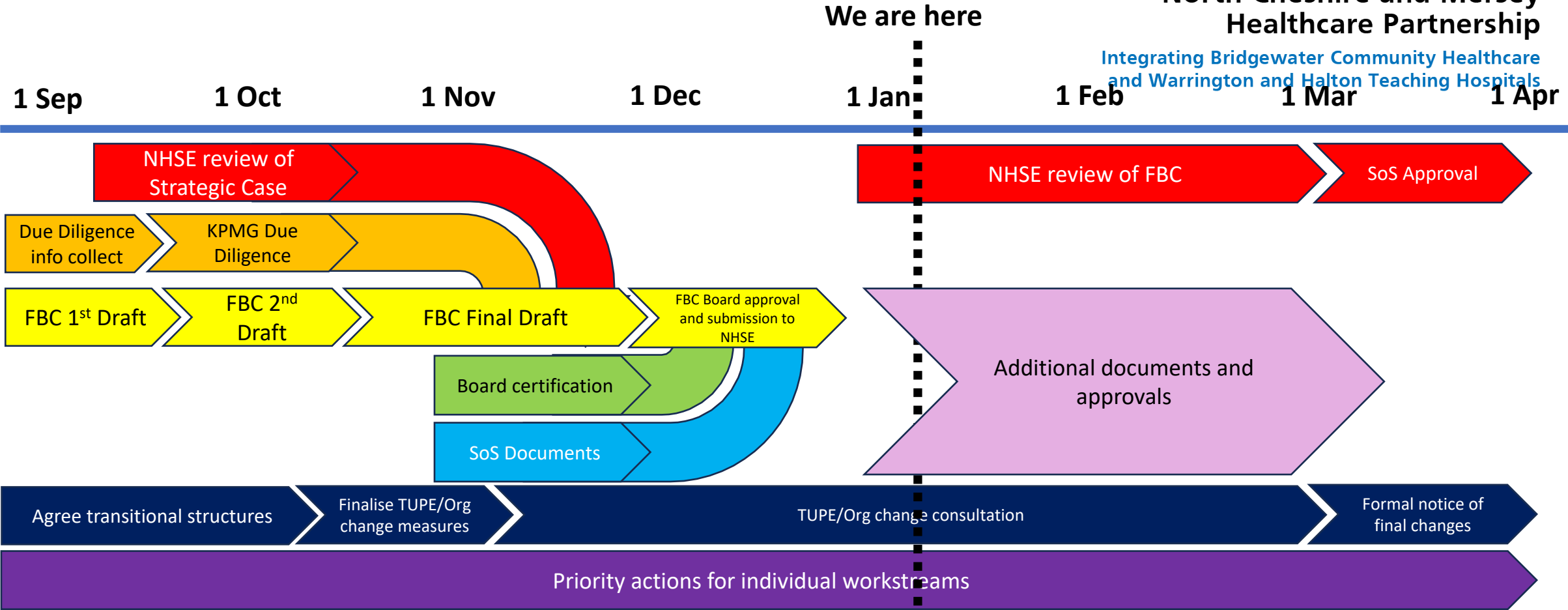
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# Programme Critical Path



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# Transaction

# Key documents required for transaction (1)

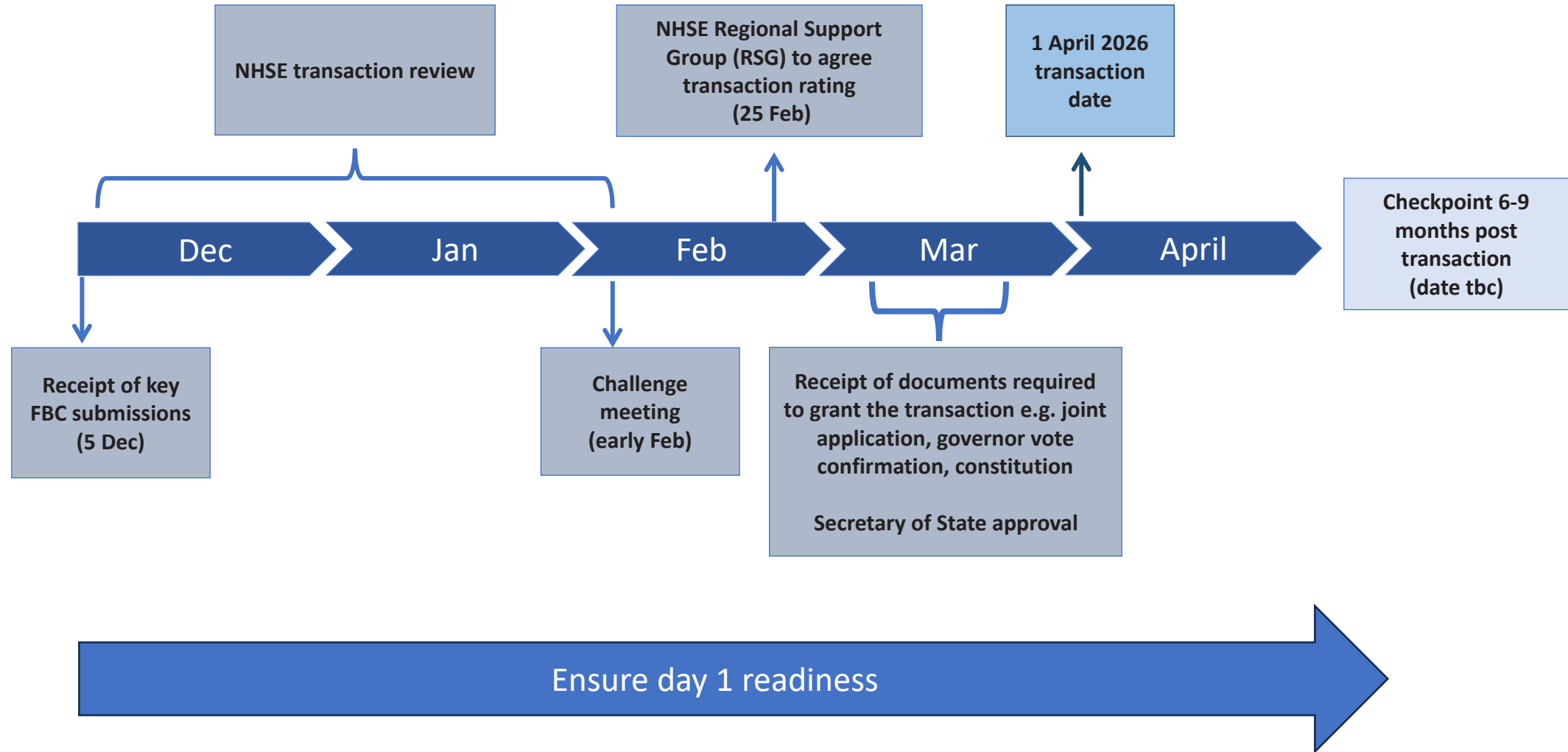
Document	Presented to Trust Boards for approval in December	Purpose
<b>FBC, including due diligence.</b>		<p>A formal document setting out the detailed case for integration which:</p> <ul style="list-style-type: none"> <li>-demonstrates how the transaction will be executed</li> <li>-outlines the benefits 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>
<b>FBC Supporting documents</b>		<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>
<b>Board certification</b>		<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>
<b>Post Transaction Integration Plan</b>		<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
<b>Secretary of State for Health and Social Care (SoS) documents</b>	 (bar qualitative submission)	These are documents that demonstrate how the transaction meets the four SoS duties.
<b>Management letter of representation</b>		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>
<b>New constitution</b>		<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>
<b>Application letter</b>		<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>
<b>Transaction agreement</b>		<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

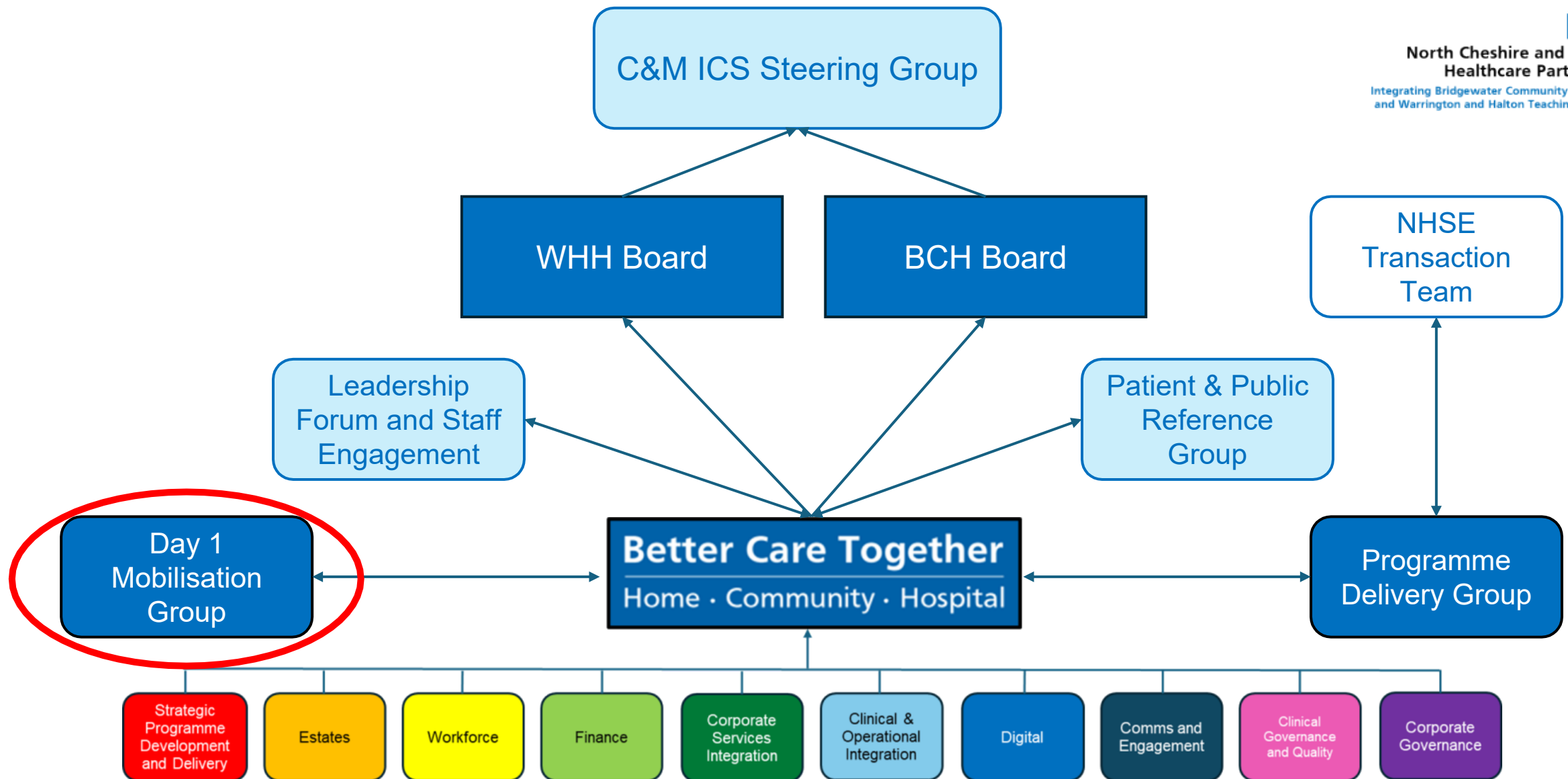




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**Safe day 1**



# 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



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## Full business case summary

# 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.



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# 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

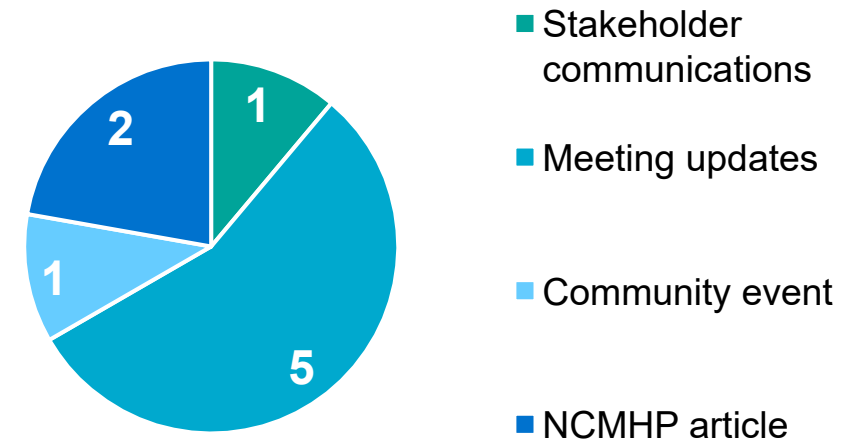
## Delivery format

- 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)



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## 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.

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# 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.